

# Methadone Maintenance Treatment in Kosovo

## Assessment Report

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## 1. List of Acronyms

<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>BINLEA</b>	Bureau of International Narcotics and Law Enforcement Affairs
<b>BIO &amp; BSS</b>	Behavioural and Biological Surveillance Survey
<b>CCM</b>	Country Coordinating Mechanism
<b>CDF</b>	Community Development Fund
<b>DIC</b>	drop-in centre
<b>DRD</b>	drug-related deaths
<b>EMCDDA</b>	European Monitoring Centre for Drugs and Drug Addiction
<b>FDG</b>	focus group discussion
<b>GBV</b>	gender-based violence
<b>GEA</b>	Gender Equality Act
<b>GDP</b>	gross domestic product
<b>GFATM</b>	Global Fund to fight AIDS, Malaria and Tuberculosis
<b>HIV</b>	Human Immunodeficiency Virus
<b>KPAR</b>	key populations at risk
<b>MARP</b>	Most at Risk Populations
<b>SDG</b>	Sustainable Development Goals
<b>MMT</b>	Methadone Maintenance treatment
<b>MoH</b>	Ministry of Health
<b>MoIA</b>	Ministry of Internal Affairs
<b>MoU</b>	Memorandum of Understanding
<b>MSM</b>	Men Who Have Sex With Men
<b>NGO</b>	non-governmental organisation
<b>NSEP</b>	needle and syringe-exchange programs
<b>OST</b>	opioid substitution treatment
<b>PSM</b>	procurement and supply management
<b>PWID</b>	Persons who inject drugs
<b>PWUD</b>	Persons who use drugs
<b>UCCK</b>	University Clinical Centre of Kosovo
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>VCT</b>	voluntary counselling and testing
<b>WHO</b>	World Health Organisation

## 2. Executive Summary

Kosovo is one of the poorest countries in Europe, with a per-capita gross domestic product of about 3,000 € and about one-third of the population living below the poverty line. Roughly one-eighth of the population live in extreme poverty. Difficult labour market conditions affect the whole population, but in particular youth and women. Unemployment rates country-wide are estimated to be 40%, bearing a high risk of undermining the country's social fabric. This situation has also held back the modernization of key sectors of Kosovo's economy.

According to the World Bank, health outcomes in Kosovo are weak, reflected - inter alia - in Kosovars' life expectancy being about 5 years lower than in the neighbouring countries and 10 years lower than in the EU. Household out-of-pocket spending on health in Kosovo is high, impoverishing and creating financial barriers to access to health services for the poor.

Kosovo is a transit country for drugs destined for Europe, but not a significant narcotics producer. Factors adversely impacting Kosovo's efforts to combat narcotics trafficking include its geographic location along traditional smuggling routes; incomplete integration of northern municipalities, especially the Mitrovica area and other Serbian enclaves along the border to Serbia; a poor economy; non-recognition of Kosovo by some states in the region, and a less than fully effective border management system.

As yet there is no comprehensive representative data that may indicate the actual size of the drug problem at the population level. The 2014 National Report to the European Monitoring Centre for Drugs and Drug Addiction revealed that the majority of 19 to 54 year-old persons who inject drugs are men (88.7 %). Interestingly enough, most sources state that only between 3% and 6% of all persons who inject drugs are women, which leaves a remaining 5% of this population unclear. Heroin is the most frequently injected drug (71.1 %), followed by Methadone (28.7 %) <sup>1</sup>. The 2014 National Report estimates that there are between 10,000 – 15,000 individuals injecting drugs in Kosovo, of whom approximately 4,000 – 5,000 are thought to be heroin users. More recent data has been collected in 2014 (in Pristina and Prizren), estimating that there are 3,946 persons who inject drugs in Pristina and 1,113 in Prizren <sup>2</sup>, and in 2016, which estimates the number of PWID in all of Kosovo to be between 4,777 and 6,860 <sup>3</sup>.

HIV prevalence in Kosovo is still low and has not yet reached large parts of the key populations at risk. To date, HIV is being transmitted primarily through heterosexual contact (90%), as opposed to homosexual contact (7%), mother to child transmission (2%), and through injecting drug use (1%). Adult HIV prevalence in Kosovo remains less than 0.1% and HIV prevalence among key populations at risk is reported to be currently below 5%. Hepatitis C Virus prevalence, however, is fairly high among persons who inject drugs (27%). Due to its high rates of poverty and unemployment, increasing drug use, high mobility of Kosovars, and high-risk sexual behaviour, the country is currently regarded as vulnerable to HIV epidemic: There is a high risk of HIV reaching key populations soon and spreading rapidly due to their high stigmatization and marginalization, low access to the health system, and the lack of social support.

The Global Fund Program, initiated in 2008, focuses on HIV prevention among key populations at risk and aims to scale-up the delivery of a range of comprehensive, high-quality HIV-prevention services. To this context, the program provides comprehensive services to persons who inject drugs including drop-in cen-

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<sup>1</sup> Republic of Kosovo, Ministry of Internal Affairs, *National Report (2012 data) to the EMCDDA*, 2014

<sup>2</sup> HIV Integrated Behavioural and Biological Surveillance Surveys – Kosovo 2014: People who Inject Drugs in Pristina and Prizren, Men who have Sex with Men in Pristina – funded by GFATM

<sup>3</sup> preliminary results of Mapping PSE 2016, provided by CDF

tres, outreach programs, needle and syringe-exchange, condoms, access to Methadone maintenance treatment (MMT), as well as psychological counselling, and voluntary counselling and testing, peer education, and self-help groups.

In June 2012, the government approved the National Anti-Drug Strategy and Action Plan for 2012–2017, which emphasizes the need to mitigate the health and social consequences, arising due to the misuse of drugs through a range of actions and activities – including Harm Reduction measures. It aims to build the mechanism needed to advance the fight against drugs and their negative impact through increased cooperation between responsible institutions along five pillars: demand reduction and Harm Reduction; supply reduction; cooperation and coordination; support mechanisms; supervision and monitoring.

Given the multitude of issues at stake in this post conflict country, the priority for implementing comprehensive and needs-based HIV/AIDS and drug policies among the government is not very high. Cross-sectoral collaboration in drafting the national response and administrative instructions are in place and working. The relevant government bodies are aware of the need for a comprehensive and sustainable implementation of services for person who use drugs, but ownership, commitment and capacities vary greatly between relevant ministries.

The 2016 MMT assessment revealed that there has been a considerable increase of clients since the last assessment in 2013 –especially during 2015: 193 clients received MMT in 5 sites during the period July - December 2015 as compared to 75 clients in 4 sites during the period December 2012 – May 2013. Despite this positive increase, however, the scale of the current coverage is not sufficient and the proportion of female clients in the program is still comparably low – between 1% and 3%. According to tentative data, 3% to 6% would be closer to reflecting the actual percentage of women injecting drugs in Kosovo. An important factor contributing to the delay of achieving wider coverage is the system of licencing for MMT administration: those licences are issued only to individuals – in that case to doctors, not to nurses, who, in fact are the ones most involved in the daily administration of Methadone to the clients. NGOs like Labyrinth in Prizren do still not have a licence.

In order to improve the living conditions of persons who inject drugs, MMT can only be one contribution within a broader range of services. Services for this target group need to be scaled-up and diversified including a range of coordinated measures from low-threshold Harm Reduction services to long-term rehabilitation in support of client's stabilization, psychosocial wellbeing, and reintegration into their families and the labour market. According to the Ministry of Health, such measures are foreseen, but processes to come from strategy to action take a long time and ownership for a comprehensive, human rights and needs based drug policy is still low among some of the crucial responsible actors.

