



Republika e Kosovës
Republika Kosova - Republic of Kosovo
Qeveria - Vlada - Government
Ministria e Shëndetësisë – Ministarstvo Zdravstva – Ministry of Health

National TB ACTION PLAN

2022-2024

2022

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Abbreviations

ACSM	Advocacy, Communication, Social Mobilization
C19	COVID-19 infection
CCM	Country Coordination Mechanism
CDF	Community Development Fund
CSO	Civil Society Organizations
CSS	Community Systems Strengthening
DR	Drug Resistant
DST	Drug susceptibility testing
EC	European Commission
EU	European Union
FDC	Fixed-dose combination
FLD	First-line TB drugs
GDF	Global Drug Facility
GDP	Gross Domestic Product
GF	Global Fund
GLC	Green Light Committee
HIV	Human immunodeficiency virus
HRH	human resources for health
IC	Infection Control
IGRA	TB Interferon-Gamma Release Assays
IPT	Isoniazid Preventive Treatment
KAP	Knowledge, Attitude and Practice
KeA	Kasnecet e Ardhmerise (Local NGO in Kosovo)
KP	Key Populations
ULDTB	Units for Lung Diseases and TB
UMIC	Upper Middle-income Country
LTBI	Latent TB Infection
MDR-TB	Multidrug-resistance Tuberculosis
M&E	Monitoring and Evaluation
MFMC	Main Family Medicine Center
MICS	Multiple Indicator Cluster survey
MLSW	Ministry of Labor and Social Welfare of Kosovo
MOH	Ministry of Health of Kosovo
NIPHK	National Institute of Public Health of Kosovo
NRL	National Reference Laboratory
NAP	National Action Plan
NTP	National TB program
PHC	Primary Health Care
PLHIV	People Living with HIV
PPMix	Public Private Mix
PSM	Procurement Supply Chain Management
PWID	People Who Inject Drugs
RAE	Roma, Askhali and Egyptian communities
R&R	Recording and Reporting
SDG	Sustainable Development Goal
SHA	System of health accounts
SHC	Secondary Health Care
SIMTB	TB electronic Information System
SLD	Second-line Drugs

SO	Specific Objectives (of the NAP)
SOP	Standard Operating Procedures
SR	Sub-recipient
SRL	Supranational Reference Laboratory
TB	Tuberculosis
THC	Tertiary Health Care
TPA	Transition Preparedness Assessment
TRP	Technical Review Panel
TSP	Transition and Sustainability Plan
TST	Tuberculin Skin Test
UCCK	University Clinical Center of Kosovo
US\$	United States dollar
WHO	World Health Organization

1. Executive Summary

The National Action Plan (NAP) to control TB in Kosovo is a main strategic document for management of TB program, and constitutes the key instrument to implement National TB Program effectively and efficiently. The TB NAP covering the period 2022-2024 will serve as a guidance to health officials, policy makers, TB program managers, program partners, including civil society organizations and TB communities for planning, implementation and monitoring strategic interventions to reach the goal and specific objectives for ending TB in the country. The NAP was developed through participatory process engaging a wide spectrum of TB stakeholders with the technical support from the Global Fund.

Vision and principles: The TB NAP for Kosovo is harmonized with the objective of the Sectoral Strategy of Health and the principles of the Law on Health 2013 and with the objective 3 of the Government's PSO - Preservation and advancement of health TB NAP for Kosovo is also aligned with the value and key principles of the United Nations High-level Meeting (UNHLM) Political Declaration on TB¹ issued in 2018 and endorsed by Heads of States.

The vision of the National Action Plan (NAP) for Tuberculosis 2022-2024 is to strive towards ending the TB in Kosovo with zero TB-related deaths, zero new cases and TB-related poverty by 2030.

The TB NAP is based on the following principles:

- Equity, inclusiveness and nondiscrimination, quality, prioritization of evidence-based, cost-effective interventions in health care, sustainability and continuity;
- Prevention and early detection of illnesses through health promotion and multi-sectoral public policies and screening to improve health and co-responsibility and solidarity,
- Government stewardship and accountability with monitoring and evaluation;
- Strong coalition with civil society organizations and communities;
- Protection and promotion of human rights, ethics and equity; and
- Aligning NAP and targets at country level, with global collaboration.

The NAP sets out strategic directions that the Ministry of Health will undertake in 2022-2024 to implement effective and evidence-based interventions, that will enable the country to achieve substantial progress towards realizing the Sustainable Development Goal 3², particularly, 90% reduction in new TB cases and 80% reduction in mortality by 2030 compared to 2015.

Overarching Goal of TB control in Kosovo is to decrease the burden of TB and its impact on population health, and overall social and economic development in the country by ensuring universal access to timely and quality diagnostic, care and treatment for all forms of TB.

Expected Impact:

- ✓ Reduce TB-related mortality in Kosovo from 1.35/100,000 population in 2019 to under <1.1/100,000 population^{3, 4}

¹ <http://www.stoptb.org/webadmin/cms/docs/Political-Declaraion-on-the-Fight-against-Tuberculosis.pdf>

² Sustainable Development Goals: <https://sdgs.un.org/goals/goal3>

³ Performance Framework for the Global Fund Transition Grant 2022-2024. (excel file: QNA_C_CDF_PF_Aug 11_CDF)

⁴ Global Top-10 indicator; WHO European Region Tuberculosis Action Plan. Indicator -1.C.6

- ✓ Reduce overall incidence of all forms of TB (bacteriologically confirmed plus clinically diagnosed, new and relapse cases) from 33.8 per 100,000 population in 2019⁵ to <20.0 per 100,000 population in 2024⁶

The National TB Action Plan for Kosovo 2022 – 2024 is aligned with the STOP TB partnership and WHO Action Plan for the European Region (2016-2020),⁷ and the updated Health Sector Strategy for Kosovo 2017-2021, which makes specific reference to reducing the incidence of infectious diseases, such as TB and HIV by implementing specific action plans, monitoring of antimicrobial resistance, prevention of hospital infections, and strengthening the surveillance and monitoring of infectious diseases.⁸

National TB Action Plan is organized around 5 Specific objectives (SOs):

- SO 1:** Integrated patient-centered TB prevention, treatment and care
- SO 2:** Ensure sustainable TB response through strengthening coordination, leadership and financial and political commitment of the Government.
- SO 3:** Build resilient and sustainable systems for health to facilitate smooth transition and effective implementation of the national TB program
- SO4:** Community Systems Strengthening and advocacy
- SO 5:** Intensified Research and innovations

Strategic interventions under each specific objective are briefly outlined in the strategic document. Sub-activities to realize specific objectives are detailed in the National TB Action Plan that provides detailed information about the inputs, targets, implementation period and requested budget for each sub-activity.

The financing of the Action Plan for TB 2022-2024 was done mainly by the Donor Global Fund in the amount of 900,000.00.

From the budget of the Ministry of Health for TB Action Plan, a budget is planned for the support of NGOs that take care of the prevention and care of TB patients. The budget is estimated to be for the years 2023 and 2024 in the amount of €50,000.00.

⁵ TB notification rate sharply declined in 2020 to 24.57 per 100,000 populations due to COVID-19 pandemic. The data from 2019 was used for setting realistic targets.

⁶ WHO European Region Tuberculosis Action Plan. Indicator -1.B.5

⁷ WHO regional office for Europe. Tuberculosis action plan for the WHO European Region. 2016–2020

https://www.euro.who.int/data/assets/pdf_file/0007/283804/65wd17e_Rev1_TBActionPlan_150588_withCover.pdf

⁸ The LFA Assessment of National TB Program, 2020, Kosovo

2. Introduction

The National TB Action Plan for 2022-2024 is developed based on the format approved by the Government and describes background information about TB epidemiological situation as well as national strategies for integrated, patient-centred TB treatment, care and support services countrywide. The document lists general and specific objectives and planned activities and describes implementation and monitoring arrangements.

The list of all documents reviewed and consulted during the preparation of National TB Action Plan are provided in the section: *References*.

Specific objectives and activities under each objective are provided in the format of a table in the *Annex A*.

Baseline and target indicators for each SO are given for every year for 2022-2024.

Timelines for implementation of planned activities are defined.

Annual projected budget needs are determined based on the historic prices established at the country level and based on the consensus reached through the national-level consultation process among various stakeholders.

The Annex A - also provides information about financing sources; leading and supporting institutions. Detailed description of Specific Objectives and planned activities is provided in the *Annex B*.

3. Methodology

The National TB Action Plan for 2022-2024 was developed as a joint initiative of the Ministry of Health of Kosovo and the Global Fund programs in Kosovo through the technical support from Curatio International Foundation and CDF.

International experts have worked closely with the local health officials and TB stakeholders from government institutions as well as from civil society organizations being engaged in TB program implementation in Kosovo.

Development of the NAP involved reviewing national documents, harmonized with the objective of the Sectoral Strategy of Health and the principles of the Law on Health 2013 and with the objective 3 of the Government's PSO - Preservation and advancement of health, progress reports, research reports and official data provided by the Ministry of Health, or other key responsible agencies working on TB recording and reporting.

In addition, guidance and strategic documents published by STOP TB Partnership and WHO were used as a source for evidence-informed global strategies and best practices.

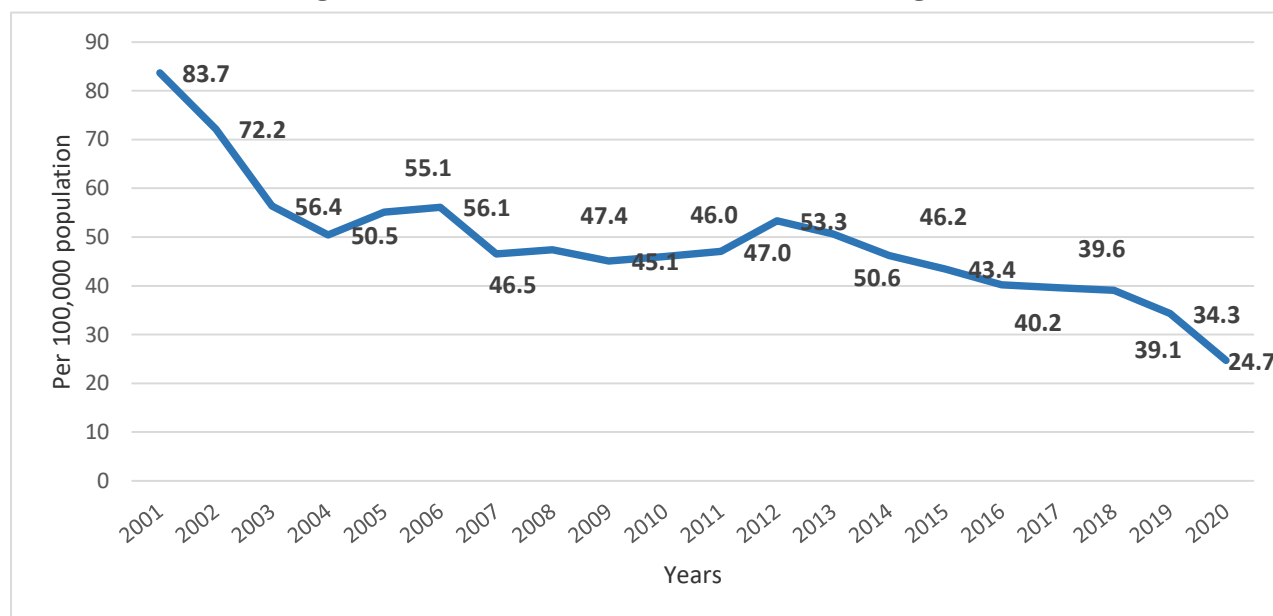
To ensure participatory process, the Ministry of Health issued an order (Nr. 326/X/2021; dated 12/10/2021) and established an TB/HIV Technical Working Group (TWG) consisted of 12 persons representing the Ministry of health and other institutions. The local NGO – Community Development Fund, which is the Principal Recipient of the Global Fund HIV&TB programs in Kosovo led the consultation process with civil society organizations engaged in TB service delivery and advocacy.

After the Action Plan was finalized, the TWG meetings were organized to define inputs for each activity and to determine annual targets. Final phase of the development of the National TB Action Plan was defining budgetary implications and financing sources for implementation of the National TB Strategy and Action Plan for 2022-2024.

4. Background Information

The burden of TB in Kosovo: Tuberculosis re-emerged as a public health problem in Kosovo after 1999. The TB notification rate started to decline from 78 per 100,000 in 2001 to 34.4 per 100,000 in 2019. The chart below shows the trend in the TB notification rate per 100,000 from 2001 to 2020.

Figure 1 TB notification rate from 2001 through 2020 ⁹

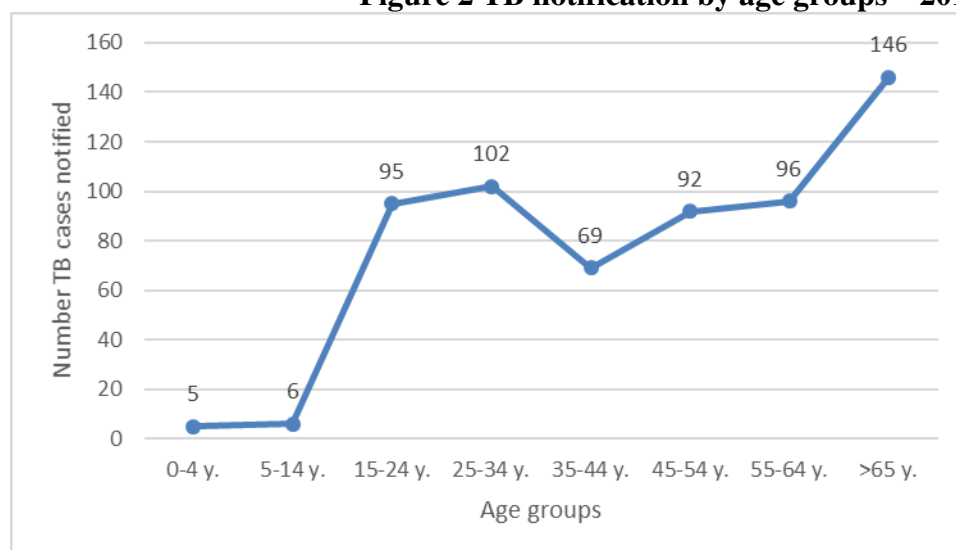


Over the last few years, the number of notified TB cases sharply declined from 611 in 2019 to 441 cases in 2020. However, most likely the 2020 data does not reflect genuine reduction in TB morbidity, and it is rather a result of COVID-19 pandemic and demographic changes. In general, decline in TB notification over the last few years should be interpreted with caution: stakeholders believe that there are other factors influencing the reductions: the decreasing global notification of TB as an external factor; improvement of social and economic welfare of the population in Kosovo, improvement of the implementation of TB Program due to increasing investments in diagnostic and treatment infrastructure as well the population migration – as internal factors⁹.

