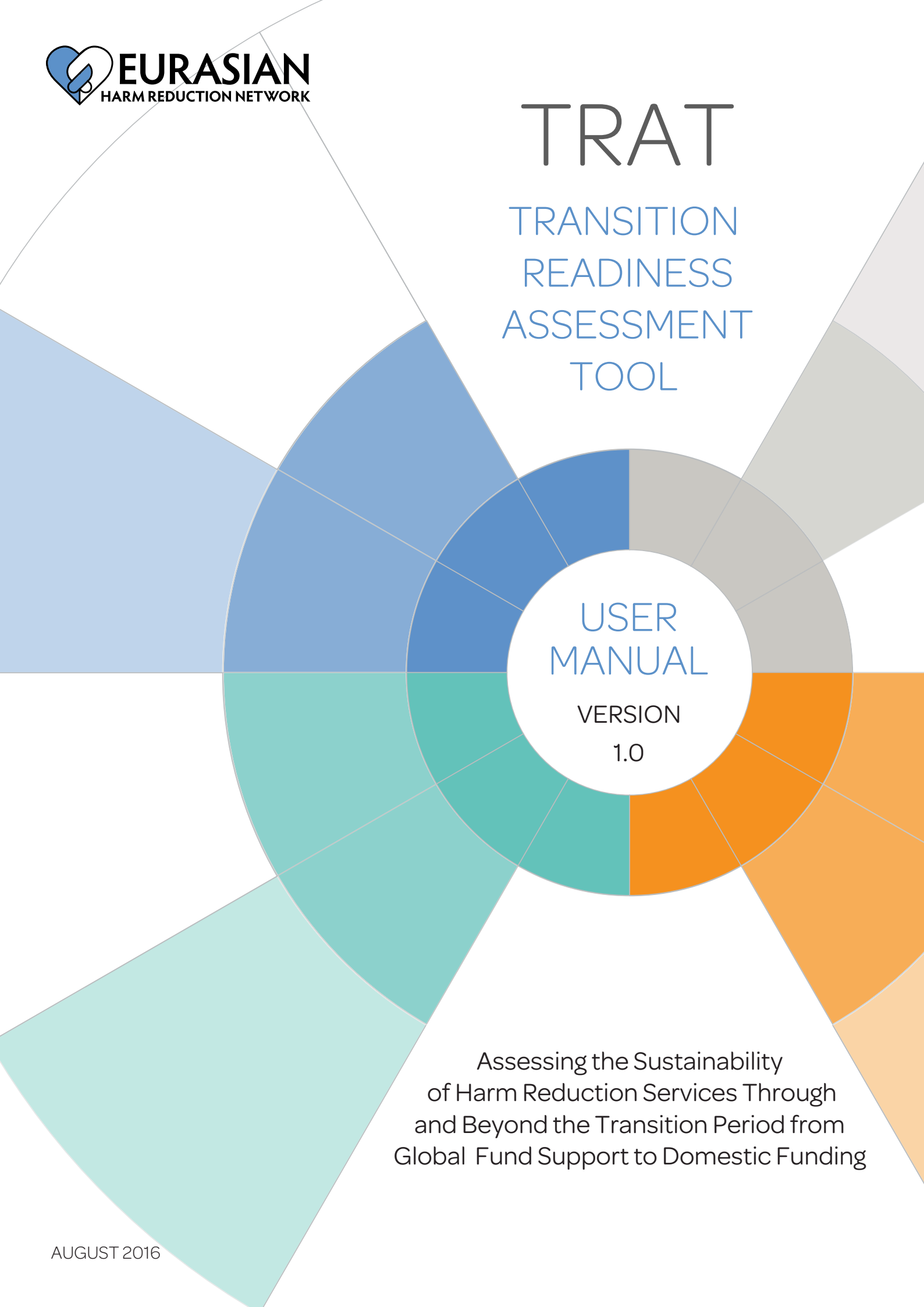
EURASIAN HARM REDUCTION NETWORK

TRAT

TRANSITION READINESS ASSESSMENT TOOL



USER MANUAL

VERSION 1.0

Assessing the Sustainability of Harm Reduction Services Through and Beyond the Transition Period from Global Fund Support to Domestic Funding

AUGUST 2016

Contents

Acronyms

ART	Antiretroviral Therapy
CCM	Country Coordinating Mechanism
EECA	Eastern Europe and Central Asia
EHRN	Eurasian Harm Reduction Network
FYR	Former Yugoslav Republic
GARPR	Global AIDS Response Progress Report
GF	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HCV	Hepatitis C Virus
KAP	Key Affected Population
MIC	Middle Income Country
MOH	Ministry of Health
NASA	National AIDS Spending Assessment
NGO	Non-Governmental Organization
NSP	Needle/Syringe [exchange] Program
OSF	Open Society Foundations
OST	Opioid Substitution Therapy
PR	Principal Recipient
PWID	People Who Inject Drugs
TB	Tuberculosis
TRAT	Transition Readiness Assessment Tool
UNAIDS	United Nations Joint Program on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
UNDP	United Nations Development Program
WHO	World Health Organization

Acknowledgements

This 'User Manual' is a publication of the Eurasian Harm Reduction Network (EHRN). EHRN is a regional network of harm reduction programs, groups of people who use drugs, and their allies from across 29 countries of Central and Eastern Europe and Central Asia who advocate for the universal human rights of people who use drugs. EHRN's mission it is to promote humane, evidence-based harm reduction approaches to drug use, with the aim of improving health and well-being, whilst protecting human rights at the individual, community, and societal levels.

The Manual was prepared by Graham Shaw with additions from Ivan Varentsov of EHRN and Danielle Parsons of APMG Health during July-August 2016.

The publication was prepared with financial support from Open Society Foundations (OSF). The views expressed in this publication do not necessarily reflect the official position of OSF as EHRN's partner.

This publication is available at: www.harm-reduction.org

Contact: Ivan Varentsov, Global Fund Advocacy Advisor, EHRN: ivan@harm-reduction.org

1. Introduction

Continuing the current low levels of prevention coverage, diagnosis, and treatment of HIV and tuberculosis (TB) services, especially amongst key affected populations (KAPs), are inadequate to effectively curb the HIV and TB epidemics. While much of the world is seeing declines in new HIV infections, Eastern Europe and Central Asia (EECA) remains the only region where new HIV infections continue to increase, reflecting the failure to implement the set of harm reduction approaches for people who inject drugs (PWID) which are recommended by the World Health Organization. PWID represent a major risk group for HIV transmission in the region. UNAIDS estimates that 57% of all new HIV infections in Eastern Europe are attributed to the sharing of injection equipment.

Over the last decade, the Global Fund to Fight AIDS, Tuberculosis and Malaria (hereafter, the Global Fund) has played a unique and indispensable role in responding to the HIV epidemic among PWID in the EECA, where national governments are still either reluctant, or show outright resistance, to investing in programs on HIV prevention among KAPs, including harm reduction programs. However, the economic growth of developing countries coupled with the slow recovery of developed (donor) countries after the recent economic crisis has changed traditional development assistance models. As a result, in recent years a clear tendency has been observed in a decrease of funding available from international and bilateral donors to middle income countries (MICs) for health-related responses, including for HIV and TB programs, and the Global Fund is no exception.

Consequently, there is a widespread concern as to how to ensure the successful transition from Global Fund support of HIV and TB responses to national funding in MICs and the sustainability of such programs, especially those targeted at KAPs. There seems to be a common understanding that when donors decide to stop supporting programs, funding should be phased out in a planned and predictable way involving all stakeholders, and ensuring that national funding is made available to sustain programs – particularly those targeting KAPs, including harm reduction interventions.