Many elements of such a comprehensive package of services are already in place in Kosovo and the MMT program has good potential to pave the way for service expansion. To what extent the responsible policy makers actually will support a comprehensive and needs-based approach sustainably, is hard to predict. As mentioned before, ownership and political will as well as capacity for programming and sustainable steering are still weak in this field.

To conclude, capacity development is still needed on all levels to create better ownership, understanding, programmatic, and managerial capacities for a comprehensive response to the drug problem in the country. The Kosovar government – especially the Ministry of Health – should act very soon to sustain achievements of the MMT programme so far and accompany its extension request to the Global Fund with concrete plans and budgets for keeping up and sustaining MMT. To coordinate these measures, the ministry should install a drug/MMT focal point to coordinate the implementation of measures across relevant institutions. The coordinator's tasks should include monitoring and data analysis, needs assessments among different target groups, as well as the monitoring of the performance and quality of response measures. Necessary financial support to partners (including civil society) should be made through a national budget and licencing procedures should be speeded up and handled more flexibly to enable faster scaling up.

## 3. Context

### 3.1 Demographic Background

Kosovo is located in South-eastern Europe with a total area of 10,887 sq. km. The land-locked country is bordered by Albania, Macedonia, Montenegro, and Serbia. The majority of the population lives in rural towns outside of the capital city, Pristina. The Kosovo Agency for Statistics estimates that the country has 1,815,606 inhabitants. The **population** is very young: 60.2% of the inhabitants are between 15 and 24 years old. Ethnic groups are Albanian (88%), Serbs (7%), and 5% Roma, Ashkali, Egyptians, Turk, Bosniaks, and others. The ethnic Albanian and Serbian communities live largely separate, with the Serbian community mostly living in the northern Mitrovica area, which according to the NGO Labyrinth is also a hot spot for drug use.

Largely reflecting historical legacies and the still unresolved status of Kosovo, the country remains **one of the poorest countries** in Europe, with a per-capita gross domestic product (GDP) of about 3,000 €, about one-third of the population living below the poverty line - and roughly one-eighth in extreme poverty. Difficult labour market conditions affect the whole population, but in particular youth and women, with a high risk of undermining the country's social fabric. Unemployment rates country-wide are estimated to be 40%. This situation has also held back the modernization of key sectors of Kosovo's economy. Migration is a continuous issue with remittances from the diaspora largely contributing to the country's GDP. There is a widespread pessimism about the rule of law, economic prospects and political transparency among the population.

According to the World Bank, **health outcomes in Kosovo** are weak, reflected - inter alia - in Kosovars' life expectancy being about 5 years lower than in the neighbouring countries and 10 years lower than in the EU. Household out-of-pocket spending on health in Kosovo is high, impoverishing and creating financial barriers to access to health services for the poor. Due to a lack of priorities, ownership and capacity, the reform and modernization of the health sector is still in its early stages. The Health Insurance Law, passed in April 2014, provides the legal basis and framework for a mandatory health insurance scheme funded through general tax contributions and mandatory insurance premiums. Improvements in financial protection and access to quality care will, however, depend on how effectively health insurance is implemented, including the coverage of the poor.

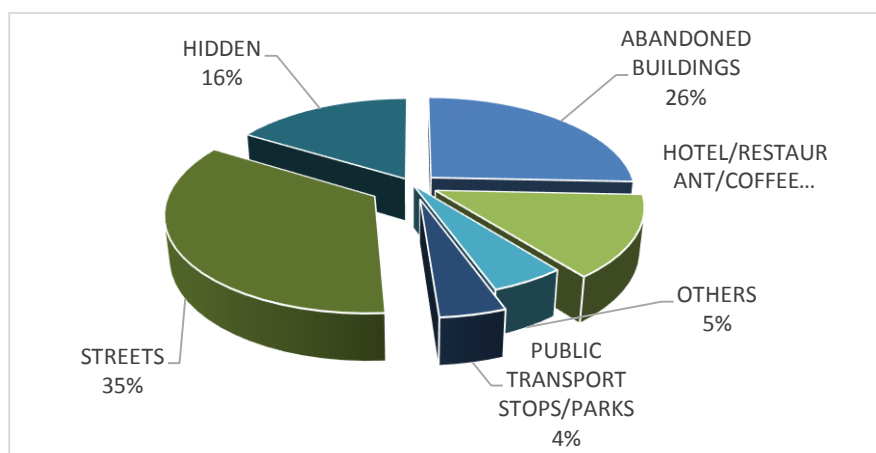
### 3.2 Drug Trafficking and Problem Drug Use

According to the 2015 Report of the Bureau of International Narcotics and Law Enforcement Affairs (BIN-LEA), **Kosovo is a transit country for drugs** destined for Europe, but not a significant narcotics producer. Between January and September 2014, Kosovar authorities reported seizing 672 kg of marijuana, 21 kg of cocaine, and less than two kg of heroin. These figures reflected a significant increase in seizures for marijuana and cocaine as well as a significant decrease for heroin. Factors adversely impacting Kosovo's efforts to combat narcotics trafficking include its geographic location along traditional smuggling routes; incomplete integration of northern municipalities (Mitrovica area and other Serbian enclaves along the border to Serbia); poor economy; non-recognition of Kosovo by some states in the region, and a less than fully effective border management system.

Different organisations in Kosovo collect **information on drugs and drug use**, but surveys are mostly being conducted ad hoc and on limited aspects of the issue. As yet there is no comprehensive representative data that may indicate the actual size of the drug problem at the population level. The 2014 National Report to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) - containing data from 2012 - states that the majority of the surveyed 19 to 54 year-old persons who inject drugs (PWID) were men (88.7%). While a large majority of PWID injected drugs at home (79.8%), a quarter of the sample injected in a

shooting gallery or at another closed location where PWID gather (20.2%). The average age of respondents first injecting was 22.3 years. Heroin was the most frequently injected drug (71.1 %), and the substance was injected at least once by almost all respondents (97.3 %), followed by Methadone (28.7 %). About half of the respondents (51.8 %) had a history of drug treatment, mainly in a medical setting (72.5 %). With regard to using sterile injection equipment, 158 of 198 participants stated that they always use sterile needles and syringes (83.8%) and mentioned obtaining sterile injecting equipment at NGO premises (56.8%)<sup>4</sup>. The information given in the country report has been taken from the 2011 Behavioural and Biological Surveillance Study on HIV among PWID<sup>5</sup>.

More recent data has been collected in 2014 by the “HIV Integrated Behavioural and Biological Surveillance Survey for Kosovo”<sup>6</sup> (Bio & BSS 2014). The survey estimated that there are 3,946 PWID in Pristina and 1,113 in Prizren. Based on these figures, it can be estimated that there are **about 30,000 persons who use drugs (PWUD) in Kosovo**. EMCDDA cites different sources and states that “*The most frequently cited estimate of the drug using population is between 10,000 – 15,000 individuals, and of these approximately 4,000 – 5,000 are thought to be heroin users.*”<sup>7</sup> A recent mapping of PWID in Kosovo estimates that there are between 4,777 and 6,860 PWID in Kosovo<sup>8</sup>. The 2016 PSE mapping also provides information about the locations where PWID congregate and consume drugs:



Source: 2016 PSE Mapping, *Spots by typology where PWID congregate in Kosovo, 2016*

The Bio & BSS 2014 also looked into the injection practices of PWID in Pristina and Prizren: Most PWID in both cities reported injecting once a day or more and injecting on the previous day before enrolling in the survey. The majority of PWID in Pristina reported injecting at their home (73%), whereas a majority of PWID in Prizren reported injecting in shooting galleries (40%), followed by injecting at their home (38%). In Pristina, 6% of the PWID were women and 9% in Prizren. The survey also found that the majority of PWID in both cities reported having secondary education or more, being single, co-habituating, and employed.