In 2019, out of 611 TB cases notified there were 89% new cases and 9% relapses, and 2% were retreatment cases. Based on localization, there were 442 (73%) pulmonary TB cases (55% confirmation rate) versus 169 (27%) extra-pulmonary TB cases. The male-to-female ratio is 1.24. In absolute numbers the lowest number of TB cases has been observed among children aged 0-4. There were only 5 such cases though this could reflect the limited diagnostic capacity of childhood TB due to lack of prioritization⁹. The vast majority of TB cases (266) are found among people of reproductive age (15-45) but there appears to be a trend of increasing cases among the elderly with 146 cases of TB found among people over 65.⁹

⁹ Kosovo Country Proposal to the Global Fund. Transition Funding Request 2022-2024. Ministry of Health of Kosovo. 2020

Figure 2 TB notification by age groups – 2019



TB Treatment success rate: TB treatment coverage is 100% with a mean success rate of 86%. Treatment success rates among pulmonary bacteriologically confirmed cases have been consistently high at around 90% over the past 10 years. The percentage of those successfully treated (cured, and treatment completed) was 86% in 2017, and 82% in 2018. The TB mortality rate is low; 1.39/100,000 in 2017 and 1.45/100,000 in 2018. The loss to follow-up rate is 3.3/100,000. Contact investigation is currently performed on only 50% of all notified TB cases (to be increased with support from this funding request by shifting contact investigation from secondary down to primary care) with 33 cases consequently detected throughout which is 4.7% of all notified TB cases.

MDR TB: Multidrug-resistant TB (MDR-TB) is a relatively small problem in Kosovo with only a few cases having been diagnosed over the last decade. Based on the previous DRS estimates for MDR-TB, around of 3-5 cases per year are expected¹⁰; in 2018-2020 no cases of MDR-TB were diagnosed. Preliminary data for 2021 reports three confirmed MDR TB cases. This raises concerns of under-detection and under-reporting of cases. The treatment success rate for MDR-TB patients is above 90%.⁹

Table 1 MDR TB cases by years

Years	2013	2014	2015	2016	2017	2018	2019	2020	2021
# MDR TB diagnosed	5	1	2	2	3	0	0	0	3

TB/HIV coinfection: TB/HIV co-infection rate has been low that may be due to low HIV prevalence in the country (<0.1% among general population; and <5% among key populations). However, integration of HIV and TB services has not been optimal. Kosovo has an administrative instruction and clinical protocol about HIV testing be performed in all institutions where services are provided to TB patients; but despite that TB patients have not been routinely offered/tested for HIV. The issue of low rate of HIV testing among TB patients has been well acknowledged: In 2018, only 29.8% of all notified TB patients were tested for HIV which was far below the target set for the given year -78%. Only one case of TB/HIV co-infection was identified in 2020. It is likely, that historically low rate of TB/HIV coinfection (only two TB patients were diagnosed with HIV in 2016 and 2020), has lulled

¹⁰ Kosovo Country Proposal to the Global Fund. Transition Funding Request 2022-2024. Ministry of Health of Kosovo. 2020

medical personnel into a false sense of security. Another factor might be prevailing HIV stigma among health-care workers.**Error! Bookmark not defined.**

Priority groups for TB NAP: The following population groups have been prioritized by the TB National Action Plan: TB patients; prisoners; contacts of people with TB, including those diagnosed with MDR-TB; populations in high TB burden municipalities; people living in poverty; children; people living with HIV (PLHIV); and TB health care workers. TB vulnerable population groups include minorities, especially the Roma and Egyptian populations; drug and alcohol users; poor, malnourished and/or homeless people; and patients with chronic diseases and/or institutionalized in chronic care facilities.

In 2019 there was only 1 TB case detected in the penitentiary system making TB incidence among the prison population 83 per 100,000. This is twice as high as for the general population.

Currently, 50.4% of TB patients live in urban areas, while 49.6% live in rural areas. TB notification data disaggregated by municipalities show that about 10 municipalities have a higher rate (above 60 per 100,000) than the general population. The TB incidence among Roma, Egyptians and Ashkali (RAE) populations remains high at 33 per 100,000 populations.¹⁰ TB activities should primarily focus on high-burden municipalities, though stakeholders believe that in each municipality access to TB diagnostic service may vary, which in turn may result in low TB detection. Thus, further assessment of the factors affecting the access to TB services is required in all municipalities.

Nevertheless, over the past few years Kosovo has made notable progress to reduce TB notification and control the spread of TB among general population, however, much still needs to be done to end the disease by 2030.

Impact of Covid-19 on National TB program: After emerging COVID-19 pandemic, the Government of Kosovo has implemented the measures to prevent and control C19 infection and has redirected health resources that resulted in limiting access to other health care services, including those for TB.¹¹ On 16 March 2020, MoH issued an information circular letter to suspend all elective health services and all public and private health institutions were obliged to reallocate their resources (human, financial and physical) to prevent and minimize the impact of COVID-19, if and when needed. In this context all ERs, Infectious Disease Clinic, Lung Disease Clinic, ICU wards at University Clinical Center of Kosovo and all respective infectious disease and pulmonology wards at Regional Hospitals, were to be converted into COVID 19 treatment centers, as needed.

Due to imposed COVID-19 measures from the Government of Kosovo and Ministry of Health in particular, during pandemic waves, all public health facilities providing in- and out-patient services for patients with lung diseases and TB, were transformed into COVID-19 services, and most of experienced staff of these institutions were reallocated to support service provision for COVID-19 patients. Real impact of COVID-19 on the TB Program is yet to be assessed. However, the 2020 data has already shown 27% decrease in the number of notified TB cases in 2020 (441 notified TB cases) compared to 2019 (611 notified TB cases) and decrease in microbiological confirmation of TB (40% of bacteriologically confirmed cases in 2019 vs 34% in 2020)¹².

Funding landscape for TB National Program

The Government of the Republic of Kosovo is increasing its investments in health sector. The data presented for FY 2019-2020 are actual overall government expenditures in health; and the data for FY2021 presents the approved budget as per the Budget law. The figures for FY2022 and FY2023 are based on the Mid-Term Financial Frameworks for years 2022-2024¹³ issued by Ministry of Finance, which are expected to be adjusted in late 2021.

¹¹ Full Funding request to the Global Fund Covid-19 Response Mechanism (C19RM). April 1 2021 – December 31 2023. CDF. Kosovo. Submitted on June 15, 2021

¹² SIMTB-National TB Electronic Information System

¹³ <https://mf.rks-gov.net/desk/inc/media/BF918317-EB51-4D24-A2A0-CD6F685A4EA6.pdf>

Table 2 Kosovo Government spending in health ¹⁴

	Current and Previous			Projected		
	2019	2020	2021	2022	2023	2024
Total Government Health Sector Spending	€ 246,321,000	€ 331,227,887	€ 299,519,844	€ 256,085,842	€ 249,589,861	€ 281,700,879
Share of Health spending in Gov. Expenditure (%)	11.8%	11.8%	13.0%	10.0%	9.0%	8.4%

It should be noted that Kosovo does not have national health accounts or disease specific health accounts, including that for HIV or TB. Therefore, analysis of government budget expenditures for TB and HIV programs for the period 2019 – 2021 was based on retrospective analysis of government annual expenditure reports across the defined national budget categories (wages and salaries, goods and services and capital investments). In 2021, a national technical assistance was mobilized to assess past and current commitments of the Government of Kosovo in HIV/TB national programs and analyze domestic financial gap.

The Government of the Republic of Kosovo has contributed EUR 6,259,238 to the HIV and TB programs in 2019-2021. The amount exceeds the government commitments of EUR 5,781,871 for 2018-2021 indicated in the Grant Agreement. The Government spending for the two programs in 2019-2021 represents an increase of EUR 1,719,238 compared to the previous co-financing requirements in 2016-2018, exceeding the previous requirement of a minimum additional investment of EUR 775,989 indicated in the GF Grant Agreement signed on November 1, 2021.

Current agreement outlines¹⁵ that the government is planning to commit EUR 6,457,293 to finance the direct costs of the HIV and TB programs in 2022-2024. This will represent an increase of EUR 675 422 as compared to the previous government commitments in 2019-2021. A minimum additional investment for 2019-2021 indicated in the Allocation Letter is EUR 775,989.

It should be noted that the government of Kosovo has overachieved co-financing commitments during 2019-2021, and will continue to be committed to further increase its investments in HIV/TB programs during 2022-2024. Development of a new, costed TB National Action Plan for 2022-2024 provides more up-to-date and accurate budgetary calculations that will further inform public financing needs based on which the

In 2022-2024, The Government of Kosovo and the Global Fund will continue to be two major financial sources for controlling HIV and TB epidemics in the country, and the share of the government spending will gradually increase to absorb the costs of TB services covered by the Global Fund. Both disease programs will be fully financed by the Government after the GF grant cycle ends in 2024.

5. Objectives

Overarching Goal of TB control in Kosovo is to decrease the burden of TB and its impact on population health, and overall social and economic development in the country by ensuring universal access to timely and quality diagnostic, care and treatment for all forms of TB.

SPECIFIC OBJECTIVE 1: Integrated patient-centered TB prevention, treatment and care

¹⁴ Kosovo Funding Landscape. Submitted to the Global Fund 24.08.2021

¹⁵ TRP Responses. Prepared by MoH and CDF; submitted to the GF in August 2021

Result 1.1. Provide integrated patient-centered services to all TB patients and affected communities, including M / XDR-TB patients

Planned activities:

- 1.1.1 Provide adequate and uninterrupted supply of first-line anti-TB medicines
- 1.1.2 Provide adequate and uninterrupted supply of second-line (MDR-TB) anti-TB medicines
- 1.1.3 Manage and monitor treatment and side effects of TB drugs
- 1.1.4 Provide clinical and laboratory services for all TB patients including M/XDR-TB patients
- 1.1.5 Ensure clinical examinations, X-ray diagnostics, and other testing for pulmonary and extra-pulmonary TB cases including pediatric TB;
- 1.1.6 Review and draft as necessary Clinical Guidelines and Protocols on TB programmatic and case management aspects (management for pulmonary and extra-pulmonary TB, clinical management of X/MDR-TB cases, active TB drug safety and monitoring (ADSM) of MDR TB; infection control, TB lab guidelines, protocols and SOPs, TB and co-morbidities; etc).

Result 1.2 Strengthen the early prevention and detection of TB by intensifying the active case findings and through adequate measures of infection control.

Planned activities:

- 1.2.1 Improve early detection through providing TB screening among vulnerable / high-risk populations based on best international standards
- 1.2.2 Provide TB screening to household members and close contacts of patients with active TB
- 1.2.3 Ensure active case finding activities in high burden areas for TB.
- 1.2.4 Ensure screening on LTBI and TB preventative treatment for all patients with LTBI
- 1.2.5 Improve prevention, diagnosis and treatment of TB in children
- 1.2.6 Improve TB case management and coordination in correctional settings including capacity building interventions for prison staff
- 1.2.7 Implement the national infection control strategy in all TB Program facilities
- 1.2.8 Conduct TB screening among healthcare workers primarily targeting health staff of TB health facilities
- 1.2.9 Ensure and maintain universal BCG vaccination.

Result 1.3 Increase TB laboratory capacity by applying new diagnostic methods by developing M / XDR-TB diagnostic services and improving External Quality Assurance (EQA).

Planned activities:

- 1.3.1. Review and update Laboratory strategy and diagnostic algorithm based on the latest WHO recommendation
- 1.3.2 Enhance TB laboratory capacity at the central and regional level by building human and new diagnostic capacities, ensuring regular maintenance and continuous and uninterrupted supply of essential laboratory products
- 1.3.3 Enhanced internal and external quality assurance (EQA) of laboratory services including laboratories performing smear microscopy.
- 1.3.4 Enhance and streamline sputum collection and transportation system
- 1.3.5 Establish functional means for transportation of bacteriological materials to SRL in Milan
- 1.3.6 Establish and maintain a system of recording and reporting for laboratories, including paper and electronic systems, including drug resistance monitoring;
- 1.3.7 Improved operationalization of diagnostic methods for extra-pulmonary tuberculosis (EPTB / ADA);

- 1.3.8 Provide capacity building interventions for laboratory staff on: new diagnostic methods, TB data lab recording and reporting, sputum collection and transportation, building the drug resistance surveillance and internal and external quality assessment system through national and international trainings.

Result 1.4 Improve TB/HIV collaborative activities and integrated care.

Planned Activities:

- 1.4.1 Strengthen cooperation between national Tuberculosis and HIV programs
- 1.4.2 Increase HIV testing for all tuberculosis patients aiming to achieve universal HIV testing by strengthening the capacity of TB laboratory staff for HIV testing.
- 1.4.3 Strengthen integrated management for HIV/TB patient cases.