In understanding the challenges for harm reduction services transitioning in EECA countries, the Eurasian Harm Reduction Network (EHRN) structured its Global Fund-related advocacy activities in 2015-2016 around the issues of sustainability and transition planning. The development of this Transition Readiness Assessment Tool (TRAT), and its piloting through a number of case studies, is part of that approach.

You may access the Transition Readiness Assesment Tool (TRAT) in Excel format at
http://www.harm-reduction.org/library/transition-readiness-assessment-tool-trat

2. Background to the Tool

2.1 Concept Development

The concept of the Transition Readiness Assessment Tool (TRAT) came from a technical consultation co-organized by the Secretariat of the Global Fund and EHRN which was held in Istanbul, Turkey, 21-22 July 2015. This consultation involved national government agencies, donor organizations, technical support providers, UN agencies, civil society and communities to discuss transition and sustainability in EECA. Specifically, the consultation sought to shape an appropriate technical framework for the transition from the Global Fund to national funding and the sustainability of HIV ad TB programs in the region[1]. Following the consultation, the organizing team utilized the consultation outputs to develop a draft 'Framework for Transition to Sustainability' underpinned by common principles that guide a transition to government funding of HIV and TB that ensures sustainability of these programs and their capacity to continue to achieve health gains. The draft was the starting point for further consultation, verification, field-testing, and refinement that has resulted in the TRAT.

2.2 Purpose of the Transition Readiness Assessment Tool (TRAT)

The TRAT has been created to help assessors to take available information and data and to process it in a standardized manner to analyse a country's readiness for, and risks of, transition from donor funding to sustainable domestic financing. This process also helps assessors to identify key barriers that must be addressed before sustainable transition is possible. The TRAT may be applied in advance of the development of a country Transition Plan to help to structure its content as well as at the stages of implementation of the Transition Plan, and may be re-administered periodically to help analyze the ongoing process of transition, as well as to capture both its positive and negative consequences. This version of the tool focuses specifically on assessing the sustainability of harm reduction services through and beyond the transition period.

2.3 Target Audience

The primary targets of the analysis produced by the TRAT are decision-makers and other stakeholders who play a role in transition from Global Fund support to national funding in the HIV sector, particularly in the harm reduction program, in a specific country including, for example:

a) **Government:** government stakeholders and decision-makers at all levels, from local/provincial government employees, to ministerial level staff, to national representatives such as Prime Ministers, Ministers of Health, Ministers of Finance, etc.;

b) **Civil Society:** including registered civil society organizations as well as unregistered and/or informal community-based groups;

c) **Technical Partners:** including multi-lateral partners, such as UN agencies, and other non-donor international partners providing technical support; and,

d) **Donor Agencies:** including the Global Fund and other multi- or bi-lateral donor partners.

2.4 Field-testing of the TRAT

The first version of TRAT was developed by EHRN with the support of APMG Health between February and March 2016.

Between March and June 2016, several consultants were hired to use the draft version of the TRAT to develop transition readiness case studies for five countries in East and South East Europe including Albania[2], Bosnia and Herzegovina[3], the FYR Macedonia[4], Montenegro[5] and Romania[6], respectively. These countries were chosen as they were either already ineligible for Global Fund HIV grants or are due to become ineligible very soon. Therefore, they provided an opportunity to understand if the transition of harm reduction services from Global Fund support to national funding had taken place; whether it was successful; and if the sustainably of these services was achieved. Each consultant provided feedback on the practical use of each aspect of the TRAT during the development of these case studies. Based on this feedback, the TRAT was revised and adjusted in July 2016; this User Manual describes the current version of the tool.

3. Key components in the TRAT process

To conduct a thorough and comprehensive transition readiness assessment, the following steps must be undertaken:

a) The collection of quantitative and qualitative data through a **desk review** (see Chapter 4.1);

b) The collection of quantitative and qualitative information through **interviews with key informants** (see Chapter 4.2); and,

c) Use of the excel-based tool to assess and score the **benchmarks of each indicator in each thematic area** of transition (see Chapter 5).

Guidance on how to complete each of the above key steps in the TRAT process is given below. In accordance with the TRAT concept, and the transition framework which provided the theoretical basis for TRAT, the focus of all these steps should be around four thematic areas of transition, as follows:

Policy: includes a range of normative standards, from legislation down to local orders, and from strategic (e.g. National Strategic Plans) to pragmatic (e.g. legislation legalizing particular interventions or service delivery modes). Foci for the policy area include strengthening and/or enhancing rights-based and evidence-based approaches.

Governance: the strategic management and oversight of national responses that may use the Country Coordination Mechanism (CCM) as the central governance body or other relevant multi-stakeholder governance bodies, including at least government, civil society, and technical partners, institutionalized to steer the transition process, and the continuance of program planning and oversight with a focus on ensuring sustainability and institutionalization after Global Fund support ends. Governance also includes the safeguarding of the meaningful inclusion and engagement of civil society and affected communities as a top priority.

Finance: includes both the creation/adaptation of financial systems to appropriate budget for, and track expenditure on, HIV and TB programming, and also the effective allocation of adequate funding. Assuring that national strategic plans are appropriately costed, and that funds are allocated by the government based on real need and potential return on investment (e.g. impact on the epidemics) should be a top priority. Donor procurement systems that are integrated into national systems and that are assuring reasonable price controls.

Programs: includes management, service delivery at levels of coverage recommended by the World Health Organization, and monitoring functions of HIV and TB programs. The role of community and civil society in each of these elements should be considered and expanded as needed to be sure that these groups continue to be key partners in program implementation after Global Fund support ends. In addition, special attention should be given to management functions – transitioning responsibility, and building capacity – in countries where the United Nations Development Program (UNDP) or non-government entities have been Global Fund Principal Recipients (PRs).

The quality of the findings arising from the TRAT is directly related to the information available to the assessor before each component of the TRAT is undertaken. A lack of a comprehensive desk review, and/or a lack of discussions with key informants, would significantly undermine the ability of the assessor to score each benchmark accurately.

4. Collecting Data

4.1 Desk Review

As a first step, it is recommended that the assessor conduct a comprehensive desk review with due diligence of the following information before conducting key informant interviews:

a) Policy

The assessor should pay particular attention to the existence, in whole or in part, of the following:

- A fully-resourced 'Transition Plan', including harm reduction, that is proactively guiding transition at the current time;
- Legal or policy barriers to the implementation of harm reduction programs; and,
- Policy or legislation that is in place to support state and/or municipal governments to contract or grant NGOs for the delivery of harm reduction and other HIV prevention services.

Some of the documents that might be of assistance to the assessor in responding to the above key points may include, but not be limited to, the following:

- National HIV/AIDS Strategic Plan and Program, and any other strategic documents which govern harm reduction programming, e.g. HCV Strategy, Illicit Drugs Strategy, National TB Program, etc.;
- Global Fund (GF) Concept Notes from recent/active GF grants;
- Current state of, and legislation governing grants to, contracts from governmental to non-governmental organizations (NGOs), e.g. is there a mechanism for state or municipal government to fund NGOs (in any area) and specifically for harm reduction?
- Current state legislation governing illicit drug policy;
- Any critical documents from technical partners and/or civil society regarding harm reduction or HIV or TB from the last three years – reports, evaluations, policy briefs, etc. – particularly those that give insight into the status of rights-based care approaches and ongoing barriers that people who inject drugs (PWID) face in accessing care; and,
- Transition and/or sustainability plan(s) for transition from GF support to domestic funding (if one exists) – in either finalized or draft form.

b) Governance

The assessor should pay particular attention to the existence, in whole or in part, of the following:

- The existence and regular functioning of a multi-stakeholder national governance body, including at least government, civil society, and technical partners, institutionalized to steer the transition process, and to continue program planning and oversight after the end of donor funding;
- The multi-stakeholder national governance body has an oversight function to monitor implementation of the National HIV Program, and harm reduction/PWID outcomes are measured as a distinct program area; and,
- The multi-stakeholder national governance body has an oversight function to monitor expenditure against the planned budget, and harm reduction/PWID expenditure is measured as a distinct track of expenditure.