<sup>4</sup> Republic of Kosovo, Ministry of Internal Affairs, *National Report (2012 data) to the EMCDDA, 2014*

<sup>5</sup> Federal Ministry of Health of the Republic of Kosovo, HIV Integrated Biological and Behavioural Surveillance Survey (IBSS) 2010

<sup>6</sup> HIV Integrated Behavioural and Biological Surveillance Surveys – Kosovo 2014: People who Inject Drugs in Pristina and Prizren, Men who have Sex with Men in Pristina – funded by GFATM

<sup>7</sup> EMCDDA country overview Kosovo, available online at <http://www.emcdda.europa.eu/countries/kosovo>

<sup>8</sup> preliminary results of Mapping PSE 2016, provided by CDF

In 2014, EMCDDA published a survey on **drug use and attitudes** in Kosovo that looked also into the attitudes of the general population about drugs (both legal and illegal) and persons who use drugs (PWUD). The survey concludes that although the prevalence of drug use recorded through this survey provides for a fairly low percentage of the population who admit having used (illicit) substances, the perceived availability of substances appears to be quite high. It is interesting to note that according to the survey drug addicts are more commonly perceived as patients than as criminals by the general public (35.4 % against 17.7%) while 25.7% of respondents consider drug addicts as both criminals and patients simultaneously.<sup>9</sup>

The 2008 Rapid Assessment and Response study published by WHO, UNICEF and UNFPA revealed the crucial and ambiguous **role of pharmacies** in this issue: the study investigated a total of 49 pharmacies from five regions throughout Kosovo (Pristina, Prizren, Peja, Mitrovica, and Gjilan) and found a number of psychoactive drugs being sold there. All of these being controlled substances and required by law on psychotropic and narcotic drugs of Kosovo to only be distributed with a medical prescription. However, the overwhelming finding from this evaluation was that pharmacies did sell psychotropic drugs without a prescription. According to the study, this was not the case for Methadone, as the two pharmacies that did have Methadone in stock would not sell it without a prescription<sup>10</sup>. During interviews with Methadone maintenance treatment (MMT) clients during the 2016 assessment mission however, several interview partners reported that it is not complicated to purchase Methadone at pharmacies without prescription or by “re-using” official prescriptions.

There is no reliable information on **drug-related deaths** (DRD) in Kosovo. Official information is fairly weak, - mostly due to a lack of general awareness among health professionals concerning DRD. As a result, deaths caused by drug overdoses are routinely recorded as cardiac arrest. Even though the Toxicology Laboratory of the Institute of Forensic Medicine would be capable of confirming cases of DRD, it is fairly rare for the authorities to order post-mortem toxicological analyses in cases of suspected overdose deaths because stigma still surrounds the issue of addiction and an autopsy can only be conducted if it is requested and authorised by the victim’s family.

The NGO Labyrinth possesses a registry and keeps track of all cases of death among the clients it has registered. Information on eventual DCD is mostly provided by other clients and then verified by the individual’s family and the police. According to information from Labyrinth, two drug users died in 2004, three in 2006, one in 2007, five in 2008 and 2009, 15 in 2010 and 17 in 2011, mainly by overdose. It is assumed that all these death cases were induced or caused by drugs<sup>11</sup>.

During the assessment mission and discussions with staff from Labyrinth in Prizren, the NGO staff reported of a DRD which recently occurred in one of the “shooting galleries” of the city (deserted and deteriorating buildings in the city frequented by PWID to inject drugs in privacy). One of the MMT clients had an overdose and was found by neighbours who immediately informed Labyrinth staff. First aid was applied and an ambulance called immediately, but unfortunately the client passed away on the way to the hospital. During the conversation, Labyrinth staff also reported that they have no other means than calling an ambulance in such incidences, because they have no breathing bags or Naloxone (an opioid antagonist and antidote) available. It was also reported that an ambulance usually only takes five to ten minutes to arrive at the site of the accident.

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<sup>9</sup> Kushtrim Shaipi, Hasnije Ilazi, *National General Population Survey on drug use and attitudes in Kosovo 2014*, EMCDDA August 2014

<sup>10</sup> EMCDDA country overview Kosovo, available online at <http://www.emcdda.europa.eu/countries/kosovo>

<sup>11</sup> Ibid.



### 3.3 HIV/AIDS

Though **HIV prevalence** in the country is still low and has not reached large parts of the most at risk groups yet, there is a high risk of HIV reaching these target groups soon where the virus is likely to spread rapidly given the target group's high stigmatization and marginalization, their low access to the health system, and the lack of social support. While 100 HIV and AIDS cases (46 HIV, 54 AIDS and 41 AIDS-related deaths) have been officially reported in Kosovo, the country is regarded as vulnerable to HIV epidemic due to its high rates of poverty and unemployment, increasing drug use and high-risk sexual behaviour, high mobility of Kosovars to and from countries with higher prevalence rates, a large international community, and many unaccompanied workers. Commercial sex and human trafficking represent additional epidemiologic risks, as does a population of stigmatized men who have sex with men (MSM)<sup>12</sup>.

Data gathered until 2015 by the National Institute of Public Health indicates that **HIV is being transmitted primarily through heterosexual contact** (90%), as opposed to homosexual contact (7%), mother to child transmission (2%) and through injecting drug use (1%). Adult HIV prevalence in Kosovo however, remains less than 0.1%, while HIV prevalence among key populations at risk (KPAR) is reported to be currently below 5%. According to the last biological and behavioural surveillance survey (Bio & BSS)<sup>13</sup> among PWID, MSM and sex workers conducted in 2014, HIV prevalence among MSM was 0.5% (five new MSM cases with HIV infection). No new HIV and AIDS cases among PWID, while prevalence of Hepatitis B surface antigen for Pristina region was 5% and Hepatitis C Virus (HCV) prevalence was 27%. The Bio & BSS 2014 reveals that 89% PWID have adopted behaviours that reduce HIV (use of sterile injecting equipment the last time they injected) and 47% used a condom the last time they had sexual intercourse.

**The Global Fund (GFATM) Program** contributes to the implementation of the National HIV/AIDS Prevention Strategy, especially covering financial gaps in prevention, care and support. It is aimed at maintaining HIV prevalence among key populations below five percent and to prevent HIV from spreading into other groups. The **MMT program in Kosovo** has been initiated in March 2012. GFATM's principal recipient, the Community Development Fund (CDF) and the Ministry of Health (MoH) have collaborated in terms of initiation of MMT Program. The Memorandum of Understanding (MoU) between two parties has been amended with Annex 1: *"Pilot Project for administration of methadone as a substitution treatment for opioid narcotics"*. In addition, the Work Protocol for MMT in health institutions has been approved and signed by the Minister of Health on March 23<sup>rd</sup> 2012. In January 28<sup>th</sup> 2014, the MoH and CDF signed the third Annex of the MoU which redefines the roles and responsibilities of the parties in the MMT project. This Program is currently being implemented based on the "Work Protocol of Methadone Substitution Treatment in Health Institutions" approved by the MoH on 23<sup>rd</sup> March 2012 with Protocol No. 05-1609 in five institutions licensed for operation with narcotics.