SPECIFIC OBJECTIVE 2. Ensure sustainable TB response through strengthening coordination, leadership and financial and political commitment of the Government

Result 2.1 Enhance Governance, effectiveness of the national coordination and management of HIV and TB national programs

Planned activities:

- 2.1.1 Identify a national coordinating authority (NCA) that will take over CCM functions and define, and approve roles, responsibilities, membership, and positioning of the legally authorized NCA in the government hierarchy that warrants CSO representation
- 2.1.2 Ensure Transition and Sustainability Plan (TSP) approval by the Government and incorporation and approval of the TSP activities in the National TB Action Plan (TB NSAP) which includes budget and M&E framework
- 2.1.3 Develop and implement the MoH capacity building plan and ensure coordinated support to enhance MoH capacity through training of MoH staff in program management, public financial management, resource tracking, monitoring & evaluation, etc.

Result 2.2 Achieve financial independence from external funding and ensure efficient use of public resources

Planned activities:

- 2.2.1 Intensify advocacy at higher level of government to leverage and allocate adequate financial resource as prescribed in the TB National Strategic Action Plan
- 2.2.2 Regularly monitor government disbursements and expenditure of public funds for TB programs.

Specific Objective 3: Build resilient and sustainable systems for health to facilitate smooth transition and effective implementation of the national TB program

Result 3.1. Institutionalization of a mechanism for contracting CSOs to deliver HIV and TB services.

Planned activities:

- 3.1.1 Develop, pilot and approve the CSO contracting mechanism for HIV&TB services delivered by CSOs
- 3.1.2 Draft and submit to MOH proposal of amendments to the Law on Health that include articles for contracting and licensing CSOs (if applicable) to deliver services in the health sector, including TB and HIV and TB services and provide technical assistance

- 3.1.3 Draft and enforce the relevant secondary legislation defining procedures to ensure CSOs access to public funding to provide specific health services as defined by MOH, including TB and HIV
- 3.1.4 Determine possible mechanisms for earmarking funds dedicated to contracting CSOs for TB service delivery
- 3.1.5 Draft/review and approve a standard package of services to be provided by CSOs for TB programs and define cost per patient/client
- 3.1.6 High-level advocacy for mobilization of additional resources for contracting CSOs for TB services
- 3.1.7 Build CSO and MOH capacity in CSO contracting procedures.

Result 3.2 Ensure continuous supply of quality and affordable medicines and health products through strengthening PSM system

Planned activities:

- 3.2.1 Mobilize technical assistance for the review of MoH procurement procedures to enable direct procurement from international procurement platforms
- 3.2.2 Support effective storage, monitoring and distribution practices for TB medicines and health products
- 3.2.3 Build capacity around the stock management, forecasting and procurement of TB drugs and lab consumables.

Result 3.3 Ensure adequate, sufficient and continuous human resource capacity for TB programs

Planned activities:

- 3.3.1 Assess human resource in health for TB Program (medical, non-medical, CSO staff) development / training needs
- 3.3.2 Develop TB Program human resource development plan (medical, non-medical and CSO) based on the HRH assessment
- 3.3.3 Implement TB HRH development plan (medical, non-medical and CSO) through mobilizing resources;
- 3.3.4 Develop funding mechanism for the training of medical, non-medical staff, including representatives of CSOs and social workers
- 3.3.5 Jointly with the MOH, Medical Chambers and Faculty of Medicine develop and implement a plan to review TB related training modules for undergraduate, postgraduate (residency programs) and CME level.

Result 3.4 Enhance evidence-based and evidence-informed policy making and accountability of TB national program.

Planned activities:

- 3.4.1 Develop a comprehensive plan for data systems transfer to MoH and integration into the National HIS
- 3.4.2 Establish of the working group to facilitate the interconnection and integration of data systems for TB and HIV in the HIS of the Ministry of Health
- 3.4.3 Assessment of the operability of different systems with HMIS and elaborate requirements for the development of a bridge data platform/interface
- 3.4.4 Design TB program expenditure tracking module or sub-account of the national health accounts, if applicable
- 3.4.5 Enhancement of vital statistics by building KAS capacities
- 3.4.6 Identify funding mechanism and ensure sustainable funding of M&E activities

- 3.4.7 Train staff responsible for the data analysis and routine reporting data and its use for decision making.

Result 3.5. Streamline service delivery ensuring expanded coverage, quality of continued and coordinated services, contingency planning for emergency situations.

Planned activities

- 3.5.1 Develop a comprehensive strategy and operational plan to scale up new patient centered TB service model
- 3.5.2 Develop a policy framework for the integration of the TB services into the PHC
- 3.5.3 Establish mechanism for improved coordination and establish common reporting mechanism of the NTP with TB services in the private sector
- 3.5.4 Streamline linkages between health workers and community health workers by development of referral and counter-referral algorithms (patient pathways) and capacity building of CSOs and health providers in referral and counter referral pathways
- 3.5.5 Training and retraining of family doctors and nurses at the PHC level in TB detection and contact tracing, diagnosis, case management, outpatient DOT, investigation, and treatment of LTBI, treatment, sputum transportation, electronic reporting system and sensitization to the stigma and discrimination of TB and TB-HIV patients
- 3.5.6 Provide Continuous Professional Development to present approved clinical guidelines and protocols for TB;
- 3.5.7 Establish service quality assessment and continuous quality improvement system through institutionalization of quality management structures for all service providers (public, private, CSOs); development and approval TB service quality standards and performance indicators; development of methodological guidelines for quality assessment and continuous quality improvement; and build capacity of service provider organizations in self-assessment procedures.

Specific Objective 4: Community Systems Strengthening and advocacy

Result 4.1 Strengthening TB community systems and civil society engagement

Planned activities:

- 4.1.1 Development of Community Systems Strengthening Plan
- 4.1.2 Provide capacity building to civil society and community groups
- 4.1.3 Provide institutional support to CSOs engaged in TB response in Kosovo
- 4.1.4 Advocate for resource mobilization and catalyze an exchange of best practices regarding TB
- 4.1.5 Development of ACSM strategies and investment in ACSM activities with the focus on vulnerable populations, including RAE communities
- 4.1.6 Organize public awareness raising campaigns (World TB Day) to increase TB awareness and reduce stigma.

Result 4.2 Civil society engagement in TB care and responding to social determinants of tuberculosis

Planned activities:

- 4.2.1 Develop and adopt mechanism for TB-specific social protection measures and mobilize relevant resources
- 4.2.2 Develop and adopt standards and operational procedures for civil society organizations to deliver active case finding, treatment adherence and psycho-social support services for TB patients and their families;

- 4.2.3 Provide treatment adherence service to all TB patients, including LTBI and MDR TB patients through providing patients' education and adherence counseling
- 4.2.4 Implement social protection, poverty alleviation and other actions to address social determinants of tuberculosis.

Result 4.3 Community networking and advocacy

Planned activities

- 4.3.1 Create functioning community networks, linkages and partnerships across HIV and TB community actors
- 4.3.2 Implement Community Led Monitoring activities for TB services;
- 4.3.3 Implement advocacy activities to influence health reform processes at the level of MOH
- 4.3.4 Ensure active engagement of NTP stakeholders, including civil society in national policy dialogues about health insurance, amendments to the health system laws, etc.
- 4.3.5 Prepare policy briefs and other evidence-based advocacy instruments that examine the magnitude of healthcare service barriers for underserved population and its potential impact on TB epidemic.

Specific Objective 5: Intensified Research and innovations

Result 5.1: Intensified research to optimize implementation and impact of TB program and promote innovations

Planned activities:

- 5.1.1 Conduct TB screening among HCWs to measure implementation of infection control measures within healthcare system
- 5.1.2 Conduct TB vulnerability study of most vulnerable populations and ethnic minorities, including RAE and migrant communities and assess its impact on the evolution of TB epidemic in Kosovo
- 5.1.3 Mapping of private providers of TB services in Kosovo to improve coordination and service integration and expand pilot PPMix activities all over Kosovo
- 5.1.4 Assessment of TB associated stigma among TB affected communities
- 5.1.5 Conduct periodic studies to assess the TB knowledge, attitudes and practices (KAP) among healthcare workers and general population and studies on patient satisfaction with TB services
- 5.1.6 Conduct TB Communities, Human Rights and Gender (HRG) assessment of National TB response using standard assessment tool.¹⁶
- 5.1.7 Mobilize resources and increase public funding for promoting TB research agenda in Kosovo
- 5.1.8 Strengthen TB research capacity within the cathedra for pulmonology of the Faculty of Medicine and the TB Central Management Unit of the MOH
- 5.1.9 Promote research agenda through research networking and exchanging, and participating in scientific meetings/conferences.

¹⁶ UNAIDS and Stop TB Partnership. Gender Assessment Tools for HIV and TB National responses. http://www.stoptb.org/assets/documents/resources/publications/acsm/Gender_Assessment_Tool_TB_HIV_UNAIDS_FINAL_2016%20ENG.pdf

6. Implementation, Monitoring and Reporting arrangements

6.1 TB governance and Leadership

Ministry of Health¹⁷: The MoH is the main agency that sets the vision and mission of the health care sector in Kosovo. The Department of Health Service in the Ministry of Health provides assistance and advice in drafting policies /strategies and the legislation in health sector. Within this Department, a Division of Special Health Care Services is operational that is the key agency dealing with specific diseases, including Tuberculosis and HIV/AIDS.

Central Management Tuberculosis Unit for National Tuberculosis Programme was established within the *Minsistry of Health formally on 01/2014_doc*. “**Central Unit of Tuberculosis (TB) - National Tuberculosis Program (NTP)**” signed by the Minister of Health , Ferid Agani. The Unit is a part of the Division of Special Services within the Department of Health Services. It consists of one staff member: National TB Coordinator. The major tasks of Coordination Unit include coordination and collaboration; planning, supervision, monitoring and evaluation of all activities related to diagnosis, treatment and care services. The Unit plays key role in enhancing TB clinical management through development of TB protocols, guidelines, and providing supportive supervision to TB laboratory and medical service centers.

National Institute for Public Health of Kosovo (NIPHK), its scientific institution as a part of THC. The NIPHK prepares and implements public health strategies, including establishment of hygienic - sanitary measures, prophylaxis, anti-epidemic measures, medical-social, health promotion, health, education, water and food quality control, expanded immunization program (EPI), health policy and health economics, health information system. The NIPHK is the reference center in the area of public health, for TB, HIV/AIDS and STI.¹⁸The NIPHK covers the entire territory of the Republic of Kosovo through its branches - Public Health Institutes (IPH) organized in 6 Regional Centers: Peja, Prizren, Mitrovica, Gjilan, Gjakova, Ferizaj.

Central Coordinators of Laboratory and R&R at the National Institute for Public Health (NIPH) are responsible for data reporting, as well as for Infection Control, Health Promotion and Education, Research and reporting aggregated national data.

Regional TB Coordinators - are part of the Units for Lung Diseases and TB, Lung Clinics of General (Regional) Hospitals and are in charge to monitor TB care and prevention in their respective regions and reporting data at the regional level.

TB care is organized on three levels; Tertiary/central, Secondary/regional, and Primary/municipal. The national TB program operates through the following institutions at various levels¹⁹:

- **At the central level – THC (Tertiary Health Care)** the NTP functions are managed through the following referral health institutions: National Institute of Public Health, Lung Clinic and Pediatric Clinic of the University Clinical Centre of Kosovo, the MDR/TB Unit of the Peja General Hospital for management of MDR-TB cases.
- **At the Regional level - SHC (Secondary Health Care)** the NTP functions are managed through the following health institutions: 5 lung clinics are the services of the Service in the General Hospitals of Pejë, Prizren, Gjakovë, Gjilan, and the Prison Health Service. At these levels of TB activities, from the regional coordinators who submit other and registered reports to the National TB Coordinator at the Ministry of Health, as well as the National TB Coordinator for Registration and Reporting at the IKPSH.
- **At the Municipal level - PHC (Primary Health Care)** the NTP operates through Units for Lung Disease and TB of Main Family Medicine Centers, (Prishtina, Mitrovica, Ferizaj,

¹⁷ National Strategic Plan for TB Control in Kosovo. 2018-2022. Ministry of Health of Kosovo. Prepared through the GF financial support. 2017. Kosovo

¹⁸ Law on public Health; Assembly of Kosovo; https://msh.rks-gov.net/wp-content/uploads/2020/03/2007_02-L78-Law-on-Public-Health.pdf

¹⁹ Monitoring and Evaluation Plan 2019-2021. Kosovo National TB Program. Pristina, Kosovo

Podujeva, Lipljan, Kline, Skenderaj) and a network of PHC services – Main Family Medicine Centers of 29 municipalities.

The Country Coordinating Mechanism (CCM) is the main coordination body for the GF-funded TB and HIV programs, and it ensures representation of wide range of stakeholders from government and non-governmental sector and affected communities.

Challenges in the National TB Program management: Capacity Assessment of MOH by LFA²⁰ identifies shortcomings in the TB leadership as a major issue. These issues include (not limited to) the following: absence of formally endorsed TB NAP and M&E Plan; weak leadership capacities of TB coordinators within the MoH; inadequate focus on program stewardship functions in the Terms of Reference of National coordinators; unclear scheme for accountability and reporting to the Minister of Health; etc. In addition, stakeholders report that the CCM's functioning is sub-optimal.²¹

6.2 TB Surveillance

Tuberculosis (TB) is a mandatory notifiable disease in Kosovo.⁹ All TB cases **suspected** must be notified to the Department of Epidemiology of the Institute of Public Health under the Ministry of Health. This is according to Law No. 02/L-109 for the prevention and control of infectious diseases. The TB surveillance system operates at three administrative levels: national, regional and municipal.²² All public and private healthcare institutions of all levels, from family medicine centres to the level of university clinics, are legally obliged to report on and supervise contagious diseases. Reports from the PHC and SHC levels are sent to the Regional Institute of Public Health of Kosovo, which, within a week, sends the reports to the National Institute for Public Health. Tertiary Health Care level institutions report directly to the NIPHK, which reports to the Ministry of Health.