Some of the documents that might be of assistance to the assessor in responding to the above key points may include, but not be limited to, the following:

- Relevant documents related to the Country Coordinating Mechanism (CCM), as available – bylaws, reports, membership, participation in meetings, minutes of meetings held, etc.; and,
- Other multi-stakeholder national governance bodies that exist and function regularly - such as commissions, councils, etc. - including their authority, rules of governance, membership, impact to-date, etc.

It is expected that key informant interviews will be necessary to verify this information.

c) Finance

The assessor should pay particular attention to the existence, in whole or in part, of the following:

- Funds for harm reduction that are allocated according to an optimized budget scenario;
- Core harm reduction services that are funded by the government; and,
- Donor procurement systems that are integrated into national systems and that are assuring reasonable price controls.

Key details to glean are shown in Table 1, below; if adequate details are available, it is recommended that this table be reproduced and used to disaggregate funding for needle/syringe programs (NSP) versus opioid substitution therapy (OST) programs, and/or any other programming specifically targeting PWID, e.g. counselling or adherence funding as part of HIV care. It is expected that some data may not be available; Table 1, below, should be filled out with only information that is available.

Table 1. Key details to gather on budgeting for harm reduction

Budget Details (state currency)	2013	2014	2015	2016	2017	2018	Source(s)	Notes
Budget designated for harm reduction per national strategies, plans, etc.								
Actual budget realized for harm reduction								
Amount from domestic funding								
Amount from GF support								
Amount from other external/donor funding								
Calculated need for harm reduction								
Gap between need and funds available								

d) Program

The assessor should pay particular attention to the existence, in whole or in part, of the following:

- The monitoring of the provision of core harm reduction services according to defined standards;
- The availability of core harm reduction services at levels of coverage recommended by the World Health Organization; and,
- That NGOs are critical partners in the delivery of harm reduction and other HIV prevention services financed by domestic resources.

Some of the documents that might be of assistance to the assessor in responding to the above key points may include, but not be limited to, the following:

- All available statistics (UNGASS/GARPR, NASA, HiT, other national/MOH sources) that indicate the current scope of needle exchange and OST services in a country, respectively, including (but not limited to) those in Tables 2 and 3, below;
- All available statistics that indicate PWID and OST client access to other supportive health services for HIV and TB, including (but not limited to) those in Tables 4 and 5, below;
- The geographical coverage of harm reduction services, particularly NSP and OST, should be reflected within the analysis; and,

- Coverage of NSP and OST should - ideally - be equal to, or higher than, the targets from World Health Organization: NSP: 60% of all PWID; OST: 40% of all opiate users.

Table 2. Key program details to gather about PWID

Indicator	2013	2014	2015	Source	Notes
Number of government-based needle/syringe programs/exchanges					
Number of NGO-based needle/syringe programs/exchanges					
Coverage of needle/syringe programs/exchanges					
Number of unique clients served					
Number of clients receiving minimum package of services^					
Number of clients receiving expanded or comprehensive package of services*					

^ minimum package of services is defined as [the assessor should include details here for the specific country].

* an expanded or comprehensive package of services is defined as [the assessor should include details here for the specific country].

Table 3. Key program details to gather for OST

Indicator	2013	2014	2015	Source	Notes
Number of service points					
Number of clients on methadone					
Number of clients on other substitutions therapies					
Coverage of methadone or other substitution therapies					

Table 4. Key program details about HIV/AIDS and TB among PWID

Indicator	2013	2014	2015	Source	Notes
Tested for HIV (by year)					
Newly diagnosed with HIV (by year)					
On ART (cumulative)					
Living with HIV but not on ART (cumulative)					
Screened for TB (by year)					
Diagnosed with active TB (by year)					
Treated for TB (by year)					

Table 5. Key program details about HIV/AIDS and TB among OST clients

Indicator	2013	2014	2015	Source	Notes
Tested for HIV (by year)					
Newly diagnosed with HIV (by year)					
On ART (cumulative)					
Living with HIV but not on ART (cumulative)					
Screened for TB (by year)					
Diagnosed with active TB (by year)					
Treated for TB (by year)					

4.2 Guide for key informant interviews

This section has been written with the assumption that the assessor has been able to gather all key data described in Chapter 4.1, Desk Review, above. If any of these data were unavailable during the desk review stage, the assessor is advised to add questions to prompt the key informants to provide these data, or to ask for assistance from key informants in accessing the required data.

The questions provided in the appended interview guides are intended to be guidance on the minimum questions that should be asked in order to supplement your desk review and to complete the TRAT. The assessor should feel free to use additional questions to obtain relevant information based on context. For a refresher on conducting key informant interviews, the following materials can be accessed:

http://healthpolicy.ucla.edu/programs/health-data/trainings/documents/tw_cba23.pdf

Each of the interview guide sheets can be found in the annexes to this user manual as follows:

a) Government Partners: Annex 1

b) Civil Society Partners: Annex 2

c) Technical Partners: Annex 3

d) Donor Agencies: Annex 4

These same interview guide sheets are also set as tabs within the accompanying MS-Excel file, and are set to be printed and used as guides during an interview. However, it is recommended that the assessor take detailed notes elsewhere, as the MS-Excel file does not provide sufficient space.

When all interviews have been conducted and the assessor has processed his/her notes, the assessor may choose to summarize the main points of the responses to each question in Column B of the electronic version of the interview guide. The assessor may also analyze respondent data and note key findings in Column C. While this is not compulsory, it is expected that this will aid in processing the data collected to conduct the Transition Readiness Assessment.

5. Using the Transition Readiness Assessment Tool (TRAT)

5.1 The transition framework

The TRAT is based on **four thematic areas** of transition (see Chapter 5.2, below), as defined by the Global Fund Secretariat and EHRN as a result of a multi-stakeholder meeting in Istanbul, as described above. Each thematic area comprises three **indicators**. Each indicator has three **benchmarks** corresponding to the **stages of transition readiness**. The underlying assumption is that in order for a country to be prepared for a sustainable transition, it must make progress on specific **indicators** in each of the thematic areas, as shown in Figure 1, below.