The GFATM Program focuses on HIV prevention among KPAR and aims to scale-up the delivery of a range of comprehensive, high-quality HIV-prevention services that are tailored to the specific needs of KPs. To this context, the GFATM Program provides comprehensive Harm Reduction services to PWID through multidisciplinary / drop-in centres (DIC) and outreach programs, including access to needle and syringe-exchange programs (NSEP), condoms, access to MMT, as well as psychological counselling, voluntary counselling and testing (VCT) services, peer education and self-help groups.

Most of these services - except NSEP - are also available to drug users in two of the four **prisons in Kosovo**: the long-term male prison and the prison for women and juveniles. According to Dr. Milazim Gjocaj, director

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<sup>12</sup> Report from the Commission to the European Parliament and the Council on Progress by Kosovo in fulfilling the requirements of the visa liberalization roadmap

<sup>13</sup> HIV Integrated Behavioural and Biological Surveillance Surveys – Kosovo 2014: People who Inject Drugs in Pristina and Prizren, Men who have Sex with Men in Pristina – funded by GFATM

of the prison health department under the MoH, however, there are no inmates eligible for MMT in the latter facility at the moment. No MMT is available so far in the 6 detention centres in Kosovo and the prison health department would like to scale up MMT in the remaining two prisons. MMT clients may continue their treatment in police custody and remand. While waiting for their trials, they may be sent to one of the facilities where MMT is available or Methadone may be delivered to them over shorter periods of time. In prisons, multi-disciplinary teams (psychologist, psychiatrist and social worker) care for prisoners. These teams also provide information and support for up to 5 days after release from prison until clients are registered in other services (MMT sites, therapy, etc.).

In June 2013, a first assessment of the MMT Program in Kosovo was conducted in order to assess the quality of MMT services provided in the country. The assessment was conducted by Susanne Schardt and revealed that the MMT program has good potential to contribute to more social justice, equal opportunities and equal access/equity, if it is scaled up and embedded in a wider harm reduction approach (social dimension of sustainability)<sup>14</sup>.

In February 2015, a survey on **client satisfaction in the MMT program** was conducted based on the Annex of the MoU on MMT, between the MoH and CDF (January 2014). The data was collected in all five MMT sites. Unfortunately, the coverage of clients was not very wide – especially that of female clients: From a total number of eligible 113 clients only 52 were reached, out of whom only 1 was a woman.

The client satisfaction survey found that:

- The largest proportion of responding 52 clients visit the MMT centres every day or several days per week
- The majority of them (42 or 80.8%) have not visited any other centre; while 7 clients (13.5%) declared that they visited other centres as well
- Of the responding 52 clients, 88.5% were satisfied with the services provided in the centre and only 9.6% were not satisfied at all
- Almost all of clients (92.3%) felt more or less assisted by the MMT Centres to solve their problems
- Half of interviewed clients (26 or 50%) declared that the MMT Centres staff behaved “excellent” with them; 15 clients (28.8%) stated that the MMT Centres staff behaved “good”, and 9 clients (17.3%) felt the behaviour of the MMT Centre staff was “very good”. Two clients (3.8%) weren’t satisfied at all
- Most of the respondents (34 or 65.4%) declared that they would recommend this centre to their friends, while 10 clients (19.2%) stated they would maybe recommend this centre. Only 6 of the interviewed clients (11.5%) responded negatively
- Comments and requests of interviewed clients related to a certain centre were mainly about regular methadone supply, improving the conditions (services?) of the DIC and the request for other activities in the centre<sup>15</sup>.

### 3.4 Gender Aspects

Article 1.1 of the Kosovar Gender Equality Act (GEA) protects, addresses and establishes gender equality as a fundamental value for the democratic development of Kosovar society, providing equal opportunities for both men and women in Kosovo’s political, economic, social and cultural life. Article 2.2 of GEA provides that equal treatment means the elimination of all forms of direct and indirect gender discrimination.

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<sup>14</sup> Susanne Schardt, *Assessment Report Methadone Maintenance Treatment in Kosovo*, June, 2013

<sup>15</sup> Ministry of Health, Community Development Fund, *Client satisfaction survey among MMT Centers*, February 2015

In 2014, the Embassy of Sweden in Kosovo commissioned a country gender profile for Kosovo that concluded: *“Kosovo has a fairly comprehensive legal framework and several mechanisms in place towards gender equality. Implementation remains a challenge. Many strategies exist to specify and implement institutions’ legal obligations. However, action plans are rarely cross-checked with other action plans, potentially contributing to overlap. Strategies seldom receive sufficient funding for implementation. Government institutions at all levels tend not to understand how to mainstream gender within their work.”*<sup>16</sup>

The gender profile reports about many areas in which women are being discriminated against – above all they still have very limited access to the labour market: *“No country in Europe has so few women in the formal labour market (18% of women participate, compared to 55% of men)”*<sup>17</sup>. It also states that several forms of gender-based violence (GBV) exist in Kosovo, including domestic violence which appears to be the most prevalent form of GBV, particularly for women.

Unfortunately, there are no studies available on women using drugs in Kosovo to date and almost nothing is known about the situation that drug using women in Kosovo find themselves in. The EMCDDA survey of 2014 reports considerably lower percentages of women using both legal and illegal substances (between 3% and 6% of all PWUD) but also admits that it is very difficult to access this target group and to obtain valid data.

Discussions with the staff of Labyrinth Pristina during the assessment mission revealed a number of aspects that make it particularly difficult to access women who use drugs:

- Women drug users mostly live and consume at home where it is difficult to reach out to them
- Women who use drugs face the double stigma of drug use and gender discrimination. They do not come to services for PWUD as often as men, because they fear that stigma when seen near such a service facility
- Women drug users are more likely to exchange sex for housing, sustenance, and protection (transactional sex). Since this practice is often not perceived as sex work by the women and therefore not as risky behaviour regarding HIV, they do not use the respective services. Sex work is highly stigmatised and often linked to human trafficking, which makes it very difficult to gain access to these women
- Women are far more likely than men to be victims of domestic violence, sexual or physical abuse, forced sex work and human trafficking. In such a context, they have very little chance to seek help in service facilities and can hardly be reached by outreach activities
- Male partners – especially those who do not use drugs themselves - often discourage the female from seeking services because they fear the stigma or because they want to keep up the woman’s dependence on them

The 2008 Rapid Assessment and Response study included questions about transactional sex. The study found that 10% of the respondents (all men) reported having given someone money or drugs in the past 90 days to perform sex or have sex with them. An additional 8% reported having had sex with someone in the past 90 days in order to get money or drugs (5% refused to respond to this question). Of those who reported “yes” to this question, all were men. The number of women who inject drugs surveyed is small and for each of these questions, 14-20% of the women refused to answer<sup>18</sup>. The refusal of the female interview partners

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<sup>16</sup> Färnsveden et. al., *Country Gender Profile – an Analysis of Gender Differences at All Levels in Kosovo*, Framework for Gender Equality 2014

<sup>17</sup> Ibid., p.2

<sup>18</sup> WHO, UNICEF, UNFPA (2009). *Psychoactive Substance Use in Kosovo, Rapid Assessment and Response With Youth, Injecting Drug Users and Prisoners*, Pristina, May 2009

in this survey indicates that sex work is obviously very highly stigmatized in the country and that women feel ashamed to answer questions about this issue.