At the municipal level, surveillance is carried out in all Units for TB and Lung Diseases (7 at PHC and 5 at SHC) which are involved in detecting and referring diagnosed or suspected TB cases to specialised Departments for TB and Lung Diseases that are in charge for TB treatment and care. Diagnostic services for TB, direct microscopy and X-ray examinations are provided in most of ULDTB located in Main Family Medicine Centres.

Regional TB centres are responsible for the further diagnosis and management of TB patients, review and monitoring of data quality, and preparation and submission of TB notifications and other surveillance-related data to the national level. The regional surveillance team is represented by regional TB coordinators. TB basic medical unit registers are completed at the regional level and data are loaded in the integrated TB electronic Information System named SIMTB. Prison Health Services also has special rooms for treatment and follow up for TB patients, located in the Dubrava Prison (Peja Region). TB cases from the penitentiary system are reported through the Prison Health System to NIHPK and included in the national surveillance data.

The third level of the surveillance system is the national level, where data from the regional level is aggregated. Reporting and aggregation of national data is done through the SIMTB system. From 2012 to the end of 2015 this was done by the Community Development Fund, a non-governmental organization and the principal recipient of the grant from the Global Fund. In previous years, the PR/SR carried out the overall oversight of the TB surveillance system and generation of national data on TB surveillance, which is submitted to NIPHK. The PR/SR were also responsible for assuring data quality, developing human resources for TB surveillance, monitoring and on-the-job training of TB coordinators, and revising, printing and distributing the WHO revised standard recording forms. In January 2016, the overall oversight of the surveillance system was handed over to the NIHPK.²³

²⁰ Capacity assessment of MoH, LFA 2019

²¹ Focused Country Evaluations Kosovo TB Evaluation; Desk-Based Evaluation; July 2019. Washington CD, USA: APMG Health.

²² Monitoring and Evaluation Plan 2019-2021. Kosovo National TB Program. Pristina, Kosovo

²³ Tuberculosis in Kosovo: epidemiological impact analysis. WHO Regional Office for Europe. 2016

6.3 Private sector in TB response

Engagement of private clinics in TB service provision has not been well studied. There is a concern that private clinics are not well integrated with the national TB program, and the data about TB cases and referrals is not reported. Therefore, it is assumed that some TB patients that receive services at the private sector may be missed from the NTP. The inclusion of private service providers under the NTP umbrella will be one of the objectives of the current NAP. Under the GF grant, an assessment will be conducted to map private providers of TB services, which will be followed by training of private practitioners on the National TB guidelines and policies regulating TB surveillance, as well as incentivizing of private clinics with the NTP under the Public-Private Mix (PPM) pilots²⁴.

6.4 CSO landscape/engagement in the national TB response

The Community Development Fund (CDF) is a non-governmental organization in Kosovo that commenced its activities in November 1999, when it was established in partnership with the Soros Foundation/Open Society Institute. Since October 2000, the CDF is registered as a local, non-profit NGO with Public Benefit Status to carry out a community development project through small-scale community investments under the World Bank program. Since October 2011 CDF has been selected as the Principal Recipient to the Global Fund Grants for HIV and TB Programs in Kosovo. The Community Development Fund will continue to serve as a PR of the GF last – tailored to transition grant through 2024.

KeA:²⁵ A local NGO KeA has been a sub-recipient of the GF TB grant in Kosovo. It implements a range of different activities in support to the TB program including activities to support laboratories, R&R, MDR-TB, infection control, work with the prison system, contact tracing and active case finding, working with key populations, TB in children, PPMix and community-based TB care. In 2022-2024 it will have to play a critical role in transferring the SIMTB system into the public sector.

Integra:²⁵ A local NGO – Integra has been a SR of the GF grant in Kosovo and it has been a critical player to address HIV and TB cross-cutting issues affecting vulnerable populations for both diseases. Integra works on strengthening community systems and addressing service access barriers related to human rights, stigma and discrimination.

6.5 Monitoring and reporting

There is a separate Monitoring and Evaluation Framework document which was developed after the finalization of the National TB Action Plan. The M&E framework provides a set of indicators for priority areas with targets and defined timeframes. A spectrum of data collection and analysis is planned under the National TB Action Plan to routinely track services and program achievements against the targets set within the Action Plan. Systematic and vigorous M&E will guide decision making process to achieve most efficient use of resources.

While the implementing partners will routinely track input and process indicators, the M&E Framework for the National TB Action Plan will largely focus on output, outcome and impact level indicators.

To harmonize TB indicators in Kosovo with the global TB M&E frameworks, key indicators relevant to the National TB program in Kosovo, were selected from the set of 10 European core indicators and the Global Top-10 indicators developed by WHO headquarters for the Tuberculosis Action Plan for 2021-2030. Impact level indicators – TB incidence rate and TB mortality per 100,000 population, will be used to measure to what extent the national TB program is achieving the program goal. Outcome level indicators include treatment adherence and success rates among all types of TB, as well as

²⁴ Kosovo Country Proposal to the Global Fund. Transition Funding Request 2022-2024. Ministry of Health of Kosovo. 2020

²⁵ National Strategic Plan for TB Control in Kosovo. 2019-2021

coverage of contacts with systematic screening for active TB, coverage of LTBI treatment, coverage of testing among high-risk populations, such as people living with HIV, RAE communities, etc.

In addition to routine monitoring, a number of research studies will be conducted, such as: TB screening among healthcare workers; TB associated stigma; TB Communities, Human rights and Gender (CRG) assessment of national TB response, etc. These studies will generate valuable data for evidence-informed policy making and programming.

Key responsible institution for TB M&E is the Ministry of Health with its Central Management Tuberculosis Unit. In overall, numerous institutions will be involved in the monitoring and evaluation of the National TB Action Plan, that will require strengthening technical capacity as well as improved coordination and communication across different tiers of stakeholders. Data sharing and validation will be routinely performed. M&E reports and study reports will become accessible to public.

7. Budget implications and implementation of action plan

The financing of the Action Plan for TB 2022-2024 was done mainly by the Donor Global Fund in the amount of 900,000.00.

From the budget of the Ministry of Health for TB Action Plan, a budget is planned for the support of NGOs that take care of the prevention and care of TB patients. The budget is estimated to be for the year 2023 the amount of €15,000 for the year 2024 the amount of €35,000

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Annex B: Detailed description of Specific Objectives and Planned Activities

Overarching Goal of TB control in Kosovo is to decrease the burden of TB and its impact on population health, and overall social and economic development in the country by ensuring universal access to timely and quality diagnostic, care and treatment for all forms of TB.

Expected Impact:

- ✓ Reduce TB-related mortality in Kosovo from 1.35/100,000 population in 2019 to under <1.1/100,000 population^{26, 27}
- ✓ Reduce overall incidence of all forms of TB (bacteriologically confirmed plus clinically diagnosed, new and relapse cases) from 33.8 per 100,000 population in 2019²⁸ to <20.0 per 100,000 population in 2024²⁹

The National TB Action Plan for Kosovo 2022 – 2024 is aligned with the STOP TB partnership and WHO Action Plan for the European Region (2016-2020),³⁰ and the updated Health Sector Strategy for Kosovo 2017-2021, which makes specific reference to reducing the incidence of infectious diseases, such as TB and HIV by implementing specific action plans, monitoring of antimicrobial resistance, prevention of hospital infections, and strengthening the surveillance and monitoring of infectious diseases.³¹

National TB Action Plan is organized around 5 Specific objectives (SOs):

SO 1: Integrated patient-centered TB prevention, treatment and care

SO 2: Ensure sustainable TB response through strengthening coordination, leadership and financial and political commitment of the Government.

SO 3: Build resilient and sustainable systems for health to facilitate smooth transition and effective implementation of the national TB program

SO4: Community Systems Strengthening and advocacy

SO 5: Intensified Research and innovations

Strategic interventions under each specific objective are briefly outlined in the strategic document. Sub-activities to realize specific objectives are detailed in the costed National TB Action Plan that provides detailed information about the inputs, targets, implementation period and requested budget for each sub-activity.

SPECIFIC OBJECTIVE 1: Integrated patient-centered TB prevention, treatment and care

Result 1.1. Provide integrated patient-centered services to all TB patients and affected communities, including M / XDR-TB patients

Ensure universal access to TB treatment: The health system in Kosovo aims at providing full and equal access to essential services, including diagnosis and treatment of TB, DR/MDR-TB and TB/HIV. In 2019, around 650 adult patients were enrolled in TB treatment fully covered by the government funds. All MDR TB patients (though no MDR cases have been registered in a period between 2018 - 2020) will be enrolled in MDR TB treatment also provided by the government. Diagnostics and treatment of all patients will be delivered per the approved national guidelines and protocols which are fully aligned with the WHO treatment guidelines.

²⁶ Performance Framework for the Global Fund Transition Grant 2022-2024. (excel file: QNA_C_CDF_PF_Aug 11_CDF)

²⁷ Global Top-10 indicator; WHO European Region Tuberculosis Action Plan. Indicator -1.C.6

²⁸ TB notification rate sharply declined in 2020 to 24.57 per 100,000 populations due to COVID-19 pandemic.

The data from 2019 was used for setting realistic targets.

²⁹ WHO European Region Tuberculosis Action Plan. Indicator -1.B.5

³⁰ WHO regional office for Europe. Tuberculosis action plan for the WHO European Region. 2016–2020

https://www.euro.who.int/_data/assets/pdf_file/0007/283804/65wd17e_Rev1_TBActionPlan_150588_withCover.pdf

³¹ The LFA Assessment of National TB Program, 2020, Kosovo

The share of bacteriologically confirmed cases among Pulmonary (new and relapse) cases is expected to increase due to improved lab infrastructure and expanding TB testing capacity through more functional GeneXpert machines, and increased coverage of DST among bacteriologically confirmed pulmonary cases will be achieved. Efforts are planned to strengthen monitoring and management of adverse drug reactions. Through planned activities, the treatment success rate will be sustained to 85% for all forms of TB.

TB in-patient treatment is provided at the Clinic of Pulmonology of the University Clinical Center of Kosovo (UCCCK), and Departments for Lung Diseases and TB of regional hospitals. During COVID-19 outbreak in Kosovo, TB patients from these clinics were discharged and advised to continue treatment from home through out-patient services of TB dispensaries. Shifting from in-patient to outpatient care has placed unexpected work burden on the dispensaries. To adjust to the C19 regulations, TB dispensaries suspended monthly check-ups for TB patients, and started patients monitoring in every two months. Two-month supply of TB drugs were given to patients. In addition, video supported TB treatment and phone counseling became additional model for service delivery and will continue in 2022-2024 years.

Safeguard quality of services through up-to-date service guidelines: To ensure quality TB treatment substantial efforts have been taken under the GF grant to revise/develop and review treatment guidelines in line with the WHO latest recommendations. In 2019-2021, the National TB committee³² (NTBC), which has a supervisory and consultative function within the National TB Programme under the Ministry of Health, and professional working groups established by the MOH have been engaged in development of programmatic documents, such as: TB laboratory testing algorithm; TB treatment guidelines; guidelines for the programmatic management of drug-resistant tuberculosis and MDR-TB guidelines; paediatric TB guidelines; and extra-pulmonary TB and LTBI guidelines.

Planned activities:

- 1.1.7 Provide adequate and uninterrupted supply of first-line anti-TB medicines
- 1.1.8 Provide adequate and uninterrupted supply of second-line (MDR-TB) anti-TB medicines
- 1.1.9 Provide treatment, monitoring and management of side effects of TB medications
- 1.1.10 Provide clinical and laboratory examination for MDR-TB patients
- 1.1.11 Ensure clinical examinations, X-ray testing, pleural testing and bronchoscopy for pulmonary TB and children diagnosed with TB
- 1.1.12 Review Clinical guidelines on different TB programmatic aspects **Error! Bookmark not defined.:** management for extra-pulmonary TB and TB with co-morbidities; clinical management of X/MDR-TB cases, and active TB drug safety and monitoring (ADSM) of MDR TB; infection control, TB lab guidelines, protocols and SOPs, etc.

Expected results:

- ✓ Treatment success rate of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapse cases increases from 84.56% in 2019 to 88% by the end of 2024.³³
- ✓ All (100%) notified RR/MDR-TB patients are enrolled into SLD treatment³⁴
- ✓ Treatment success rate (%) among the RR/MDR-TB treatment cohort (if applicable) is contained above 85%³⁵
- ✓ At least 65% of all pulmonary new and relapse cases are bacteriologically confirmed
- ✓ DST coverage (%) among all pulmonary TB patients is increasing³⁶ - at least 90% of bacteriologically confirmed pulmonary TB cases are tested for DST

³² NTBC has a supervisory and consultative function within the National TB Programme under the Ministry of Health. It coordinates, supervises and makes recommendations, under the guidance, and in close cooperation with, the unit for the implementation of the TB Control Programme.

³³ Global Top-10 indicator; WHO European Region Tuberculosis Action Plan. Indicator – 1.C.3

³⁴ Global Top-10 indicator; WHO European Region Tuberculosis Action Plan. Indicator – 1.C.2

³⁵ Global Top-10 indicator; WHO European Region Tuberculosis Action Plan. Indicator -1.C.4

- ✓ None of the reporting units report stock-outs of FLD or SLDs on the last day of every quarter.