Thematic Area	Indicators		
POLICY	**Indicator 1. Transition Plan:** A fully-resourced Transition Plan including harm reduction is proactively guiding transition.	**Indicator 2. Legal and Policy Environment:** There are no legal or policy barriers to the implementation of harm reduction programs.	**Indicator 3. NGO Contracting Mechanisms:** Policy or legislation is in place for state and/or municipal governments to contract or grant NGOs for the delivery of harm reduction and other HIV prevention services.
GOVERNANCE	**Indicator 4. Sustainable Governance Body:** A multi-stakeholder national governance body, including at least government, civil society, and technical partners, is institutionalized to steer the transition process and to continue program planning and oversight after the end of donor funding.	**Indicator 5. Program Oversight:** The multi-stakeholder national governance body has an oversight function to monitor implementation of the National HIV Program and harm reduction/PWID outcomes are measured as a distinct program area.	**Indicator 6. Financial Oversight:** The multi-stakeholder national governance body has an oversight function to monitor expenditure against the planned budget and harm reduction/PWID expenditure is measured as a distinct track of expenditure
FINANCE	**Indicator 7. Optimised Budget:** Funds for harm reduction are allocated according to an optimized budget scenario.	**Indicator 8. Financing for NGOs:** The multi-stakeholder national governance body.	**Indicator 9. Procurement Systems:** Donor procurement systems are integrated into national systems and assuring reasonable price controls.
PROGRAM	**Indicator 10. Standardised Monitoring:** Provision of core harm reduction services is monitored according to defined standards.	**Indicator 11. Services Coverage:** Core harm reduction services are available at levels of coverage recommended by the World Health Organization.	**Indicator 12. Partnership with NGOs:** NGOs are critical partners in the delivery of harm reduction and other HIV prevention services financed by domestic resources.

Figure 1 The TRAT matrix

It must be stressed that certain factors may be inapplicable in a particular country but less so in others, or that different key areas or even elements within each area may be in different stages of transition. Furthermore, unique country circumstances may call for other factors, not listed in the framework, to be considered and included. Consequently, the TRAT should be seen as a tool to provide a snapshot of a country's readiness; and to guide transition planning. It should not be interpreted as an attempt to confine every country to the same transition process.

5.2 Thematic Areas of Transition Readiness

The parameters for each of the four thematic area shown in Figure 1, above, are as follows:

a) Policy: A range of normative standards, from legislation down to local orders, and from strategic - e.g. National Strategic Plans - to pragmatic, e.g. legislation legalizing particular interventions or service delivery modes. A crucial and overriding aspect of policy includes the strengthening and/or enhancing of rights-based and evidence-based approaches;

b) Governance: The strategic management and oversight of national responses that may use the Country Coordination Mechanism (CCM) as the central governance body or other relevant multi-stakeholder governance bodies, including at least government, civil society, and technical partners, institutionalized to steer the transition process, and the continuance of program planning and oversight with a focus on ensuring sustainability and institutionalization after Global Fund support ends. Governance also includes the safeguarding of the meaningful inclusion and engagement of civil society and affected communities as a top priority;

c) Finance: Both the creation/adaptation of financial systems to appropriate budget for, and track expenditure on, HIV and TB programming, and also the effective allocation of adequate funding. Assuring that national strategic plans are appropriately costed, and that funds are allocated by the government based on real need and potential return on investment (e.g. impact on the epidemics) should be a top priority. Donor procurement systems that are integrated into national systems and that are assuring reasonable price controls.

d) Program: The management, service delivery functions, and monitoring to defined standards, of HIV and TB programs are included in the Program component as is the availability of core harm reduction services at levels of coverage recommended by the World Health Organization. The role of community and civil society in each of these elements should be considered and expanded as needed to be sure that these groups continue to be key partners in program implementation after Global Fund support ends. In addition, special attention should be given to management functions – transitioning responsibility, and building capacity – in countries where UNDP or non-governmental entities have been Global Fund Principal Recipients (PR).

5.3 Thematic Indicators

Each **thematic area** comprises three **indicators** outlined below with full details available in the attached annexes as referenced in the following:

5.3.1 Policy Indicators

The Indicators for Policy transition are shown in table form at Annex 5 and include:

α) The resourcing of a Transition Plan, including harm reduction, to proactively guide transition;

β) Legal or policy barriers to the implementation of harm reduction programs; and,

χ) Policy or legislation for state and/or municipal governments to contract or grant NGOs for the delivery of harm reduction and other HIV prevention services.

5.3.2 Governance Indicators

The Indicators for the transition in Governance are shown in table form at Annex 6 and includes:

α) A multi-stakeholder national governance body, including at least government, civil society, and technical partners, is institutionalized to steer the transition process, and to continue program planning and oversight after the end of donor funding;

β) An oversight function of the multi-stakeholder national governance body to monitor implementation of the National HIV Program and that harm reduction/PWID outcomes are measured as a distinct program area; and,

χ) An oversight function of the new governance body to monitor expenditure against the planned budget and that harm reduction/PWID expenditures are measured as a distinct track of expenditure.

5.3.3 Finance Indicators

The Indicators for Financial transition are shown in table form at Annex 7 and includes:

α) The allocation of funding for harm reduction according to an optimized budget scenario;

β) The funding of core harm reduction services by the government; and,

χ) The integration of donor procurement systems into national systems to assure reasonable price controls.

5.3.4 Program Indicators

The Indicators for Program transition are shown in table form at Annex 8 and includes:

α) The monitoring of core harm reduction services according to defined standards;

β) The availability of core harm reduction services at levels of coverage recommended by the World Health Organization; and,

χ) The delivery of harm reduction services and other HIV prevention services by NGOs that are financed by domestic resources.

There are references to the National HIV Strategic Plan and National HIV Program throughout the indicators, benchmarks and the corresponding reference notes. If a country has achieved a benchmark as described but it is linked to another health strategy or program, e.g. Health System Strategy, National HIV/TB Program, National Illicit Drug Program, etc., this is fine. Simply note in the 'Key Lessons' column that the country achieved this benchmark as part of an alternate track in the health or social services system.

5.4 Stages of Transition Readiness

Each **indicator** has three **benchmarks** corresponding to the **stages of transition readiness** to aid assessors in judging progress against each indicator. Each **benchmark** is assessed using one of three available '**Stages**' to indicate progress towards a successful transition and readiness for graduation from Global Fund support, as follows:

STAGE 1: A country is considered to be in a stage of 'Pre-Transition', or in early stages of transition; a country has made some progress towards preparing for a sustainable transition but significant barriers remain; an estimated minimum of 3-6 years is required for successful transition;

STAGE 2: A country is actively in the process of making positive changes but some time is still needed before systems will be prepared for a sustainable transition to domestic financing; an estimated minimum of 1-3 years is required for successful transition; and,

STAGE 3: Sustainable transition is well established and underway in a country with all core mechanisms in place to sustain programming after external donor funding ceases; successful transition is envisaged in up to one year.

Figure 2, below, provides an example of the differences between each of the three 'Stages' of transition readiness.