### 3.5 National and International Response

Kosovo is working continuously to incorporate international norms and conventions into its laws against drugs. In 2008, the Parliament of Kosovo approved the Law on Narcotic Drugs, Psychotropic Substances and Precursors which considers the use, possession, production and trafficking of illicit drugs as violations against the Criminal Code of Kosovo. Possession of narcotic drugs, psychotropic substances or analogues are punished by a fine and by imprisonment of one to three years. However, according to Article 57 of the Criminal Code, mandatory treatment may be imposed and sentences suspended if the criminal offense was related to drug or alcohol addiction. According to interview partners at the Ministry for Internal Affairs (MoIA) and the prison health department however, there are only very few treatment options available in the country and these are not well known to the judges. Any person caught by the police for the possession, use, production and trafficking of drugs is considered to be a suspect or a drug-related offender. Such offenders are registered in the database of the Kosovo Police. The law specifies also the administration and management of methadone to be used for opioid substitution treatment (OST). The administrative instructions are currently being amended by an inter-agency working group of experts.

In June 2012, the Government approved a National Anti-Drug Strategy and Action Plan for 2012–2017, which aims to build the mechanism needed to advance the fight against drugs and their negative impact through increased cooperation between responsible institutions. The strategy is based on five pillars: demand reduction and Harm Reduction; supply reduction; cooperation and coordination; support mechanisms; supervision and monitoring. General goals and specific objectives have been incorporated within these pillars. The main actors are the MoIA, the Ministry of Health (MoH), Customs, the Ministry of Education, Science and Technology (MoEST), as well as other government bodies and civil society organisations<sup>19</sup>. The national strategy is currently being amended.

The current National Strategy emphasizes the need to mitigate the health and social consequences, arising due to the misuse of drugs through a range of actions and activities – including Harm Reduction measures<sup>20</sup>. But apart from Labyrinth in Pristina, Gjilan and Prizren, no other NGOs provide comprehensive Harm Reduction services. Other actions in the drug field comprise a series of measures such as prevention and education, treatment, VCT, and (both voluntary and mandatory) rehabilitation.

Due to a lack of appropriate training and understanding of state-of-the-art of drug treatment, comprehensive services to problematic drug users are extremely limited in Kosovo – despite future plans for the development of treatment responses and strengthening treatment capacities being outlined in the National Anti-Drug Strategy and Action Plan for 2012–17. In Pristina, the Psychiatric Clinic of the University Clinical Centre of Kosovo (UCCK) and the NGO Labyrinth, provide most of the drug treatment in the form of detoxification services, psychosocial treatment and pharmacotherapy (MMT). Labyrinth Pristina also provides other Harm Reduction services and psychosocial counselling. In 2008, UCCK created special inpatient services to treat addiction. In regional hospitals in Gjilan and Gjakova, MMT has also been installed with support from the GFATM, but in December 2015, unfortunately the MMT site in Gjilan was closed and medical staff at the department is reluctant to resume the services. To date, treatment in public hospitals has been based solely on MMT and detoxification. Psychosocial interventions and especially social support offers are rarely used here. Labyrinth Prizren and Gjilan provide Harm Reduction services, VCT and psychosocial care,

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<sup>19</sup> Government of the Republic of Kosovo, *National Strategy of Republic of Kosovo Against Narcotics and Action Plan 2012-2017*, Pristina 2012

<sup>20</sup> *Ibid.*, p. 19f

but are still not licensed to administer MMT at their premises, although capacity and necessary infrastructure are available for that since a long time at Labyrinth Prizren.

The international community has funded and commissioned several surveys and studies, capacity development measures, and other small-scale activities. To date, GFATM remains the biggest donor in building up a national response to prevent HIV/AIDS among KPAR and is the only international donor supporting Harm Reduction services – albeit with a very strong focus on MMT.

#### 4. Objectives and Criteria of the Assessment

The assessment sought to back-up the implementation of the R7 HIV GFATM program in Kosovo in support to the National HIV Program which includes MMT as an important element of Harm Reduction services for PWID. The aim was to assess the current quality of existing measures and to recommend corrective measures that should be undertaken to improve grant performance as well as service accessibility and quality. The consultant, Susanne Schardt, evaluated the implementation of current MMT programs, shortcomings of program implementation, management and coordination, assessment of drop out causes from the MMT program, client's needs, patient support programs, and most efficient ways of providing integrated care to PWID.

According to the terms of reference of the assignment, the **main objectives** were to

- identify quality factors which need to be enhanced/strengthened in order to enhance the effectiveness of the Global Fund-supported MMT program in Kosovo;
- look at quality factors affecting coverage, obstacles to enrolment, and drop-out;
- provide a status update/progress on recommendations derived from the 2013 MMT assessment in the three categories of the 2013 assessment: MMT, PWID services and policy level;
- propose solutions/way forward within a specified timeline in order to improve the overall quality of the MMT program in Kosovo

Other aspects of the assessment included a capacity needs assessment among relevant institutions and recommendations for concrete actions during the extension period of GFATM Round 7 that Kosovo plans to apply for by mid-2016. The mission was conducted in parallel with LFA assessment mission on procurement and supply management (PSM) of Methadone within the GFATM programme (consultant: PSM specialist Ms Veerle Coigneux). Therefore, this assessment did not look into PSM issues. Also, time for meetings, interviews and focus group discussions (FDGs) was sometimes limited and individual client interviews were reduced in favour of conducting more FDGs. The mission in Kosovo took place between April 11<sup>th</sup> and 15<sup>th</sup>, 2016 and first findings and recommendations were shared and discussed with CDF, the Ministry of Health, and Labyrinth Pristina in the form of a Debriefing at the end of the mission.

#### 5. Methodology

As stated in the Inception Report, the assessment focused not only on relevant documents and meetings with the project partners, policy makers (Ministries) and intermediaries (service providers), but also on interviews with the target group itself (PWID) to gather first-hand information on clients' living conditions, their satisfaction with the services provided (and the service providers' staff), needs, and recommendations for service improvement.

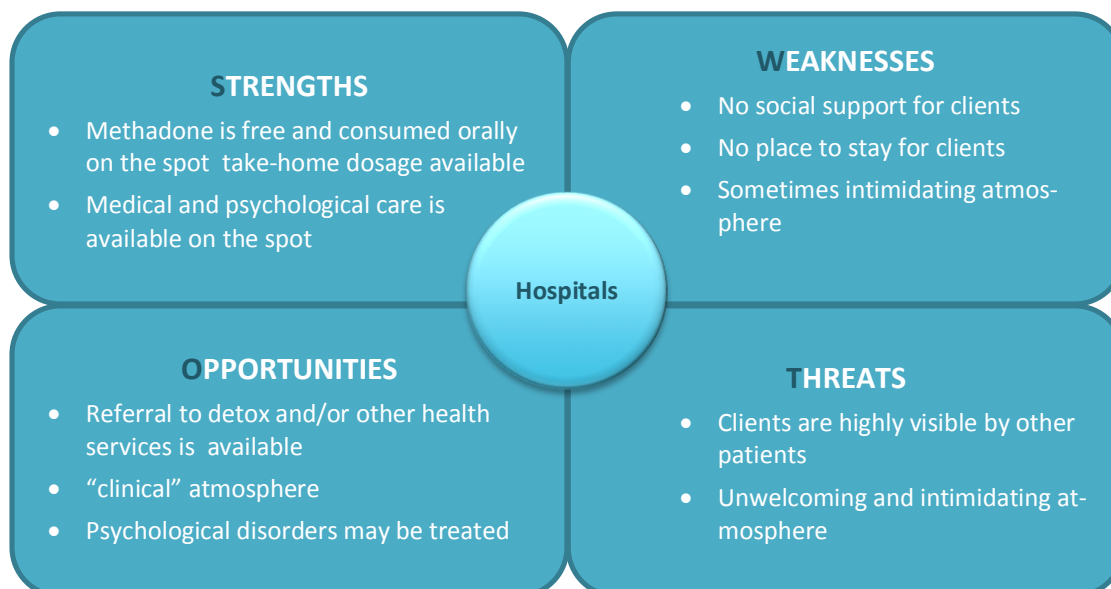
The following methods were used during the assessment:

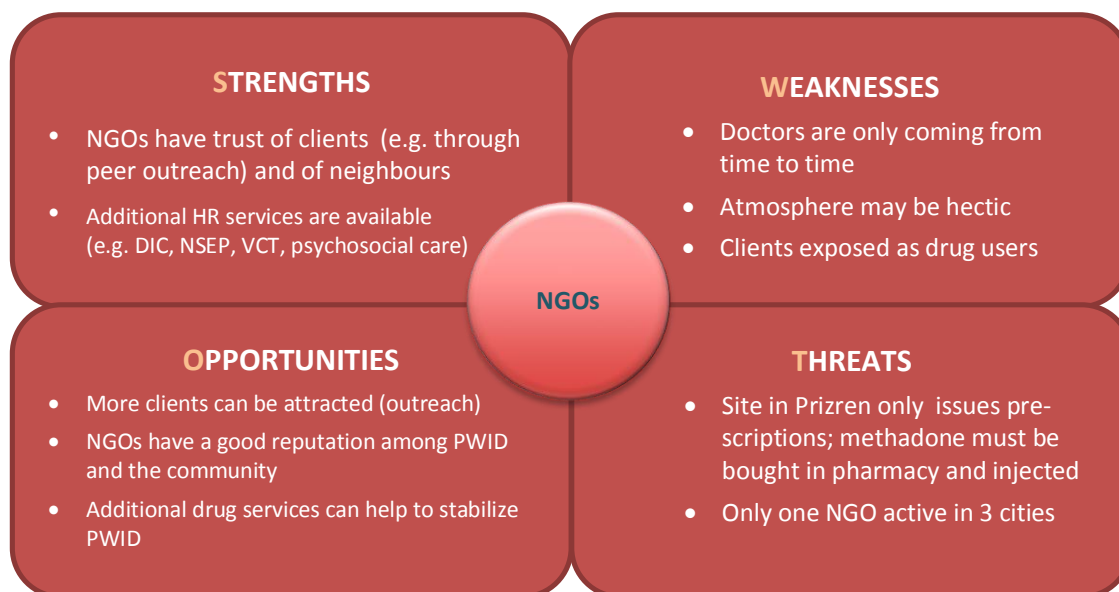
- **Desk review** of relevant documents
- **Individual semi-structured interviews:**
  - 1 client at Labyrinth in Pristina (female)
  - 1 client at Gjakova regional hospital (male)

- **Focus group discussions:**
  - CDF: **Dr. Edona Deva**, HIV Program Manager
  - MoH: **Dr. Imet Rrahmani**, Minister of Health; **Dr. Izet Sadiku**, Deputy Minister of Health
  - **Dr. Gani Shabani**, Permanent Secretary; **Dr. Pashk Buzhala**, acting director of Dept. for Health Services; **Dr. Laura Shehu**, HIV/AIDS focal point / national ADS coordinator; **Mr. Bekim Fusha**, Director of Dept. for Pharmaceuticals
  - **Dr. Milazim H. Gjocaj**, Director of Prison Health Dept.
  - MoIA: **Mr. Nehat Mustafa**, Deputy Minister and Coordinator of National Anti-Drug Council
  - Kosovo Police: **Mr. Bajram Nuhiu**, Chief of Prevention and Cooperation Sector / Anti-Drug Trafficking Dept.
  - Labyrinth staff in Prizren and Pristina: **Erroll Shporta** director of Labyrinth Prizren and **Safet Blakaj** director of Labyrinth in Pristina (and nurses, peer outreach workers, psychologists and other staff of the NGOs in both cities)
  - Gjilan regional hospital: **Dr. Besim Guda**, director; **Jeton Shkodra**, head nurse at MMT service facility
  - UCKK Psychiatric Clinic Pristina: head nurse at Clinic and MMT facility
  - Gjakova regional hospital: **Dr. Ilir Grezda**, doctor for MMT admin at regional hospital, **Mr. Besnik Stuja**, Coordinator of mental health dept.; **Dr. Zef Komani**, national representative of mental health sector to MoH
  - 3 MMT clients at Labyrinth DIC, Pristina (all male)
  - 3 MMT clients at the Gjakova Regional Hospital (2 male / 1 female)

## 6. Main Results of the Assessment

### 6.1 SWOT Analyses of MMT services at hospitals and NGO sites





## 6.2 Analysis according to OECD-DAC criteria

### 6.2.1 Relevance

#### *Are we doing the right thing?*

The MMT program is certainly relevant since it contributes to solving crucial development issues in Kosovo such as poverty by responding to an increase in injecting drug use. Kosovo faces significant socio-economic and political challenges that may foster a rapid spread of the HIV epidemic if they are not addressed properly.

National laws, strategies and action plans in this sector all reflect international standards and cooperates and exchanges information with neighbours through informal bilateral and multilateral meetings. Guidelines for the implementation of national laws and Strategies are being developed across sectors and with high-ranking expert input – including civil society organisations. Scientific research is mentioned as an integral part of the Drug Strategy and Action Plan but valid and comprehensive data is still lacking or poorly used at ministry levels, although the number of surveys and studies conducted on the issue has increased over the past years. Hence, it is unclear whether and to what extent a contribution can be made to the achievement of the health sector-policies and strategies and whether drug problems in the country are being addressed adequately.

Given the multitude of issues at stake in this post conflict country, the priority for implementing comprehensive and needs-based HIV/AIDS and drug policies among the government is not very high. The cross-sectoral collaboration in drafting the national response (natl. Anti-drugs committee / working groups) and revision of administrative instructions are highly relevant and the government is aware of the need for a comprehensive and sustainable implementation of drug services, but ownership, commitment and capacities vary greatly between relevant ministries. The MoIA along with the National Anti-Drug trafficking Department of the Kosovo Police strongly support a comprehensive approach including prevention, harm reduction, treatment and rehabilitation as well as law enforcement, whereas the MoH showed somewhat less commitment for implementation and still seems mostly concerned with drafting and amending relevant national documents.

### 6.2.2 Effectiveness

### ***Are we reaching the objectives?***

The GFATM agreement states the following 4 objectives with a view to achieving the goal *to maintain HIV prevalence among key populations at the currently low level (below 5%) and prevent HIV from spreading into other groups*:

1. To reduce HIV vulnerability among key populations at higher risk (KPAR) with a special focus on PWID (including in prisons), female sex workers, MSM, and young people
2. To improve the quality of life of PLHIV in Kosovo by promoting a supportive environment
3. To create a supportive environment for a sustainable national response to HIV and AIDS in Kosovo
4. To strengthen the evidence base for a targeted and effective national response to HIV and AIDS

The latest overall Rating by GFATM (March 2016) is B2 “Inadequate but potential demonstrated”.

The assessment revealed that there has been a considerable increase of clients since the last assessment in 2013 – and especially during 2015: Data provided by CDF that 193 clients received OST in the period July - December 2015. From the 193 clients that were enrolled in MMT Program during this period, 123 were ongoing clients (from 123 clients, 5 dropped-out, 15 lost to follow up, 3 dead and 10 clients were on and off the treatment); 46 were new clients (from 46 clients, 4 dropped-out, 12 lost to follow up and 2 clients were on and off the treatment); 24 were repeated clients (1 dropped-out, 6 lost to follow up, 3 clients were on and off the treatment)<sup>21</sup>. In the period December 2012 – May 2013 there were only 75 OST clients in 4 sites. MMT in prison started in September 2013 and currently has 37 clients.