In addition to the above stated strategies, substantial efforts will be made by the national TB program to remove legal and institutional barriers to access TB services, to improve accessibility to services through integration of TB management into primary health care; and to strengthen institutional technical and human resource capacity to deliver quality TB services. A comprehensive set of activities to address all the aspects of patient-centred TB treatment, care and support services have been addressed in the Transition and Sustainability Plan 2022-2024, and have been incorporated into the National TB Action Plan under the Specific Objectives 3-5 (pages 13 - 16).

Result 1.2 Strengthen the early prevention and detection of TB by intensifying the active case findings and through adequate measures of infection control

TB screening of household members and close contacts of patients with active TB: It is of utmost importance to achieve universal access to early accurate diagnosis of TB, enhancing case finding efficiency and identification of presumptive TB cases at the first point of care in order to link them to the best available diagnostic means. Per the international standards for TB care,³⁷ all persons in close contact with TB patients will be evaluated and tested for TB. Contacts will include both, household and non-household groups. Contact investigation is an important activity to find persons with previously undetected TB and persons who are candidates for treatment of latent TB infection (LTBI). Currently, only half of TB patients' contacts have been evaluated for TB, with prioritization given to contacts of TB confirmed cases.

Strengthen contact investigation, screening and active case finding for TB among vulnerable populations: Systematic screening for TB among risk groups improves early case detection. The primary objective of screening is to ensure early detection of active TB and prompt initiation of treatment with the ultimate aim of improving treatment outcome and reducing the adverse social and economic consequence of TB, as well as preventing TB transmission. The diagnosis for all TB suspected cases will be confirmed by TB screening, bacteriological tests and clinical assessments. The list of TB high-risk groups will involve community screening in high burden municipalities, people with selected medical conditions that constitute risk factors for TB (PLHIV, HBV and HCV patients), malnourished children, persons in correctional settings, migrants, people who have limited access to healthcare services, healthcare workers, etc. Special emphasis will be placed on the Roma, Ashkali and Egyptian minorities (RAE) that are dispersed throughout Kosovo and vulnerable from the socio-economic aspects.

Greater engagement of civil society organizations in active case-findings will be ensured. Standards and operational procedures for quality of services provided through CSOs, will be developed and adopted (addressed under the SO4; page 15).

Ensure universal BCG vaccination: The Bacillus Calmette-Guérin (BCG) vaccination is recommended to prevent the spread of TB disease particularly in infants and young children. The vaccination against TB in Kosovo has been financed by the government and done routinely. The MICS survey in 2019-2020 defines that 99.3% of children age 12-23 months received the BCG vaccination.³⁸ The government of Kosovo will continue to adhere to the WHO recommendation on vaccination, and a single dose of BCG vaccine will be given to all infants after birth.

Ensure screening on LTBI and ensure TB preventive treatment for all patients with LTBI: Exposure to Mycobacterium tuberculosis may result in latent TB infection and a person with latent TB infection usually leads a healthy life, but some fraction may develop active TB disease. Per the Guideline for

³⁶ Global Top-10 indicator; WHO European Region Tuberculosis Action Plan. Indicator -1.B.2

³⁷ International Standards for Tuberculosis Care, Edition 3 (TB CARE I, 2014)

³⁸ 2019-2020 MICS in Kosovo & 2019-2020 MICS with Roma, Ashkali and Egyptian communities in Kosovo.

Full report. Table TC.1.2A.

<https://www.unicef.org/kosovoprogramme/media/1871/file/Kosovo%20MICS%202020.pdf>

LTBI management, tuberculin skin test (Mantoux test) will be used to detect latent TB infection. All patients diagnosed with LTBI will be enrolled to TB preventive treatment. The recording and reporting forms for monitoring the treatment results of LTBI will be developed and implemented. The PHC staff will be trained on contact investigation and LTBI treatment. **Error! Bookmark not defined.** The TORs of health workers involved in TB Program will be revised to include new responsibilities for LTBI treatment and diagnosis, such as the provision of LTBI treatment on a monthly basis, monitoring the treatment its side effects, ensuring the best strategies for case holding, and recording and reporting the treatment results for LTBI.

Improve prevention, diagnosis and treatment of TB in children: In 2019, only 5 cases of childhood TB were registered in Kosovo, which accounts for only 0.8% of all TB cases notified. Stakeholders believe that the low number of TB cases detected among children might be due to challenges related to diagnostic tools for childhood TB as well as underreporting. Paediatric TB cases are managed by the Department for Lung diseases of the Paediatric Clinic in coordination with other NTP institutions. Collaboration between Paediatric Clinic with regional ATDs is not satisfactory which may lead to under-reporting and difficulties with case holding

Improve TB case management and coordination in correctional settings: The spread of TB infection in prison is under control with only 2 cases in 2018 and 1 case diagnosed on entry in the prison system in 2019. Since 2019 Prison Health services have adapted standardized procedures for screening of inmates including TB screening of prisoners on entrance to the prison system. Subsequent capacity building interventions will involve continuous medical education of prison staff on TB control, diagnostic algorithms, case management, contact tracing, infection control, recording and reporting, coordination, as well as joined supervision of TB cases by NTP. Health education sessions in correctional settings for incarcerated individuals and prison staff are planned to increase TB awareness.

Implement the national infection control strategy in all TB Program facilities: Major challenges experienced by the National TB program is inadequate infectious control measures, including sufficient resources to prevent nosocomial transmission of TB within healthcare system. Infection control (IC) system will be strengthened and compliance with the approved guideline will be monitored. Health and non-health care workers at risk for TB exposure will be continuously trained to practice IC measures. Adequate supply of personal protection equipment for all TB facilities, including that in correctional settings, will be secured. Individual protection measures will include: use of disposable particulate respirators (of certified N95 or FFP2 standards) by healthcare providers in areas with elevated risk of TB transmission; systematic use of surgical masks for coughing patients in all facilities will be ensured. Environmental IC measures will be implemented.

Planned activities:

- 1.2.10 Improve early detection through providing TB screening among vulnerable / high-risk populations based on best international standards
- 1.2.11 Provide TB screening to household members and close contacts of patients with active TB
- 1.2.12 Ensure active case finding activities in high burden areas for TB.
- 1.2.13 Ensure screening on LTBI and TB preventive treatment for all patients with LTBI
- 1.2.14 Improve prevention, diagnosis and treatment of TB in children
- 1.2.15 Improve TB case management and coordination in correctional settings including capacity building interventions for prison staff
- 1.2.16 Implement the national infection control strategy in all TB Program facilities
- 1.2.17 Conduct TB screening among healthcare workers primarily targeting health staff of TB health facilities
- 1.2.18 Ensure and maintain universal BCG vaccination.

Expected results:

- ✓ Improved coverage of contacts with systematic screening for active TB³⁹
- ✓ Percentage of notified new and relapse TB patients testing using WHO-recommended rapid tests is increasing⁴⁰
- ✓ Improved TB case detection rate (%)⁴¹
- ✓ Improved RR/MDR TB case detection rate (%).⁴²
- ✓ LTBI treatment coverage improved⁴³
- ✓ Universal BCG vaccination is contained
- ✓ TB notification rate (all forms) in healthcare staff is similar to that among general population
- ✓ The number of high-risk group populations (i.e. RAE community members) enrolled in TB screening activities increases by 20%.
- ✓ Proportion of people with TB found through active case finding activities implemented through CSOs is increasing.⁴⁴

Result 1.3 Increase TB laboratory capacity by applying new diagnostic methods by developing M / XDR-TB diagnostic services and improving External Quality Assurance (EQA)

Suboptimal functioning of TB laboratory: Kosovo Country Proposal to the GF⁴⁵ and the HIV&TB Transition and Sustainability Plan for Kosovo under the Objective 8⁴⁶ have identified few major shortcomings to TB lab system operation. Currently Kosovo has three functional Xpert machines, in Pristina NRL, Peja Regional Hospital/MDR Clinic Laboratory and Prizren Regional IPH. In 2021/22, additional GX machines will be purchased through the GF fund grant, to expand availability of GX testing in Ferizaj, Prishtina, Gjilan and Mitrovica.⁴⁵

Poorly operational lab material collection and transportation system⁴⁶: The Kosovo diagnostic laboratory algorithm is based on “Xpert for All” suspected TB cases, however main problem is with collection and transportation of sputum samples. The established mechanism for transportation of bacteriological materials for second line TB drugs DST in SRL in Milan is currently lifted due to limited international shipping courier service for hazardous medical materials. Thus, new and sustainable means for transportation of those materials to SRL has to be identified and become functional. During 2021 NRL plans to introduce LiPA testing and expand TB lab testing capacities.

Increase TB laboratory capacity by implementing new diagnostic methods, developing M/XDR-TB diagnostics, and assuring quality of laboratory services: TB laboratory strategy will be developed and implemented; existing diagnostic algorithms will be reviewed and aligned with the latest WHO recommendations. Guidelines and Standard Operating Procedures (SOPs) for existing and new laboratory diagnostics will be developed. Laboratory staff capacity building interventions will be implemented to ensure standardization of new diagnostic methods in compliance with the approved SOPs.

To strengthen TB laboratory capacity, including that for diagnosis of extra-pulmonary TB (EPTB), and an uninterrupted functioning of GeneXpert machines, HAIN, MGIT and LiPA will be ensured. Laboratory consumables and cartridges will be procured and equipment maintenance will be secured as needed. In addition, for diagnostics of extra-pulmonary TB (pleural effusions) TB Program aims to introduce adenosine deaminase (ADA) testing.

³⁹ Global Top-10 indicator; WHO European Region Tuberculosis Action Plan. Indicator -1.A.1

⁴⁰ Global Top-10 indicator; WHO European Region Tuberculosis Action Plan. Indicator -1.B.1

⁴¹ WHO European Region Tuberculosis Action Plan. Indicator 1.B.4

⁴² WHO European Region Tuberculosis Action Plan. Indicator 1.B.3

⁴³ Global Top-10 indicator; WHO European Region Tuberculosis Action Plan. Indicator 1.E.2

⁴⁴ WHO European Region Tuberculosis Action Plan. Indicator 2.E.3

⁴⁵ Kosovo Country Proposal to the Global Fund. Transition Funding Request 2022-2024. Ministry of Health of Kosovo. 2020

⁴⁶ HIV & TB TRANSITION AND SUSTAINABILITY PLAN for Kosovo. 2021-2024. Prepared by the MOH of Kosovo through technical support from the Global Fund. September 2021.

To monitor and improve the quality of TB laboratory services, an External Quality Assurance (EQA) system will be put in place. Supervision visits to monitor smear microscopy are planned, implemented and will be sustained⁹. The Ministry of Health will create a Module or will use the current SIMTB system with the possibilities of integration in the SIS and depending on the new requirements and needs of the Ministry of Health will always advance the system in full compliance with the legal basis by linking the same with all other relevant institutions. Efforts will be made to substantially enhance the recording and reporting system for laboratories, including paper-based and electronic systems. Drug-resistance surveillance system will be strengthened.

During the next strategic cycle, NTP aims to strengthen capacities of the National Reference Laboratory, (including human resources, space, equipment, laboratory operational management, etc.). At least two trainings per year for two staff are foreseen. Trainings for LIPA and NGS (next generation sequencing) should have priority.

Planned activities:

- 1.3.2. Review and update Laboratory strategy and diagnostic algorithm based on the latest WHO recommendation
- 1.3.9 Enhance TB laboratory capacity at the central and regional level by building human and new diagnostic capacities, ensuring regular maintenance and continuous and uninterrupted supply of essential laboratory products
- 1.3.10 Enhanced internal and external quality assessment of laboratory services including laboratories performing smear microscopy.
- 1.3.11 Enhance and streamline sputum collection and transportation system
- 1.3.12 Establish functional means for transportation of bacteriological materials to SRL in Milan
- 1.3.13 Establish and maintain a system of recording and reporting for laboratories, including paper and electronic systems, including drug resistance monitoring
- 1.3.14 Improved operationalization of diagnostic methods for extra-pulmonary tuberculosis (EPTB / ADA)
- 1.3.15 Provide capacity building interventions for laboratory staff on: new diagnostic methods, TB data lab recording and reporting, sputum collection and transportation, building the drug resistance surveillance and internal and external quality assessment system through national and international trainings.

Expected results:

- ✓ All TB laboratories undergo external quality assessment and show adequate performance of implemented TB lab services under their scope of work.
- ✓ No stock-outs of laboratory / diagnostics products (reagents, cartridges, etc.) are reported
- ✓ All TB lab staff undergo regular and relevant capacity building activities / continuous medical education activities tailored to requirements of TB lab staff.

Result 1.4 Improve TB/HIV collaborative activities and integrated care

Implement TB/HIV collaborative activities: Currently due to low HIV prevalence in country the chances of HIV fueling TB epidemic is low, but this could reverse with a marginal increase of HIV morbidity rates. Thus, emphasis will be placed to strengthen collaboration and integration between national TB and HIV programs. As mentioned above, HIV testing uptake among TB patients remains low. Universal HIV screening for all TB patients will be ensured through expanding HIV testing capacity within the TB laboratory services. Effective referral system will be established to ensure prompt linkage of HIV positive TB patients to appropriate health and social services. It should be noted that as per WHO recommendations, all people living with HIV should be screened for TB and be

offered TB preventive treatment if they test TB-negative. The latter strategy has been a part of the HIV National Strategic Plan.

Planned Activities:

- 1.4.4 Strengthen cooperation between national Tuberculosis and HIV programs
- 1.4.5 Increase HIV testing for all tuberculosis patients aiming to achieve universal HIV testing by strengthening the capacity of TB laboratory staff for HIV testing
- 1.4.6 Strengthen integrated management for HIV/TB patient cases.