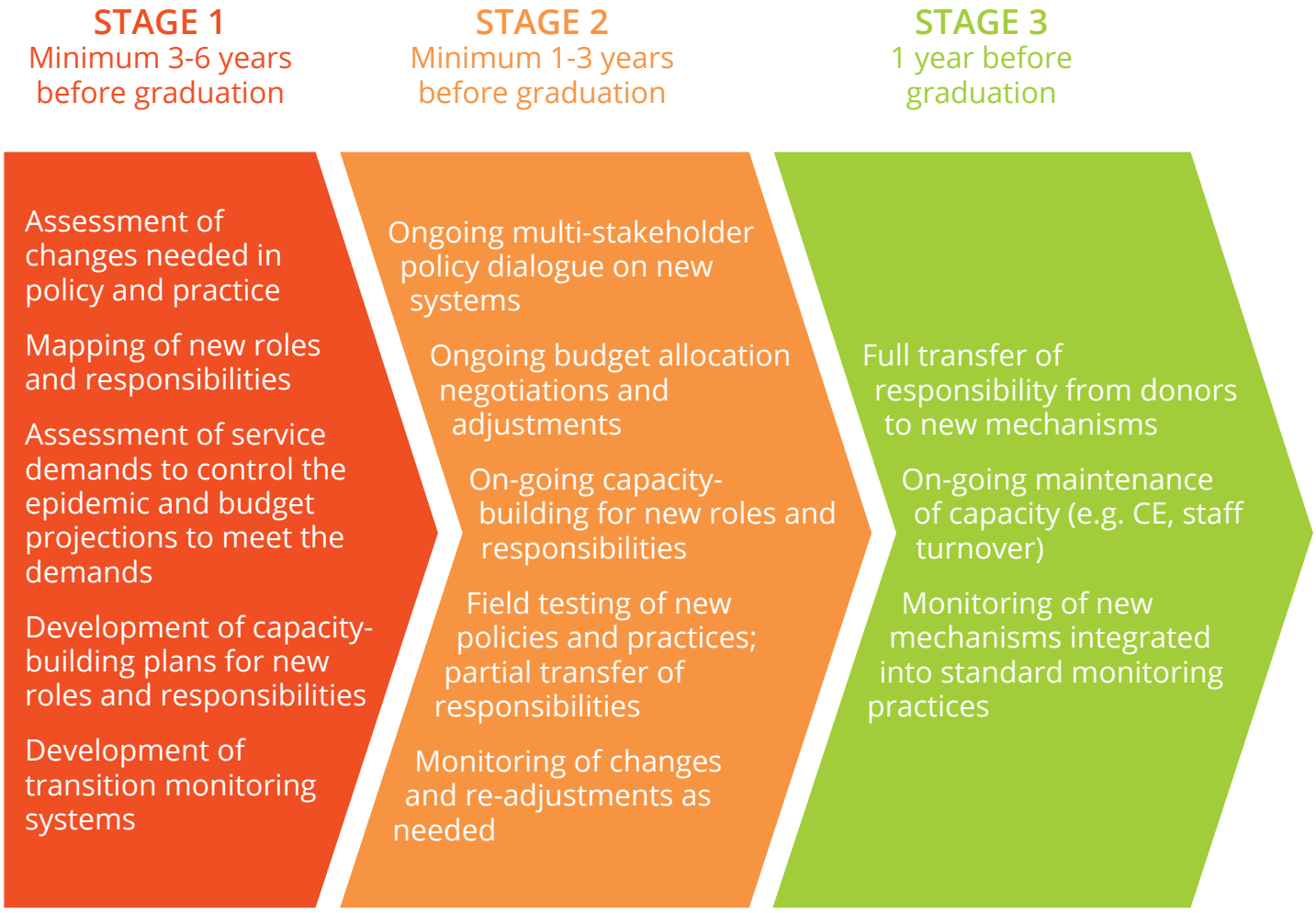


Figure 2 Examples of stages of transition readiness

It is expected that it will be uncommon that a country will have reached Stage 2 before Stage 1, or Stage 3 before Stage 2, etc. In the event that the assessor feels that this has happened in a country, s/he should mark the appropriate stages reached and make a note in the 'Key Lessons' column in the accompanying MS-Excel reporting form to explain how a more advanced stage was achieved before a more basic one.

5.5 Using Benchmarks

In order to track the benchmarks achieved through the tool, mark a '1' in the column to the left of any benchmark that has been completed, as shown by the example given in Table 6, below. For any benchmark that has not been completed, you may enter '0' or leave the tally column blank. When you do so, the quantitative score will automatically be generated in the Quantitative Score Summary tab in the MS-Excel file that accompanies this User Manual.

THEMATIC AREA 1						
	Stage 1		Stage 2		Stage 3	
Indicator 1.1	**1**	Benchmark 1.1		Benchmark 1.2		Benchmark 1.3
Indicator 1.2		Benchmark 2.1		Benchmark 2.2	**1**	Benchmark 2.3
Indicator 1.3		Benchmark 3.1	**1**	Benchmark 3.2		Benchmark 3.3

Table 6 Example use of the quantitative readiness score table

Each Benchmark is designed to be as clear as possible while allowing for the differing context of each country. Where there may be complex circumstances underlying the achievement of a benchmark, or where the assessor's judgment is particularly important, reference notes are provided in the relevant tabs of the MS-Excel file that accompanies this User Manual to aid the assessor in determining whether the benchmark has been sufficiently met. These details are found directly below each benchmark, and are displayed in italic text. In addition to defining details, there are suggestions on additional factors that the assessor may want to consider or note as they organize their data for the drafting of the case study.

5.6 Identifying Barriers and Key Lessons

As the assessor processes the information and data available, additional details will undoubtedly be found that should be captured and considered alongside the quantitative findings of this analysis. Two key categories of information that should be captured are: barriers to achieving the next stage of progress; and, key lessons learned in progress achieved so far.

Assessors must use their own discretion in determining which details are to be noted in this tool; for the purposes of a case study assignment, assessors are encouraged to keep their 'Barriers' and 'Key Lessons' points brief, and use them to outline the further details to be captured in the case study narrative. Annexes 5-8 show where the assessor can add information related to identified barriers and key lessons for each indicator.

6. Quantifying Results

The TRAT assembles a readiness profile for each country that reflects both (a) a raw quantitative readiness score, and (b) a visual depiction of readiness in each thematic area, by indicator. This allows the reader to visualize not only the overall degree of readiness but also the distribution of readiness across the thematic areas – highlighting strengths and weaknesses and pointing to major gaps that need intensified effort in order to support a well-balanced effort towards sustainable transition to domestic financing.

6.1 Numerical Presentation of Results: Quantitative Readiness Score

In order to quantify progress, each benchmark achieved under each indicator is valued at one point, leading to a maximum possible score of 36 points as shown in Figure 3, below.

Figure 3 Quantifying the transition readiness of a country

By using the MS-Excel file that accompanies this User Manual, the scores recorded for each Benchmark in each thematic area will automatically be entered and a readiness percentage will be calculated as shown in Table 7, below.

		Stage 1	Stage 2	Stage 3	Total
Policy	1	0	0	0	0
	2	0	0	0	0
	3	0	0	0	0
Governance	4	0	0	0	0
	5	0	0	0	0
	6	0	0	0	0
Finance	7	0	0	0	0
	8	0	0	0	0
	9	0	0	0	0
Program	10	0	0	0	0
	11	0	0	0	0
	12	0	0	0	0
	Total	0	0	0	0
			Readiness Percentage		0%

Table 7 Quantitative readiness score summary table

6.2 Visual Presentation of Results and the Transition Readiness Score

In addition to a quantitative readiness score, matrix data should be presented visually with the help of a designer to assist readers in understanding the relative readiness of each thematic area. Examples of the visual graphics are presented in Figures 4-6, below.

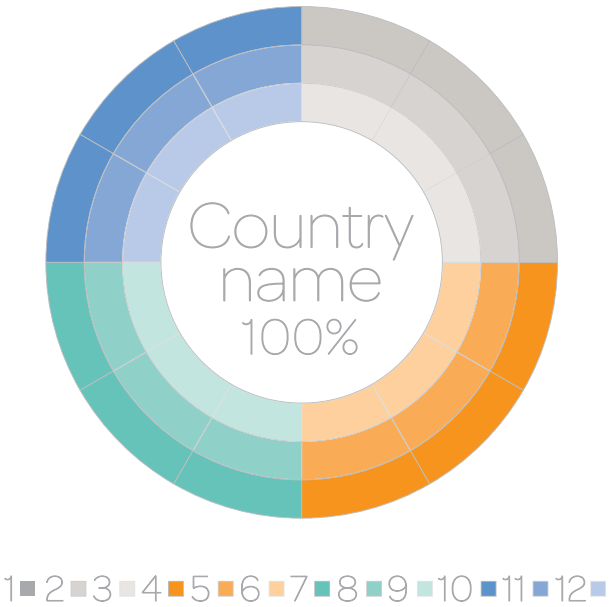


Figure 4: Visual Presentation Example 1 (left) shows the visual depiction of a country that is 100% ready for transition - all benchmarks have been achieved and are therefore shaded in the chart.