Despite this positive increase, however, the scale of the current MMT coverage is not sufficient. At the existing facilities, there are waiting lists of clients who seek MMT at Labyrinth Pristina and many clients are forced to travel between cities to receive Methadone there. This is especially so for the former clients of the Gjilan MMT site which was closed in December 2015. The proportion of female clients in the MMT program also increased since 2013, but is still comparably low – between 1% and 3%. According to tentative data, 3% to 6% would be closer to reflecting the actual percentage of women injecting drugs in Kosovo.

An important factor contributing to a delay of achieving the objectives is certainly the system of licencing for MMT administration: those licences are issued only to individuals – in that case to doctors, not to nurses, who, in fact are involved daily in the administration of Methadone to the clients. NGOs like Labyrinth in Prizren do still not have a licence, although they have been waiting for it for more than three years. The example of MMT in prison shows that when a license is given to a hospital (or hospital department), this makes procedures much easier: the central prison hospital has the licence and can coordinate necessary activities flexibly.

### **6.2.3 Efficiency**

#### ***Are we cost and time efficient?***

The division of tasks and responsibilities between cooperating partners (GFATM, CDF, MoH, clinics, and Labyrinth) is determined by the grant documents and efforts have been undertaken in the past to further harmonize activities to achieve maximum efficiency. Since GFATM demands increasing government contribution to health and disease programs, the MoH plays a crucial role in making the MMT program achievements sustainable. The assessment revealed a lack of leadership at the MoH, however, where the focus lies still largely on setting standards and guidelines rather than coordinating and steering their implementation.

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<sup>21</sup> information collected by CDF from the different MMT centres



There is an obvious need for more programmatic capacity, including adequate data and information collection and using this information for concrete programmatic action. Regarding time efficiency, it must be said that these weaknesses at the central policy making level cause unnecessary delays in qualitative and coordinated service provision for PWID.

As was the case during the last assessment, clients interviewed at hospital sites missed psychosocial support and other low-threshold and psychosocial services for PWUD in the MMT centres at hospitals. It was, however, interesting to hear that some of the MMT clients at hospitals reported they preferred the clinical setting to the sometimes hectic setting at Labyrinth where they also felt more exposed “as drug users”.

Access to the MMT programme is relatively easy and supply shortages that were an issue in 2013 have been solved; numbers of clients have increased especially during the last year. Regarding modes of delivery, the way in which Methadone is administered is far from efficient (c.f. chapter 8.1). In addition, closing the MMT site in Gjilan regional hospital has caused unnecessary problems and risks for its 13 MMT clients who now either have to travel to Pristina or to Prizren. With a view to cost-efficiency, the MMT Program may have become more cost efficient on the supply side (procurement) since the last assessment in 2013, but currently there are considerable quantities of Methadone in stock which are about to expire by mid-2016, and it is yet unclear whether sufficient supply will be available in time when the expiry date is reached. PSM issues however, are not being discussed in this report, because they were subject to the assessment conducted by the PSM specialist. Since the administration of MMT forces many clients to travel between cities to obtain their dosage or to pay for prescriptions and Methadone (in Prizren), the benefactors of the program bear a huge burden regarding cost and time.

#### **6.2.4 Impact**

##### *Do we contribute to higher benefits?*

The program does make some contribution to the health sector in the country, but in order to contribute to achieving the Sustainable Development Goals, a lot more action needs to be taken. There is good potential to make positive contributions to cross-cutting issues and overarching policies, such as human rights, rule of law, and different dimensions of poverty alleviation – including improving the living conditions of the target groups, but these issues should be tackled within the overall health reform in the country. Necessary budget allocations for a more comprehensive drug service enhancement need to be made if a true impact is to be made for the benefit of PWUD in Kosovo. It should be borne in mind that in order to improve the living conditions of PWID, MMT can only be one contribution and that a broader range of services to PWUD should be developed (or scaled-up) around it. This includes a range of coordinated services to PWUD from low-threshold Harm Reduction services to long-term rehabilitation to support client’s stabilization, psychosocial wellbeing, and reintegration into their families and the labour market. According to the MoH, such measures are foreseen, but processes to come from strategy to action take a long time and ownership for a comprehensive, human rights and needs based drug policy is still low among some of the crucial stakeholders. What seems to be lacking also, is a wider coordinated concept combined with the necessary programming activities that comprises a variety of services across the country and strategies for a comprehensive and coordinated response across all relevant actors in this field.

#### **6.2.5 Sustainability**

##### *Will the changes last?*

Methadone maintenance treatment is not only an internationally accepted instrument to stabilize PWID, to enable their contact with further medical and social care, and to prevent blood-borne diseases, such as HIV. It is also an important measure to reach out to and support the increasing number of socially deprived heroin users in Kosovo. To what extent the responsible policy makers actually will support the approach

sustainably, is hard to predict. As mentioned before, ownership and political will as well as capacity for programming and sustainable steering are still weak in this field.

Many elements of a comprehensive package of services for PWID are already in place in Kosovo and the MMT program has good potential to not only stem HIV and HCV among PWID, but also to contribute to more social justice, equal opportunities and equal access/equity, if it is developed further, scaled up, decentralized, and embedded in a wider national approach (social dimension of sustainability).

## 7. Capacity Needs Assessment

As stated in the Inception Report, a capacity needs assessment was conducted during the assessment mission in April, albeit only indirectly, because of the limited time allocated for the meetings. However, some recommendations are given in this report.

During the interviews and FDG, it was interesting to note that a lack of in-depth knowledge as well as misconceptions about the needs and rights of PWUD and the benefits and limits of different approaches prevail on all levels. Though reference to international guidelines and standards was often made in conversations, these are often not fully understood or misinterpreted. It has become obvious that more capacity and knowledge – especially about how such guidelines have been put into good practice in other countries - is needed here.

### Capacity needs at NGO level:

- State of the art Harm Reduction service provision (including international quality standards and good quality examples from other countries)
- Quality standards and good practice examples in social work for PWUD and their families
- Developing services for women who use drugs (including outreach)
- Advocacy and lobbying for human rights of PWUD
- Cooperation and referral between medical and psychosocial services for PWUD

### Capacity needs at medical level:

- Communicating with PWID (human rights based approach)
- Creating an enabling and user-friendly atmosphere
- International quality standards in MMT and other medical services for PWID (incl. dosage issues)
- Cooperation and referral between medical and psycho-social services for PWUD
- Knowledge about different state of the art responses to drug related problems (Harm Reduction, long-term therapy, 12 step approach, detox, etc.)

### Capacity needs at MoH:

- Programming, steering and coordinating policies across different actors (“putting policy in practice and managing cooperation”)
- Data collection and processing, data evaluation and translating data into policies (incl. cost-effectiveness of different approaches/services, needs assessments, and feasibility studies)
- Monitoring quality of services for PWUD (incl. OST) based on international standards
- Knowledge about different state of the art responses to drug related problems (Harm Reduction, long-term therapy, 12 step approach, detox, etc.)
- Involving civil society in responses to drug related problems and services for PWUD

### Capacity needs of the police (high-ranking and street level):

- Community policing (cooperation with services for PWUD, local authorities, neighbourhoods, etc.)
- Human rights of PWUD and implications for police behaviour towards PWUD
- The role of the police in a Harm Reduction approach (discretion, support of services, etc.)
- State of the art primary prevention methods (for different age groups)

## 8. Conclusions and Recommendations

### 8.1 Conclusions

#### ***“The MMT Dilemma”*: Bring MMT to the clients – stop forcing clients to come to the MMT**

The **benefits of MMT** are that clients reduce the consumption of impure street drugs and injecting (which reduces not only the risk of an HIV and/or HCV infection, but also of abscesses and other health risks). Drug consumption in unsafe places is reduced. This also reduces the risk of DRD and other severe health risks.