Expected outcome

- ✓ Percentage of registered new and relapse TB patients with documented HIV status increased from 40.18% in 2020 to 75% in 2024^{47;48}
- ✓ Improved LTBI treatment enrolment rate (%) among PLHIV⁴⁹

SPECIFIC OBJECTIVE 2. Ensure sustainable TB response through strengthening coordination, leadership and financial and political commitment of the Government

Result 2.1 Enhance Governance, effectiveness of the national coordination and management of HIV and TB national programs

TB National Strategic Plan: During 2021 MOH and stakeholders has embarked in drafting the new National TB Strategic Plan for 2022-2024, which include the Monitoring and Evaluation Framework. These programmatic policies will guide implementation of the TB national response in Kosovo.

Sustainability of Coordination function: The Country Coordination Mechanism (CCM), chaired by the MoH, is seen as the major coordinating body for GF funded HIV and TB programme. As in many transitioned countries, there is a risk of CCM abolition after the seize of the GF funding. At present, there are no clear plans how this CCM transition will take place. Concerns are also raised by stakeholders on extent to which the new/reorganized coordination body will ensure engagement of CSOs, and people affected by diseases⁵⁰. Notably, this issue, highlighted in the TPA⁵¹ has not been yet addressed.

Provided that GF funding will end in 2024, the CCM evolution exercise should be performed to define the future institutional set-up of coordination mechanism for HIV and TB national response - national coordinating authority (NCA) in the government hierarchy. It is important that NCA follows the CCM governance model principles and ensures civil society and communities' engagement.

Approval and implementation of the Transition and Sustainability Plan: As a follow up of TPA in 2017, the Transition and Sustainability Plan (TSP) was drafted and submitted for MOH approval in 2021. The TSP interventions relevant to TB national program, have been incorporated into the TB National Strategic Plan 2022-2024. During 2022-2024 implementation of the TSP will be closely monitored. Whilst concrete steps have been taken towards transition, it remains critical that the country develops a fully operationalized transition work-plan to ensure that the transition process is effectively managed⁵².

Currently, the HIV and TB programs have been operating distinctly and systems to manage TB and HIV are currently administratively separate. Within the Ministry of Health (MoH), a Division of Special Health Care Services (DSHCS) is operational that is the key institution dealing with the

⁴⁷ Performance Framework for the Global Fund Transition Grant 2022-2024. (excel file: QNA_C_CDF_PF_Aug 11_CDF)

⁴⁸ WHO TB Action Plan 2021-2030. Indicator 1.D.2

⁴⁹ WHO TB Action Plan 2021-2030. Indicator 1.E.1. Global Top -10 Indicator (5) Latent TB infection treatment coverage

⁵⁰ Kosovo Funding Request for the allocation period 2020-2022

⁵¹ Transition Preparedness Assessment of Kosovo HIV and TB Programs, Curatio International Foundation, 2017

⁵² HIV & TB TRANSITION AND SUSTAINABILITY PLAN for Kosovo. 2021-2024. Prepared by the MOH of Kosovo through technical support from the Global Fund. September 2021.

specific diseases, including HIV/AIDS and TB. The oversight of HIV and TB control is the responsibility of the MOH National TB Coordinator and the MOH HIV/AIDS Officer, both being a part of the DSHCS. However, DSHCS lacks sufficient staff, and the capacity should be further enhanced to ensure effective management and oversight of both disease programs after the GF funding ends⁵¹. The CDF and the CSOs funded by the GF currently fulfill some of the key functions that should be transitioned to the MOH, including oversight, technical assistance, monitoring, evaluation, and reporting.⁵³

To achieve stated objective, there is a need for i) finding ways for sustainability of the national coordination mechanism; ii) endorsement, implementation and regular monitoring of activities planned under the TSP; and iii) building the capacity of DSHCS in the management of National TB and HIV responses.

Further enhancement of MoH capacity for oversight, management and M&E of TB response:

Currently implementation of the NAP substantially relies on GF funding. CDF a local CSO and a Principal Recipient of the GF grants since 2011, will remain as the PR for the Transition Grant since no changes in the implementation arrangements are foreseen at the stage of the transition grant implementation. Therefore, during this programmatic cycle MOH needs to develop sufficient capacities to take over all TB Program functions after the Global Fund funding ends.

Planned activities:

- 2.1.4 Identify a national coordinating authority (NCA) that will take over CCM functions and define, and approve roles, responsibilities, membership, and positioning of the legally authorized NCA in the government hierarchy that warrants CSO representation
- 2.1.5 Ensure TSP approval by the Government and incorporation and approval of the TSP activities in the National TB Action Plan (TB NSAP) which includes budget and M&E framework
- 2.1.6 Develop and implement the MoH capacity building plan and ensure coordinated support to enhance MoH capacity through training of MoH staff in public financial management, resource tracking, monitoring & evaluation, etc.

Result 2.2 Achieve financial independence from external funding and ensure efficient use of public resources

Current level of TB and HIV program financing is suboptimal: The entire health sector in Kosovo is subject to limited funding, and access to some basic health services is limited for the general population due to poverty, financial barriers and the most vulnerable populations are disproportionately affected.⁵⁴ However, access to TB services is almost universal for all persons in need in Kosovo. The national TB response is largely financed from the state budget and the Global Fund. Given that the GF allocation to Kosovo HIV/TB programs is expected to end by 2024, the Government of Kosovo is planning to gradually absorb the cost of TB services that will be supported during 2022-2024 by the Global fund: a preliminary agreement has been reached that as of 2022, the Government will co-finance TB services to achieve 66.2% of the total annual target; this commitment will increase to 74.2% of the annual target in 2023; and in the last year of the GF transition grant implementation, around 400 TB patients (78.1% of the annual target) will receive TB treatment and care services through the state funding.⁵⁵ All TB drugs (1st line and 2nd line) have been already covered through the state budget. In 2022-2024, an HIV testing among newly registered and relapse TB patients will be covered under the GF grant⁵⁰ and the government will take over starting from 2025.

⁵³ Identifying Priority Issues to be Addressed in the Global Fund HIV-TB Tailored for Transition Funding Request, Joost Hoppenbrouwer, January 2020

⁵⁴ Full Funding request to the Global Fund Covid-19 Response Mechanism (C19RM). April 1 2021 – December 31 2023. CDF. Kosovo. Submitted on June 15, 2021

⁵⁵ Responses of the Ministry of Health of Kosovo to the TRP recommendations issued in response to the Country HIV/TB Transition grant proposal submitted to the GF in 2020.

Fulfillment of the Government commitment to provide adequate funding for TB national program may become challenging if the Covid-19 pandemic continues placing an unpredictable financial burden on the healthcare system of Kosovo.

Changes in high-level political positions may cause significant changes in priority setting for MOH funding, which may have a negative impact on HIV and TB responses. There is a need to intensify advocacy efforts to safeguard increased resource allocation for health in coming years as well as in annual disease budgets. Along with increased funding of TB treatment component, emphasis should also be placed on TB case finding, adherence and social support services, and ACSM activities implemented by civil society organization, as well as program M&E, strategic human resource planning and capacity development activities.

Forecasted economic downturn: Provided estimated economic downturn in coming years⁵⁶ and competing funding priorities, especially for COVID-19, allocations for health in general and HIV and TB national response may be at high risk.

Issues to be addressed: In order to ensure full public funding for national disease programs, TB program stakeholders will: i) intensify advocacy at higher level of the government to leverage more resources and allow gradual transition of external funding of the TB program; ii) ensure funding availability as prescribed by National TB Strategic Action Plan for 2022-2024.

Planned activities:

- 2.2.3 Intensify advocacy at higher level of government to leverage and allocate adequate financial resource as prescribed in the TB National Strategic Plan
- 2.2.4 Regularly monitor actual disbursements and expenditure of public funds for TB programs.

Specific Objective 3: Build resilient and sustainable systems for health to facilitate smooth transition and effective implementation of the national TB program

Result 3.1. Institutionalization of a mechanism for contracting CSOs to deliver HIV and TB services

Shortcomings of the CSO funding regulation: Shifting TB service delivery from in-patient medical care towards out-patient, people centered models of care requires increased engagement of civil society organizations and TB communities. Therefore, the countries transitioning from the GF funding need to create conducive legal and policy environment that supports contracting CSOs under the public fund. In 2019 the Government of Kosovo developed its second strategy for cooperation with civil society.⁵⁷ The strategy has four strategic objectives, inclusive of increasing accountability and transparency in public funding of CSOs and developing practices and procedures for public financing of CSOs. The strategy has an accompanying Action Plan for the years 2019-2021, which includes activities related to improving the legislation regulating the standards and procedures for the provision of public services by CSOs. The Regulation 04/2017 on the criteria, standards and procedures for public financing of CSOs⁵⁸ provides a unified legal framework and guides the distribution of public funding to CSOs across all government institutions and agencies, and promotes a granting mechanism based on the public procurement law. The latter requires a tendering process where the grant award decisions are based on the lowest cost of the proposal.

The government is committed to support CSO engagement in health. In April 2018, the MoH utilized a new process governed by the Regulation 04/2017 for the first time to disburse grants to 36 CSOs operating in the health sector.⁵⁹ However funds initially allocated for this activity have been partially

⁵⁶ Kosovo Funding Request for the allocation period 2020-2022

⁵⁷ Government Strategy for Cooperation with Civil Society 2019-2023, Government of Kosovo, 2019.; <https://zqm.rks-gov.net/assets/cms/uploads/files/Strategjia%20ne%20tri%20gjuhe.pdf>

⁵⁸ Analysis of Public Financing for Civil Society Organizations Providing HIV Services in Kosovo, 2019, APMG

⁵⁹ Analysis of Public Financing for Civil Society Organizations Providing HIV Services in Kosovo, APMG Health, March 2019. None of the applicants or selected projects were dedicated to HIV services.

made available resulting in providing of small size grants for a limited time to winner CSOs. Funding of the grant scheme does not define specific allocations for HIV and TB programs to ensure continuity of the GF-supported services delivered by CSOs. There is a need for the development of alternative funding mechanism that will enable attainment of strategic objectives of the national HIV and TB response. More specifically, the new legal and regulatory framework is required which will permit contracting out of services provided by CSOs.

CSO contracting mechanism should be substantiated by relevant changes in legislation:

Introduction of the CSO contracting mechanism requires revision of the health law and development of respective regulations. The Health Law does not acknowledge the option of contracting CSOs to provide health related services on behalf of the MoH. Neither the law envisions licensing of non-governmental organization as providers of services in the health sector.⁶⁰

To minimize CSO access barriers to public funding, it is advisable to study possible impact of CSO licensing, elaborate licensing requirements with the aim to minimize access barriers towards public financing of the new, less mature, and less experienced CSOs (for more details see Transition and Sustainability Plan, Objective 4).

Planned activities:

- 3.1.8 Develop, pilot and approve the CSO contracting mechanism for HIV&TB services delivered by CSOs
- 3.1.9 Draft and submit to MOH proposal of amendments to the Law on Health that include articles for contracting and licensing CSOs (if applicable) to deliver services in the health sector, including TB and HIV and TB services and provide technical assistance
- 3.1.10 Draft and enforce the relevant secondary legislation defining procedures to ensure CSOs access to public funding to provide health services, including TB and HIV.
- 3.1.11 Determine possible mechanisms for earmarking funds dedicated to contracting CSOs for TB service delivery
- 3.1.12 Draft/review and approve a standard package of services to be provided by CSOs for TB programs and define cost per patient/client
- 3.1.13 High-level advocacy for mobilization of additional resources for contracting CSOs for TB services
- 3.1.14 Build CSO and MOH capacity in CSO contracting procedures.

Result 3.2 Ensure continuous supply of quality and affordable medicines and health products through strengthening PSM system

Uninterrupted supply of TB drugs and consumables: The Government of Kosovo has been committed to ensure uninterrupted supply of TB drugs and other consumables through the MoH budget (see

Result 1.1. Provide integrated patient-centered services to all TB patients and affected communities, including M / XDR-TB **patients**; p. 12). Since 2018, Ministry of Health procures all TB drugs through UNICEF Supply Division.

Transition grant aims to investing in building MOH capacities to build supply and stock management system based on notification data and stock reports (consumption).

Weak Procurement and Supply Management system: There are several important PSM-related challenges and particularly in the procurement of TB drugs, as they are not offered by local suppliers given that importing the medicines that are not registered in EU, USA or Canada to Kosovo is restricted.⁶¹ A recent assessment by the Local Fund Agent (LFA) of the capacity of the MOH

⁶⁰ Arben Isufi, Legal analysis of Social Contracting, Community Development Fund

⁶¹ Kosovo Country Proposal to the Global Fund. Transition Funding Request 2022-2024. Ministry of Health of Kosovo. 2020

identified key weaknesses to be addressed⁶²: i) selection of health products and equipment; ii) forecasting and supply planning; iii) procurement processes and outcomes; iv) warehouse and distribution systems; v) quality monitoring and product use; and vi) Logistics Management Information Systems (LMIS). To ensure long-term sustainability, substantial efforts should be taken to strengthen the national procurement and supply chain management system in Kosovo.

Weak stock control system: Although no stock-outs have been reported over the past years, the need to ensure an uninterrupted supply of quality-assured and affordable TB treatments has been identified⁶³. In addition, procurement of TB laboratory reagents for culture and susceptibility drug tests has been found sufficient. A need for further capacity enhancement and training of medical staff involved in TB treatment and building capacity around the forecasting and procurement of drugs and lab consumables has also been recommended by the report.

Issues to be addressed: To ensure continuous supply of quality and affordable medicines and health products during the transition, capacity building activities on key PSM functions i.e. stock management, forecasting and the use of international procurement mechanisms.