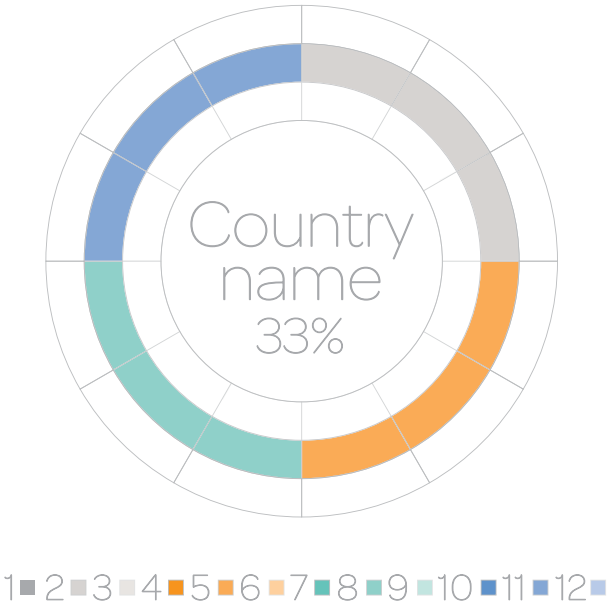


Figure 5: Visual Presentation Example 2 (left) shows the visual depiction of a country that is minimally ready - Stage I has been achieved for each Indicator, but no further benchmarks have been achieved.

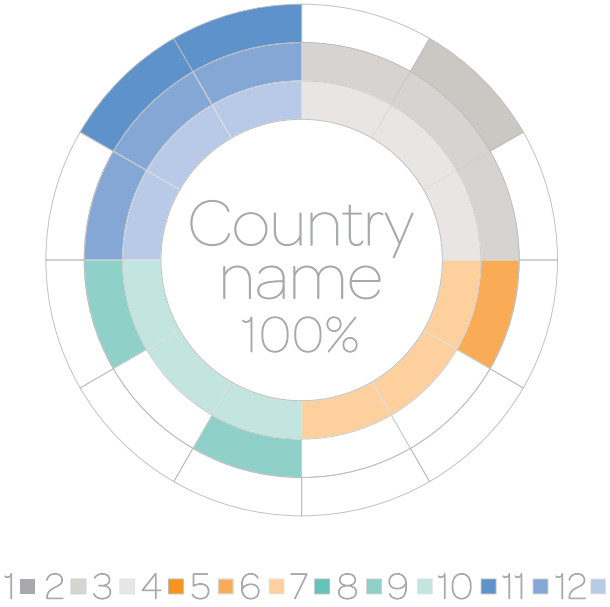


Figure 6: Visual Presentation Example 3 (left) shows a country with a readiness percentage of 69%. It is relatively well-prepared for transition in terms of policy (purple) and program (blue), but is only in the earliest stages of preparedness in terms of governance (red) and finance (green).

Annex 1. Key Informant Interview Guide for Government Partners

This interview guide has been written with the assumption that assessors have been able to gather all key data described in the Desk Review Recommendations tab. If any of these data were unavailable during the desk review stage, the assessor is advised to add questions to prompt the key informants to provide these data, or to ask for assistance from key informants in accessing the required data.

The questions below are intended to be guidance on the minimum questions that should be asked. The assessor should feel free to use additional questions to obtain relevant information, based on context.

At the start of the interview, the Assessor should say:

- " Thank you for taking the time to meet with me today. I'm conducting an assessment on behalf of [the name of the organization]. This assessment is being conducted here in [country] within the frame of the [name of the project\initiative]. I am trying to assess the readiness of the country to transition from reliance on Global Fund support to sustainable domestic financing for the HIV response, and particularly for harm reduction. It's very important for me to get a range of perspectives on [country]'s current situation, and I appreciate you speaking to me today as a representative of the government sector."
- " I will be using the information you provide today, along with information that I collect from other key informant interviews and from a desk review, to conduct an analysis using a Transition Readiness Assessment Tool. Ultimately, I will use these findings to develop a case study of [country]'s current transition readiness, which can inform the Global Fund and others as they make decisions about the future of funding. This case study is expected to be published by [date], and I will be happy to share it with you at that time. Before we start, are there any questions you have for me?"
- "I'm going to start by asking you some questions about the process of transition from donor funding to sustainable domestic funding for HIV prevention programming. We are trying to understand the process in order to understand the most effective way to plan and undertake a transition."

Questions	Response (Summary Points)	Key Findings
1. Who do you see as leading the transition process, and who else is involved? **Prompt:** If the respondent does not mention government, civil society, and technical partner stakeholders, you may ask, "What about ____? How are they involved?"		
2. If there is an official transition plan: Please describe the process used for developing the transition plan. If there is not a transition plan: Please discuss how transition activities are being organized, and whether there are intentions to create an official plan.		

Questions	Response (Summary Points)	Key Findings
3. Please tell me about: a) Any need projection or costing activities that have been done as part of the transition planning process; b) Have any of these activities specifically included harm reduction as a program/element?		
4. Who is currently monitoring the transition process? **Prompt:** If the respondent does not mention government, civil society, and technical partner involvement, you may ask, "What about ____? How are they involved?"		
5. Taking into account all we've just discussed: a) Which stakeholders are contributing the most to the transition process? b) Is there a problematic imbalance at all, e.g. is there any group that should be more involved than it currently is? Please describe.		
6. What do you think have been the strengths and weaknesses of the process used to develop the transition plan and/or organize transition activities?		
7. What do you see as the major challenges to transition, on the whole?		

At this point, the Assessor should say:

- "Now I'm going to ask you some questions about sustainability, more generally. We want to know these things so that we can understand what factors need to be addressed, and how, in order to assure sustainability. We'll start by talking about policies and then move to discussions on practice."

Questions	Response (Summary Points)	Key Findings
8. What do you think are the major legal and policy barriers that may threaten the sustainability of HIV programming, and especially harm reduction programming?		

Questions	Response (Summary Points)	Key Findings
9. What do you think are the major challenges for maintaining NGO involvement after donor funding ends? **Prompt:** If respondent does not offer this on his/her own, you may ask: "Will NGOs be able to receive [increased] government funding?"		
10. Have there been discussions or decisions made about what will happen to the CCM after the end of GF support? Note: If there are already clearly endorsed plans for CCM transition, you can skip this question. If GF has already left, please adjust this question to the context to obtain information needed about whether the CCM is - or could be - a sustainable governance body.		
11. How are procurements of commodities in the national HIV program currently managed? Do you anticipate that being affected by Global Fund's exit? If yes, how so?		
12. How is the HIV program currently monitored? Do you anticipate that being affected by Global Fund's exit? If yes, how so?		
13. How is expenditure in the national HIV program currently monitored? Do you anticipate that being affected by Global Fund's exit? If yes, how so?		