And, clients should receive Methadone for free and on a regular maintenance dosage that allows them to **stabilise** gradually. All OST guidelines recommend that stabilisation (and little to no by-consumption) of clients should be achieved before take-home is given. This is not the case in Kosovo, where take-home is given frequently even to new clients and over period of up to one week. Since de facto only 4 MMT sites exist in the country so far (2 in Pristina, 1 in Gjakova, 1 in prison), MMT clients are forced to travel a lot and spend a considerably amount of money to obtain their dosage: some clients estimated about 30,- € per month; other interview partners estimate even costs up to 50,-/month. In Prizren, clients have to pay for the prescription as well as for the Methadone which they have to buy in pharmacies (about 7,- € per 10ml). Though all MMT clients receive an official “certificate” for their take-home Methadone, they are still at high risk of stigma, harassment and theft. As a matter of fact, the officially free MMT is not cost-free at all and makes it almost impossible for new MMT clients to stabilize or to work on a regular basis. It is obvious that this dilemma also has a strong influence on the MMT adherence rates.

**Take-home doses** are a pragmatic compromise while MMT is not scaled up and decentralised, and sites are not open all year round. But according to all sources, many clients find it hard to ration the take-home Methadone over the period it is provided for and often use up and/or inject large quantities of the take-home doses – which induces a high risk of overdose. If take-home doses are not sufficient, clients will buy methadone in pharmacies illegally to “substitute legal methadone with illegal methadone”.

All clients and NGO staff interviewed during this mission reported that this procedure is not at all effective and needs to be changed urgently. Doctors at the MMT site in Gjakova regional hospital strongly opted for dispensing Methadone every day all year round and give take-home only to stabilized clients after consultation with their doctor - which is in accordance with international standard and practice in most countries today. All interview partners agreed that more MMT sites need to be established across Kosovo, especially in places where many PWID live (according to the interview partners, these are Ferizaj, Mitrovica, and Peja).

Both in the public hospitals and at MoH, the **security issue** around MMT was mentioned frequently. Doctors and nurses have experienced problems with clients and at the MoH these fears lead to an obvious reluctance to invest more in MMT and other services for PWUD. In order to overcome the latent fear of security issues attached to MMT, the MeDoSys® dispensing and documentation system was briefly discussed with the Health Minister. This method works with dispensing machines which allow for Methadone to be administered safely, accurately, and fully documented through an automatic IT-based system for dosing, dispensing, monitoring, and documenting. The system also requires less medical staff, which may make it attractive for installation at NGOs. Apart from Germany and other EU countries, the system has been introduced in Bosnia and in countries outside Europe – e.g. in Nepal, India, Malaysia, and Tajikistan.

PWUD still face high **stigma and discrimination among the population**. Media reports about drug-related issues are mostly negative and only recently one TV station openly attempted to discredit the MMT programme. To date there are no advocacy measures taken – either by the government or by civil society organisations to reduce the prevailing negative attitude towards PWUD. Poor ownership among the responsible government bodies for the country’s approach to drugs certainly plays a role here. In the future, there should be a clear commitment among all relevant stakeholders for a comprehensive health-oriented and human-rights-based approach towards PWUD that is pro-actively communicated to the public and media.

## 8.2 Recommendations

The Kosovar government – especially the MoH – should act now to sustain achievements of the MMT programme so far. The GFATM extension request should be accompanied by concrete plans and budgets for keeping up and sustaining MMT. Government-lead measures should be coordinated, financed, monitored and steered in a cross-sectoral approach that includes civil society organisations as active and equal partners in the approach. GFATM should invest in capacity development measures on all levels to ensure sustainability of the MMT program within a wider rights and needs based national response to drug problems that meets state-of-the-art quality standards.

GFATM	Government
Support trainings for medical staff (doctors and nurses) on state-of-the-art OST administration	Install a drug/MMT focal point at MoH (with the necessary mandate and budget to coordinate the implementation of measures across relevant institutions, monitor and analyse data, assess needs of PWUD and other target groups, monitor performance and quality of response measures, allocate necessary financial support to implementation partners)
Conduct a rapid needs assessment and feasibility study for the expansion of services for PWID (incl. MMT)	Change licensing procedures from individual licenses for doctors to institutional departments, organisations, for more doctors and nurses / allow for more MMT sites at NGO facilities
Support advocacy/sensitisation of the public and media – about human rights aspects around drug use & national approach to drug policy (testimonials, success stories, etc.)	Amend national strategy including concrete action plan for implementation and definition of roles and responsibilities among relevant actors to prepare for transition and sustainability - until mid-2016 (before/with extension request to GFATM)
Support trainings on state-of-the-art drug abuse prevention activities – adapt to current standards	Scale-up and decentralise MMT sites in more communities – based on assessment and feasibility study
Conduct regular assessments of MMT client satisfaction to enhance adherence to MMT	Install closer cooperation between medical and social services to stabilize clients
Support trainings about standards for behaviour towards PWUD (rights based, welcoming, trustworthy and supportive) – for NGOs, medical staff, police, judiciary system, etc.	Scale-up harm reduction services (DIC, outreach, NSEP, food, shower, social support) through NGOs and Diversify therapeutic offers for PWUD (MMT, Harm Reduction, long-term, rehabilitation etc.)
Support study tours to good practice examples in OST and services for PWUD	Scale up MMT and social support for IDUs in penitentiary system (before, during, after)

## 8.3 Recommended Priorities for the Kosovar government

- Amend the national strategy including a concrete action plan, budgeting, and time-line for implementation and definition of roles and responsibilities among relevant actors to prepare for transition and sustainability - until mid-2016 (before/with extension request to GFATM)
- Revise and amend comprehensive national administrative instructions and treatment protocols based on international quality standards and practices – until mid-2016 (before/with extension request to GFATM); conduct regular monitoring activities to ensure that these guidelines and protocols are actually implemented in the MMT centres
- Issue licences for MMT to institutions (hospitals, NGOs) instead of individuals within 2016 – as basis for scaling up and decentralisation of MMT
- Install a national drug policy coordinator (with the necessary mandate and budget to coordinate the implementation of measures across relevant institutions, monitor and analyse data, assess needs of PWUD, monitor performance and quality of response measures, allocate necessary financial support to implementation partners incl. civil society organisations)
- Diversify and scale up MMT sites (NGO sites, public hospitals, penitentiary system) based on a needs assessment and feasibility study and link MMT to broader social support of clients
- Clearly define cooperation, coordination, roles, responsibilities, and referral across professions, line ministries, NGOs, private institutions, and other relevant actors (*who, what, how, when*)
- Integrate NGOs and private organisations as integral partners in implementing the national strategy and action plan (*sustainable funding of defined services*)

Without a harmonised, coordinated and diversified response, there is a high risk that PWUD will be left out of the system, developing even harsher health and social problems than they already have. However, since a comprehensive national response is still in its early stages of development and implementation, there is still a “window of opportunity” to come up with a truly comprehensive approach that stems the risk of HIV reaching key populations and meets the needs of PWUD and the wider society respectively. But this window is closing, if policy does not reflect reality and if the government continues to treat this issue as a low priority.

## 9. Kosovo Map



Source: <https://en.wikivoyage.org/wiki/Kosovo>