Planned activities:

- 3.2.4 Mobilize technical assistance for the review of MoH procurement procedures to enable direct procurement from international procurement platforms
- 3.2.5 Support effective storage, monitoring and distribution practices for TB medicines and health products
- 3.2.6 Build capacity around the stock management, forecasting and procurement of TB drugs and lab consumables

Result 3.3 Ensure adequate, sufficient and continuous human resource capacity for TB programs

Absence of National Human Resource for Health Strategy & Plan: In the absence of Human Resource for Health (HRH) strategy,⁶⁴ the HRH decisions are at large influenced by restrictive budget policies and ad-hoc political decisions. The latter puts the human resource availability at risk, particularly in the TB field.

HR shortage: Geographical imbalance, staff aging, low salaries and migration of specialized medical staff are common features of human resource in healthcare in Kosovo. The ageing of the health workforce in the TB sector coupled with low salaries of medical staff and hazardous work environment, deter young health staff from working in the TB field, which raises serious concerns. The MOH is not issuing sufficient specializations on pulmonology for young doctors for many years creating a gap in primary and secondary care for TB case management. Furthermore, increased migration of specialized doctors, family physicians and nurses to other countries along with legal barriers of local municipalities to hire pulmonologists on the full-time position in PHC facilities, hamper integration of TB services into the primary health care system.⁶⁵

Integration and review of TB training modules into the formal education programs: Global Fund and other donor supported trainings for health personnel are not fully integrated in the formal education system at undergraduate and post-graduate levels to ensure sustainability. So far only some modules have been developed and integrated in the Family Medicine program. Substantial portion of training for TB program management, M&E, modern technologies for laboratory diagnostics, or TB related research is funded by the GF grant and should transition to national continuous medical education programs based on the training needs assessment.

⁶² Capacity Assessment of the Ministry of Health, Kosovo; July 2019. Prishtina: Price Waterhouse Coopers, 2019

⁶³ Identifying Priority Issues to be Addressed in the Global Fund HIV-TB Tailored for Transition Funding Request, Joost Hoppenbrouwer, January 2020

⁶⁴ Transition Preparedness Assessment of Kosovo HIV and TB Programs, Curatio International Foundation, 2017

⁶⁵ GLC/Europe Mission for Monitoring of the Implementation of the National M/XDR-TB Response Plan, 2016

Capacity building of non-medical human resources of CSOs are fully financed through external sources: training of non-medical personnel, including CSO staff fully relies on the GF and donor support. No national mechanism exists to safeguard further training of these personnel. This may have negative impact on the sustainability and the quality of those services that are provided by CSOs.

Limitations regarding institutional and organizational capacity of CSOs: Many CSOs still lack the institutional and organizational capacity to sustain their own projects and services due to lack of government funding and donor fatigue especially in the health sector. While the Global Fund grants have been supporting capacity building of CSOs, this has mainly focused on training staff, many of whom subsequently left the organizations for better paid jobs. In this regard, more attention is needed for establishing and/or strengthening CSO capacity development systems in terms of management, resource mobilization, financial management, M&E, human resource management, strategic planning etc.

Issues to be addressed: To ensure continuous supply of human resources the government will i) develop and approve a plan for HR in TB field; ii) to allow continuous production of qualified human resources, TB training modules will be integrated into Continuous Medical Education (CME) programs; iii) the government will ensure allocation of adequate public funding for CME courses to warrant improved access of health workforce to professional development opportunities; as well as will iv) develop strategy and mechanism for building CSO capacity.

Planned activities:

- 3.3.6 Assess human resource in health (medical, non-medical, CSO staff) development / training needs
- 3.3.7 Elaborate TB human resource (medical, non-medical and CSO) development plan based on the HRH assessment
- 3.3.8 Implement TB HR (medical, non-medical and CSO) development plan through mobilizing resources
- 3.3.9 Develop funding mechanism for the training of medical, non-medical staff, including representatives of CSOs and social workers
- 3.3.10 Jointly with the MOH, Medical Chambers and Faculty of Medicine develop and implement a plan to review TB related training modules for undergraduate, postgraduate (residency programs) and CME level.

Result 3.4 Enhance evidence-based and evidence-informed policy making and accountability of TB national program

Kosovo's National Health Management Information System (HMIS) is still under development and HIV and TB data management systems not yet integrated: HIV and TB data systems are fragmented, managed, and operated by various implementing partners and organizations. Development of an integrated electronic HMIS, which started in 2014, has not resulted in a full functioning system yet. The HMIS is currently operational at PHC level, and the development of other modules (SHC, THC, LMIS, Financing module, HR module, etc.) is envisioned. The new government prioritizes the development of functional HMIS during the four-year mandate; however detailed plan is not yet available. Several donors such as Lux Development and the World Bank, have shown commitment to support this process. It is key to ensure that SIM-TB is handed over to the MOH and/or the National Institute for Public Health respectfully, and integrated into HMIS before the GF support ends.

Data quality and reliability: The current vital registration system managed by the Kosovo Agency of Statistics (KAS) has insufficient quality and coverage, which affects the reliability of the TB mortality data. The paper forms for notification of mortality are often not well recorded or lost in the system.⁶⁶ The SIMTB data information R&R system for TB, produces good quality data and information. This system needs to be integrated in the unique HMIS.

⁶⁶ Identifying Priority Issues to be Addressed in the Global Fund HIV-TB Tailored for Transition Funding Request, Joost Hoppenbrouwer, January 2020

Absence of TB expenditure tracking: The establishment of disease-specific sub-accounts within a national health account system was a recommendation of the TPA, which was envisioned in the previous NAPs. The MoH with the WHO technical support has established a national health account working group with participation from the MoH and the Ministry of Finance. In 2019, the MOH has produced an annual National Health Account report for 2018⁶⁷. However, these NHA Reports do not provide disease specific financial data and information. Absence of a disease specific health account system and/or disease specific expenditure tracking systems can be considered as one of the risk factors to transition and sustainability. If expenditure tracking system is not established in Kosovo, monitoring of fulfilment of any commitments to TB national program will be impossible.

Endorsing TB NAP and M&E Plan: Although since 2012, Kosovo has developed a specific sublegal act that regulates structure and endorsement process for sector strategies, there are no health sectoral policies that would support a formal endorsement process for specific health strategies and policies. As a result, TB NAP and M&E plan were drafted but not formally endorsed.

Reporting forms require an update: The TB recording and reporting (R&R) system has been updated according to the WHO 2013 recommendations and institutionalized countrywide. The web-based electronic database named SIM-TB was developed through the financial support from the GF and the quality of collected and reported data has improved over the last years. Further advancements of the SIM-TB are needed to include new data and variables as per the WHO guidelines on R&R standards⁶⁸.

Issues to be addressed: Under the GF transition grant, the government will accelerate the work for finalization of disease specific information systems and build the foundation for subsequent integration of the TB database into the national HMIS system. The costed TB NAP and M&E framework once approved by the MoH, will mobilize necessary resources to support M&E activities, and TB-related research. With the financial support of the GF grant the evidence-based policy-making and planning will be promoted through capacity building of relevant staff at MoH.

Planned activities:

- 3.4.8 Develop a comprehensive plan for data systems transfer to MoH and integration into the National HMIS
- 3.4.9 Assessment of the operability of different systems with HMIS and elaborate requirements for the development of a bridge data platform/interface
- 3.4.10 Design TB program expenditure tracking module or sub-account of the national health accounts, if applicable
- 3.4.11 Enhancement of vital statistics
- 3.4.12 Identify funding mechanism and ensure sustainable funding of M&E activities
- 3.4.13 Train staff responsible for the data analysis and routine reporting data and its use for decision making.

Result 3.5. Streamline service delivery ensuring expanded coverage, quality of continued and coordinated services, contingency planning for emergency situations

Slow reform of TB care: Kosovo initiated the integration of TB services into the Primary Health Care (PHC), with a view to strengthening early TB diagnosis and treatment at PHC level and reduce over-hospitalization of TB patients. In this context, a pilot project for patient centered care integration in PHC started under the current Global Fund grant (2019-2021). The shift from a centralized, specialist-managed care system to a decentralized patient-centered approach, relying largely on PHC care system, is hampered by lack of policies devolving TB care to family physicians, lack of TB expertise among family doctors and nurses; an excessive workload assigned to family doctors, including heavy administrative work. TB services are not part of the family doctor's and nurse's functions officially.

⁶⁷ National Health Account Report 2018 <https://msh.rks-gov.net/sq/publikimet/raportet/>

⁶⁸ Kosovo funding request, 2020

However, pilot project in Pristina Main Family Medicine Center - TB and Lung Diseases Dispensary has achieved to train and engage two family doctors in the management of TB patients. Small-scale investments for strategic interventions will support the systematic evaluation and further scale-up of this pilot to other municipalities. The COVID-19 pandemic seriously delayed implementation of patient centered approach activities in other municipalities.

The role of ATD (Anti-TB Dispensaries) in the health sector reform under implementation is yet to be re-defined and funding reallocated. Management and financing of TB dispensaries is covered by both MoH / Secondary Health Care facilities (five dispensaries) and Municipal authorities / PHC (seven dispensaries). Hence, the implementation of an important component of the TB programme depends on PHC policies that do not foresee delivery of any of specialized services and functioning of ATDs within Main Family Medicine Centers. In some cases, municipal primary healthcare facilities have their own priorities, with TB not always being on top of the list⁶⁹.

Low MDR-TB case detection rates: There is a low case detection rate for Multidrug-resistant TB (MDR-TB). During the last two years no cases with MDR-TB were reported regardless of projections of 3-5 MDR cases per year. This raises concerns of under-detection and/or under-reporting of cases requiring immediate action for capacity building and linking private service providers with the national TB program. Moreover, the number of TB cases detected among children is also below national projections and possible cause of this is attributed to difficulties with diagnosis and underreporting. In addition, although the UCCK Pediatric Clinic is integrated under the NTP umbrella, the collaboration of the Pediatric Clinic with regional ATDs is not satisfactory, leading to assumed under-reporting and difficulties with case holding.

Weak contact tracing practices: Although contact tracing has been shown to be cost effective only half of TB patients' contacts have been covered with this intervention, with prioritization of TB confirmed cases. This is due to the uneven distribution and small number of ATDs, 12 ATDs compared with 38 municipalities resulting in geographical access barriers and small number of home visiting nurses experienced in contact tracing.

Continuity of recording and reporting is under risk: Continuity of recording and reporting of TB cases performed by regional coordinators (pulmonologists) is at risk due to the staff ageing and the absence of replacement strategies.

TB screening on entrance to the prison system and lack of infection control measures: TB in prison is under control with only 2 cases in 2018 and 1 case in 2019 diagnosed on entry in the prison system. Standardized procedures for screening for TB of prisoners on admission to the prison system are set based on WHO recommendations. Infection control measures in prisons need to be further strengthened.

Low HIV testing rates among TB patients: The low HIV-testing rate of TB patients (a mere 29.8% of all notified patients in 2018 against a 78% target; all tested negative) may be explained by refusal of certain HCV to perform HIV testing for TB patients indicating HIV stigma among certain healthcare workers and may result in under-diagnosis.⁷⁰

Legal and institutional barriers impede access to TB care: Important regulatory and/or institutional barriers exist and limit access to appropriate TB care, especially for vulnerable and high-risk population groups (such as prisoners and ethnic minorities). Stigmatization of, and discrimination against, TB patients among the general population is still high presenting a barrier to accessing health care facilities. The latter needs to be addressed, inter alia, through multidisciplinary and multi-sectorial approaches.

Poor Infection Control practices: While National infection control and prevention policy is in place, a lack of appropriate Infection Prevention and Control (IPC) measures and poor adherence results in TB among health care workers.⁷⁰ In almost all regional hospitals TB patients are isolated and treated in

⁶⁹ Kosovo funding request, 2020

⁷⁰ Focused Country Evaluations Kosovo TB Evaluation; Desk-Based Evaluation; July 2019. Washington CD, USA: APMG Health.

a separate ward from other patients, except Mitrovica Hospital that has lung disease ward with only two patient rooms. Situation in the UCCK Clinic for Lung Diseases also requires more attention since this clinic does not have separate toilets and kitchen areas for TB patients.

Disruptions in access to services during COVID-19 pandemic: Kosovo as elsewhere in the world has been affected by the COVID-19 pandemic, and this has resulted to disruptions in service delivery as confirmed by the Ombudsman report on the access to health care services for people affected with HIV and TB during the COVID-19 pandemic in Kosovo⁷¹. Pulmonology departments have turned into COVID-19 specific departments to serve patients, leaving majority of TB patients to be treated at home without proper monitoring, treatment, and necessary examinations⁷².

Lack of standard guidelines and tools to review and improve quality of services: The national strategy for improvement of quality and safety of health services⁷³ has not been updated since 2016. The strategy, albeit outdated, emphasizes institutionalization of quality and safety in the health system; continuous improving of the quality performance and safety of health services in institutions and medical practices; accreditation of health institutions in compliance with relevant standards; Implementation of the best clinical practice based on scientific evidence; placing the patients in the center of the health system; and contracting of health organizations based on the quality performance. The strategy highlights implementation of the best clinical practice based on scientific evidence however, not all clinical and laboratory guidelines and protocols are up to date and aligned with most recent WHO recommendations. The latter along with the workforce capacity and absence of the functioning quality assurance system, impedes provision of high-quality services.

Addressing the challenges: during 2022-2024, the government is expected to implement a set of activities to ensure expansion of TB service provision, removal of barriers by application of innovative approaches; refinement of legislative and regulatory environment; enhancement of quality laboratory systems, and human resource capacity in use of innovative approaches.