The Assessor should now say:

- "I'm going to ask a few final questions specifically about harm reduction programming. We want to know these things in order to understand the specific challenges and barriers to harm reduction in surviving the transition from donor to domestic funding."

Questions	Response (Summary Points)	Key Findings
14. Are there currently any service delivery standards for needle/syringe programs? How about opioid substitution programs? If the answer is '**yes**': Please describe the process by which these standards were developed, and how they are updated when needed. If the answer is '**no**': Have there been discussions about the development of service delivery standards for these programs?		
15. Coverage for needle/syringe programs and opioid substitution therapy are currently [well] below the standards recommended by the World Health Organization. What do you think are the major changes that need to be made in order to reach 60% coverage of all PWID with needle/syringe programs, and 40% of all opiate users with opioid substitution therapy?		
16. Is there anything else you'd like to comment on, or that you think should be considered as we assess how ready [country] is to transition from donor financing to sustainable domestic financing?		

Annex 2. Key Informant Interview Guide for Civil Society Partners

This interview guide has been written with the assumption that assessors have been able to gather all key data described in the Desk Review Recommendations tab. If any of these data were unavailable during the desk review stage, the assessor is advised to add questions to prompt the key informants to provide these data, or to ask for assistance from key informants in accessing the required data.

The questions below are intended to be guidance on the minimum questions that should be asked. The assessor should feel free to use additional questions to obtain relevant information, based on context.

At the start of the interview, the Assessor should say:

- "Thank you for taking the time to meet with me today. I'm conducting an assessment on behalf of [enter here the name of the organization]. This assessment is being conducted here in [country] within the frame of the [name of the project\initiative]. I am trying to assess the readiness of the country to transition from reliance on Global Fund support to sustainable domestic financing for the HIV response, and particularly for harm reduction. It's very important for me to get a range of perspectives on [country]'s current situation, and I appreciate you speaking to me today as a representative of the civil society sector."

- "I will be using the information you provide today, along with information that I collect from other key informant interviews and from a desk review, to conduct an analysis using a Transition Readiness Assessment Tool. Ultimately, I will use these findings to develop a case study of [country]'s current transition readiness, which can inform the Global Fund and others as they make decisions about the future of funding. This case study is expected to be published in [insert month and year], and I will be happy to share it with you at that time. Before we start, are there any questions you have for me?"

- "I'm going to start by asking you some questions about the process of transition from donor funding to sustainable domestic funding for HIV prevention programming. We are trying to understand the process in order to understand the most effective way to plan and undertake a transition."

Questions	Response (Summary Points)	Key Findings
1. Who do you see as leading the transition process, and what has been the role of civil society in the process?		
2. If there is an official transition plan: Please describe the process used for developing the transition plan, from the perspective of civil society. If there is **not** a transition plan: Please discuss how transition activities are being organized, whether there are intentions to create an official plan, and civil society's role in this.		

Questions	Response (Summary Points)	Key Findings
3. Please tell me about: a) Any need projection or costing activities that have been done as part of the transition planning process; b) How has civil society been engaged in these activities? and, c) Have any of these activities specifically included harm reduction as a program/element?		
4. Who is currently monitoring the transition process? What has been the role of civil society in this monitoring? **Prompt:** If the respondent does not mention government, civil society, and technical partner involvement, you may ask, "What about ____? How are they involved?"		
5. Taking into account all we've just discussed: a) Which stakeholders are contributing the most to the transition process? b) Is there a problematic imbalance at all, e.g. is there any group that should be more involved than it currently is? Please describe.		
6. What do you think have been the strengths and weaknesses of the process used to develop the transition plan and/or organize transition activities?		
7. What do you see as the major challenges to transition, on the whole?		

At this point, the Assessor should say:

- "Now I'm going to ask you some questions about sustainability, more generally. We want to know these things so that we can understand what factors need to be addressed, and how, in order to assure sustainability. We'll start by talking about policies and then move to discussions on practice."

Questions	Response (Summary Points)	Key Findings
8. What do you think are the major legal and policy barriers that may threaten the sustainability of HIV programming, and especially harm reduction programming?		
9. What concerns do you have about civil society's engagement after Global Fund exits?		
10. How do you anticipate civil society will participate in governance of the national HIV program after Global Fund exits? Prompt: If the respondent needs clarification, you may say: "For example, under Global Fund, there had to be spots on the CCM filled by civil society. After Global Fund leaves, do you think there will be similar roles for civil society to be involved in decision-making at the national level?"		
11. Do you have any concerns or questions about how harm reduction commodities (needles, syringes, other safe injecting equipment) will be provided after Global Fund exits? If yes, please describe.		
12. Right now, does civil society have a role in the formal monitoring of the HIV program? And how do you think that may change after Global Fund exits?		
13. Right now, does civil society have a role in the monitoring of any government expenditure within the HIV program? And how do you think that may change after Global Fund exits?		

The Assessor should now say:

- "I'm going to ask a few final questions specifically about harm reduction programming. We want to know these things in order to understand the specific challenges and barriers to harm reduction in surviving the transition from donor to domestic funding."

Questions	Response (Summary Points)	Key Findings
14. Are there currently any service delivery standards for needle/syringe programs? How about opioid substitution programs? If the answer is '**yes**': How was civil society involved in developing these standards? If the answer is '**no**': Have there been discussions about development of service delivery standards for these programs? If so, what would civil society's role be?		
15. Coverage for needle/syringe programs and opioid substitution therapy are currently [well] below the standards recommended by the World Health Organization. What do you think are the major changes that need to be made in order to reach 60% coverage of all PWID with needle/syringe programs, and 40% of all opiate users with opioid substitution therapy?		
16. Is there anything else you'd like to comment on, or that you think should be considered as we assess how ready [country] is to transition from donor financing to sustainable domestic financing?		

Annex 3. Key Informant Interview Guide for Technical Partners

This interview guide has been written with the assumption that assessors have been able to gather all key data described in the Desk Review Recommendations tab. If any of these data were unavailable during the desk review stage, the assessor is advised to add questions to prompt the key informants to provide these data, or to ask for assistance from key informants in accessing the required data.

The questions below are intended to be guidance on the minimum questions that should be asked. The assessor should feel free to use additional questions to obtain relevant information, based on context.

At the start of the interview, the Assessor should say:

- " Thank you for taking the time to meet with me today. I'm conducting an assessment on behalf of [the name of the organization]. This assessment is being conducted here in [country] within the frame of the [name of the project\initiative]. I am trying to assess the readiness of the country to transition from reliance on Global Fund support to sustainable domestic financing for the HIV response, and particularly for harm reduction. It's very important for me to get a range of perspectives on [country]'s current situation, and I appreciate you speaking to me as a technical partner representative."

- " I will be using the information you provide today, along with information that I collect from other key informant interviews and from a desk review, to conduct an analysis using a Transition Readiness Assessment Tool. Ultimately, I will use these findings to develop a case study of [country]'s current transition readiness, which can inform the Global Fund and others as they make decisions about the future of funding. This case study is expected to be published by [date], and I will be happy to share it with you at that time. Before we start, are there any questions you have for me?"

- "I'm going to start by asking you some questions about the process of transition from donor funding to sustainable domestic funding for HIV prevention programming. We are trying to understand the process in order to understand the most effective way to plan and undertake a transition."

Questions	Response (Summary Points)	Key Findings
1. Who do you see as leading the transition process, and what has been the role of civil society in the process?		
2. If there is an official transition plan: Please describe the process used for developing the transition plan, from the perspective of civil society. If there is **not** a transition plan: Please discuss how transition activities are being organized, whether there are intentions to create an official plan, and civil society's role in this.		