Planned activities

- 3.5.8 Develop a comprehensive strategy and operational plan to scale up new patient centered TB service model
- 3.5.9 Develop a policy framework for the integration of the TB services into the PHC
- 3.5.10 Establish mechanism for improved coordination and establish common reporting mechanism of the NTP with TB services in the private sector
- 3.5.11 Streamline linkages between health workers and community health workers by development of referral and counter-referral algorithms (patient pathways) and capacity building of CSOs and health providers in referral and counter referral pathways
- 3.5.12 Training and retraining of family doctors and nurses at the PHC level in TB detection and contact tracing, diagnosis, case management, outpatient DOT, investigation, and treatment of LTBI, treatment, sputum transportation, electronic reporting system and sensitization to the stigma and discrimination of TB and TB-HIV patients
- 3.5.13 Update clinical guidelines and protocols for TB and build TB staff capacity
- 3.5.14 Establish service quality assessment and continuous quality improvement system through institutionalization of quality management structures for all service providers (public, private, CSOs); development and approval TB service quality standards and performance indicators; development of methodological guidelines for quality assessment and continuous quality improvement; and build capacity of service provider organizations in self-assessment procedures.

⁷¹ Report with Recommendation Ex officio, Case No. 698/2020, on the access to health care services for people affected by the Human Immunodeficiency Virus (HIV) and TB, during the COVID-19 pandemic in Kosovo, Ombudsman Kosovo, 2020

⁷² An assessment of community systems strengthening and community led monitoring in Kosovo, CDF, 2020

⁷³ Strategy for Improvement of Quality and Safety of Health Services 2012-2016, MoH Kosovo, 2012

Specific Objective 4: Community Systems Strengthening and advocacy

Result 4.1 Strengthening TB community systems and civil society engagement

CSO representation in high-level coordination body: Per the WHO Action Plan⁷⁴ Member States are expected to systematically include representatives of affected communities and civil society in national tuberculosis program planning, implementation and monitoring, as well as assessments of quality of services. Engagement of civil society organizations in TB response in Kosovo is somewhat limited with few NGOs involved in TB program management, TB-related services targeting KPs, diseases surveillance and advocacy work. However, their representation on the CCM has been secured. Several actions to sustain program coordination and TB service delivery through civil society organizations have been addressed in the SO2 and SO3 (Result 2.1; page 13 and Result 3.1; page 13).

Development of advocacy, communication and social mobilization strategy (ACSM) and CSS plan: To increase knowledge of and access to improved health service delivery, the CSS plans and ACSM strategies will be need to be defined. The plan will involve capacity building of CSOs/community organizations, strengthening infrastructure and systems, partnership-building and developing sustainable financing solutions⁷⁴.

Innovative communication strategies: The collaboration among the National TB program, health institutions, and private health providers, CSOs and affected communities will be fostered. Through the partnership a set of activities will be envisioned: development and implementation of communication strategies to increase public awareness of TB, human rights and ethical issues, and reduce tuberculosis-related stigma among general population and healthcare workers. For this purpose, various communication channels (TV, radio, social media) will be used; the sensitization and increased positive engagement of community leaders and as well as religious leaders, community activists and opinion-leaders will be sought. Public campaign will be organized on World TB Day on March 24 each year.

Planned activities:

- 4.1.7 Development of Community Systems Strengthening Plan
- 4.1.8 Provide capacity building to civil society and community groups
- 4.1.9 Provide institutional support to CSOs engaged in TB response in Kosovo
- 4.1.10 Advocate for resource mobilization and catalyze an exchange of best practices regarding TB
- 4.1.11 Development of ACSM strategies and investment in ACSM activities with the focus on vulnerable populations, including RAE communities
- 4.1.12 Organize public awareness raising campaigns (World TB Day) to increase TB awareness and reduce stigma.

Result 4.2 Civil society engagement in TB care and responding to social determinants of tuberculosis

Enhance treatment adherence through engagement of CSOs: Civil society and TB communities have a comparative advantage to reach out to vulnerable communities and TB affected persons and their families. Therefore, CSO role in case-finding and social support services will be strengthened. Helping patients to achieve full adherence to TB medication is a complex problem influenced by interplay between many factors that include: life-style factors, therapy factor, stigma and discrimination within healthcare system, geographical access; as well as other external factors: social and economic factors; laws and policies. CSO and community care will be critical to minimize defaulting and treatment relapses for all TB patients, including LTBI patients. Improve treatment

⁷⁴ WHO regional office for Europe. Tuberculosis action plan for the WHO European Region. 2016–2020
https://www.euro.who.int/_data/assets/pdf_file/0007/283804/65wd17e_Rev1_TBActionPlan_150588_withCover.pdf

adherence among TB patients will be achieved through continuous efforts to improve education of patients and their families. Mobile telephone technologies will be also used for improving treatment adherence through consultation, reminders for drug taking and schedules for visiting service – centers, verification of intake of drugs, etc.

According to the NTP, hospitalization for all TB patients is mandatory during the initial phase of treatment during which DOT is provided. Subsequently, patients move to out-patient settings in anti-tuberculosis dispensaries (ATD). During this phase treatment is self-administered by patients, which requires close monitoring and community support services. TB community care model, which was successfully piloted in selected high-burden municipalities under the GF TB grant, will need to be scaled up. TB community services involve community treatment supporters (family members, community health workers, family doctors, nurses, patronage nurses, social workers and NGO staff) who will be trained by KeA on the core principles of community TB care. Implementation of new treatment regimen for some MDR-TB patients will require shorter hospital stays and intensive community support. Therefore, community care delivery model for MDR patients will be developed and a workshop will be held to train community treatment supporters on community service provision for MDR-TB patients. TB patients and treatment supporters will receive incentives from the GF to improve retention in care and prevent drop-out rate⁷⁷.

Social protection, poverty alleviation and actions on other social determinants of tuberculosis: Social determinants of health⁷⁵ are defined as the conditions in which people are born, live, work and age, as well as the wider set of systems shaping the daily life environment. These systems involve economic policies, social norms, social policies, political systems, etc. In 2018, the UN held its first-ever high-level meeting on TB, which resulted in a political declaration agreed by all UN Member states, in which existing commitments to the SDG and WHO The End TB strategy were reaffirmed⁷⁶. A 2020 milestone of the End TB Strategy stipulates that no TB patients and their households should face catastrophic costs as a result of TB disease.

Even though that TB treatment services are free for patients, TB-affected households may be financially vulnerable due to other factors: TB related (non-treatment specific) other costs; transportation costs; cost for additional diagnostic services not provided in TB dispensaries, limited employment opportunities; losing jobs; increased nutritional needs, etc.). Therefore, TB patients need psycho-social, material and/or legal support to ensure good enrollment and treatment adherence. Some actions will be supported by the GF TB grant in 2022-2024. Namely, TB patients will continue to receive hygiene and food support packages; social support packages will be also delivered to MDR TB patients to improve treatment adherence⁷⁷. TB-specific mechanisms for social protection will be developed and relevant resources will be mobilized. Country dialogues will be organized to plan transition process and ensure that starting from 2024-2025, TB-support services are financed by the government implemented by the MoH or Ministry of Labor and Social welfare (MLSW)⁷⁷. In addition, service standards and operational procedures for civil society organizations to deliver adherence and psycho-social support services will be adopted.

Planned activities:

- 4.2.5 Develop and adopt mechanism for TB-specific social protection and mobilize relevant resources

⁷⁵ WHO: Social determinants of health. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

⁷⁶ WHO. Tuberculosis Fact sheet. October 14, 2020 <https://www.who.int/news-room/fact-sheets/detail/tuberculosis>

⁷⁷ Kosovo Country Proposal to the Global Fund. Transition Funding Request 2022-2024. Ministry of Health of Kosovo. 2020

- 4.2.6 Develop and adopt standards and operational procedures for civil society organizations to deliver active case finding, treatment adherence and psycho-social support services
- 4.2.7 Provide treatment adherence service to all TB patients, including LTBI and MDR TB patients through providing patients' education and adherence counseling
- 4.2.8 Implement social protection, poverty alleviation and other actions to address social determinants of tuberculosis.

Expected results:

- ✓ Standards and operational procedures for civil society organizations in the provision of psycho-social support services to ensure treatment adherence for people with TB are adopted⁷⁸
- ✓ Proportion of people with TB who started TB treatment and who receive any form of treatment adherence support from CSOs is increasing (including psycho-social support).⁷⁹

Result 4.3 Community networking and advocacy

Create functioning community networks, linkages and partnerships: to enable effective delivery of activities and services, formal partnerships between communities, community actors and other stakeholders will be strengthened. Special emphasis will be placed to integrated advocacy initiatives for sustainability of both, TB and HIV national responses. The need of cooperation is even more critical in the transition period when many activities under the RSSH component of the TB NAP are equally relevant to both disease programs. Well-functioning community networks will allow stakeholders to work in complementary and mutually reinforcing ways that would maximize the impact through limited available resources. The budget for some cross-cutting activities may be also split between the two programs.

Promoting universal health coverage in Kosovo and integration of NTP into the UHC: The latest, European Commission Report on Kosovo⁸⁰ states that Kosovo does not provide universal health insurance, and for economic reasons, an estimated 18% of the population do not seek medical services in the event of illness. This might be a source of concern that some patients with TB-relevant symptoms may be undiagnosed, and underserved communities can miss out on access to TB care services.

The same report highlights that 'Kosovo has yet to introduce a universal health coverage scheme and amend the Law on health insurance. It has not started to collect health premiums. The public health information system is still not functional and implementation of the communication strategy in support of the Law on health insurance has been further delayed.'⁸⁰

The NTP acknowledges that the ultimate goal of healthcare reform in Kosovo should be prompt introduction of universal health coverage, which then should be followed by integrating diseases specific programs, including HIV and TB programs, into universal health care. Thus, advocacy initiatives to influence health reform and promote UHC will be implemented by key TB stakeholders during 2022-2024.

Planned activities

- 4.3.6 Create functioning community networks, linkages and partnerships across HIV and TB community actors
- 4.3.7 Implement advocacy activities to influence health reform processes at the level of MOH
- 4.3.8 Ensure active engagement of NTP stakeholders, including civil society in national policy dialogues about health insurance, amendments to the health system laws, etc.

⁷⁸ WHO European Region Tuberculosis Action Plan 2021-2030. Indicator 2.E.1

⁷⁹ WHO European Region Tuberculosis Action Plan 2021-2030. Indicator 2.E.4

⁸⁰ European Commission. COMMISSION STAFF WORKING DOCUMENT. Kosovo 2020 Report. Accompanying the Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions 2020 Communication on EU Enlargement Policy https://ec.europa.eu/neighbourhood-enlargement/system/files/2020-10/kosovo_report_2020.pdf

- 4.3.9 Prepare policy briefs and other evidence-based advocacy instruments that examine the magnitude of healthcare service barriers for underserved population and its potential impact on TB epidemic.

Expected results

- ✓ TB and HIV community networks and partnerships are strengthened and functional
- ✓ Health reform is fostered and universal health coverage policy dialogues have been advanced

Specific Objective 5: Intensified Research and innovations

Result 5.1: Intensified research to optimize implementation and impact of TB program and promote innovations

Defining and promoting TB Research agenda: The National TB program will identify needs and gaps in TB program through intensified research. Financial support from the Government will increase incrementally to support basic and operational research at the national level. Preliminary research agenda has been defined through national consultation process. However, periodic review of the agenda will take place to respond to emerging needs, to map collaboration between research institutions and civil society organizations, and identify new areas for cooperation. Adequate research ethics mechanism will be in place within key institutions, including academia and partner organizations that carry out national research agenda.

Strengthening TB research capacity: National capacity in TB research and M&E will be strengthened, particularly within the respective cathedra's of the Faculty of Medicine and Central TB Management Unit within the MOH through training, research networking, exchange possibilities and participation in national, regional and international conferences. The unit will oversee TB research agenda and will serve as a platform for sharing innovative research findings that evolve from TB research communities globally. For instance, the WHO regional office continuously documents best practices in the implementation of TB prevention, care, treatment and support models (inpatient, outpatients, home-community-based models of care) as well as economic studies and policy analysis for avoidance of catastrophic costs for TB affected households, etc. TB unit will ensure that research findings and best practices are systematically shared with national TB program policy makers and program implementing partners.

The following activities will be implemented in 2022-2024 through joint efforts from the GF and the state to promote research and innovations.

Planned activities:

- 5.1.10 Conduct TB screening among HCWs to measure implementation of infection control measures within healthcare system
- 5.1.11 Conduct TB vulnerability study of most vulnerable ethnic minorities and populations, including RAE and migrant communities and assess its impact on the evolution of TB epidemic in Kosovo
- 5.1.12 Mapping of private providers of TB services in Kosovo to improve coordination and service integration and expand pilot PPMix activities all over Kosovo
- 5.1.13 Assessment of TB associated stigma among TB affected communities
- 5.1.14 Conduct periodic studies to assess the TB knowledge, attitudes and practices (KAP) among healthcare workers and general population and studies on patient satisfaction with TB services
- 5.1.15 Conduct TB Communities, Human rights and Gender (CRG) assessment of National TB response using standard assessment tool.⁸¹

⁸¹ UNAIDS and Stop TB Partnership. Gender Assessment Tools for HIV and TB National responses. http://www.stoptb.org/assets/documents/resources/publications/acsm/Gender_Assessment_Tool_TB_HIV_UNAIDS_FINAL_2016%20ENG.pdf

- 5.1.16 Mobilize resources and increase public funding for promoting TB research agenda in Kosovo
- 5.1.17 Strengthen TB research capacity within the cathedra for pulmonology of the Faculty of Medicine and the TB Central Management Unit of the MOH
- 5.1.18 Promote research agenda through research networking and exchanging, and participating in scientific meetings/conferences.

Expected results:

- ✓ The national TB research agenda/research priorities are integrated in the national TB strategic plan⁸²
- ✓ The government mobilized resources, including financial resources to strengthen national TB capacity and to implement research agenda.

⁸² WHO European Region Tuberculosis Action Plan 2021-2030. Indicator 3.A.1