Questions	Response (Summary Points)	Key Findings
3. Please tell me about: a) Any need projection or costing activities that have been done as part of the transition planning process. Has your [technical partner agency] or any other technical partners been involved? b) Have any of these activities specifically included harm reduction as a program/element?		
4. Who is currently monitoring the transition process? What is the role of technical partners in this monitoring? **Prompt:** If the respondent does not mention government, civil society, and technical partner involvement, you may ask, "What about ____? How are they involved?"		
5. Taking into account all we've just discussed: a) Which stakeholders are contributing the most to the transition process? b) Is there a problematic imbalance at all, e.g. is there any group that should be more involved than it currently is? Please describe.		
6. What do you think have been the strengths and weaknesses of the process used to develop the transition plan and/or organize transition activities?		
7. What do you see as the major challenges to transition, on the whole?		

At this point, the Assessor should say:

- "Now I'm going to ask you some questions about sustainability, more generally. We want to know these things so that we can understand what factors need to be addressed, and how, in order to assure sustainability. We'll start by talking about policies and then move to discussions on practice."

Questions	Response (Summary Points)	Key Findings
8. What do you think are the major legal and policy barriers that may threaten the sustainability of HIV programming, and especially harm reduction programming?		
9. What do you think are the major challenges for maintaining NGO involvement after donor funding ends? **Prompt:** If respondent does not offer this on his/her own, you may ask: "Will NGOs be able to receive [increased] government funding?"		
10. Have there been discussions or decisions made about what will happen to the CCM after the end of GF support? What will be the role of [technical partner agency] and other technical partners? Note: If there are already clearly endorsed plans for CCM transition, you can skip this question. If GF has already left, please adjust this question to the context to obtain information needed about whether the CCM is - or could be - a sustainable governance body.		
11. What are your opinions on current government-led procurement efforts in the HIV program, and do you see any risks or challenges for the governments' expanded role in procurement after Global Fund exits?		
12. What are your opinions on how the national HIV program is currently monitored, and do you see any additional risks or challenges for this after the Global Fund exits?		
13. What are your opinions on the current procedures for monitoring HIV program expenditures, and do you see any additional risks or challenges for this after the Global Fund exits?		

The Assessor should now say:

- "I'm going to ask a few final questions specifically about harm reduction programming. We want to know these things in order to understand the specific challenges and barriers to harm reduction in surviving the transition from donor to domestic funding."

Questions	Response (Summary Points)	Key Findings
14. Are there currently any service delivery standards for needle/syringe programs? How about opioid substitution programs? If the answer is '**yes**': How have technical partners been involved in developing those standards? If the answer is '**no**': Have there been discussions about development of service delivery standards for these programs?		
15. Coverage for needle/syringe programs and opioid substitution therapy are currently [well] below the standards recommended by the World Health Organization. What do you think are the major changes that need to be made in order to reach 60% coverage of all PWID with needle/syringe programs, and 40% of all opiate users with opioid substitution therapy?		
16. Is there anything else you'd like to comment on, or that you think should be considered as we assess how ready [country] is to transition from donor financing to sustainable domestic financing?		

Annex 4. Key Informant Interview Guide for Donor Agencies

This interview guide has been written with the assumption that assessors have been able to gather all key data described in the Desk Review Recommendations tab. If any of these data were unavailable during the desk review stage, the assessor is advised to add questions to prompt the key informants to provide these data, or to ask for assistance from key informants in accessing the required data.

The questions below are intended to be guidance on the minimum questions that should be asked. The assessor should feel free to use additional questions to obtain relevant information, based on context.

At the start of the interview, the Assessor should say:

- " Thank you for taking the time to meet with me today. I'm conducting an assessment on behalf of [the name of the organization]. This assessment is being conducted here in [country] within the frame of the [name of the project\initiative]. I am trying to assess the readiness of the country to transition from reliance on Global Fund support to sustainable domestic financing for the HIV response, and particularly for harm reduction. It's very important for me to get a range of perspectives on [country]'s current situation, and I appreciate you speaking to me today as a representative of the donor sector."
- " I will be using the information you provide today, along with information that I collect from other key informant interviews and from a desk review, to conduct an analysis using a Transition Readiness Assessment Tool. Ultimately, I will use these findings to develop a case study of [country]'s current transition readiness, which can inform the Global Fund and others as they make decisions about the future of funding. This case study is expected to be published by [date], and I will be happy to share it with you at that time. Before we start, are there any questions you have for me?"
- "I'm going to start by asking you some questions about the process of transition from donor funding to sustainable domestic funding for HIV prevention programming. We are trying to understand the process in order to understand the most effective way to plan and undertake a transition."

Questions	Response (Summary Points)	Key Findings
1. Who do you see as leading the transition process, and what has been the role of [donor agency] in this process?		
2. If there is an official transition plan: Please describe the process used for developing the transition plan. If there is **not** a transition plan: Please discuss how transition activities are being organized, and whether there are intentions to create an official plan.		

Questions	Response (Summary Points)	Key Findings
3. Please tell me about: a) Any need projection or costing activities that have been done as part of the transition planning process; b) How has [donor agency] been involved in that process? and, c) Have any of these activities specifically included harm reduction as a program/element?		
4. Who is currently monitoring the transition process? Is there a role for [donor agency] in this process? **Prompt:** If the respondent does not mention government, civil society, and technical partner involvement, you may ask, "What about ____? How are they involved?"		
5. Taking into account all we've just discussed: a) Which stakeholders are contributing the most to the transition process? b) Is there a problematic imbalance at all, e.g. is there any group that should be more involved than it currently is? Please describe.		
6. What do you think have been the strengths and weaknesses of the process used to develop the transition plan and/or organize transition activities?		
7. What do you see as the major challenges to transition, on the whole?		

At this point, the Assessor should say:

- "Now I'm going to ask you some questions about sustainability, more generally. We want to know these things so that we can understand what factors need to be addressed, and how, in order to assure sustainability. We'll start by talking about policies and then move to discussions on practice."

Questions	Response (Summary Points)	Key Findings
8. What do you think are the major legal and policy barriers that may threaten the sustainability of HIV programming, and especially harm reduction programming?		
9. What do you think are the major challenges for maintaining NGO involvement after donor funding ends? **Prompt:** If respondent does not offer this on his/her own, you may ask: "Will NGOs be able to receive [increased] government funding?"		
10. Have there been discussions or decisions made about what will happen to the CCM after the end of GF support? Note: If there are already clearly endorsed plans for CCM transition, you can skip this question. If GF has already left, please adjust this question to the context to obtain information needed about whether the CCM is - or could be - a sustainable governance body.		
11. What are your opinions on current government-led procurement efforts in the HIV program, and do you see any risks or challenges for the governments' expanded role in procurement after Global Fund exits?		
12. What are your opinions on how the national HIV program is currently monitored, and do you see any additional risks or challenges for this after the Global Fund exits?		
13. What are your opinions on the current procedures for monitoring HIV program expenditures, and do you see any additional risks or challenges for this after the Global Fund exits?		

The Assessor should now say:

- "I'm going to ask a few final questions specifically about harm reduction programming. We want to know these things in order to understand the specific challenges and barriers to harm reduction in surviving the transition from donor to domestic funding."

Questions	Response (Summary Points)	Key Findings
14. Are there currently any service delivery standards for needle/syringe programs? How about opioid substitution programs? If the answer is '**yes**': How has [donor agency] been involved in developing those standards? If the answer is '**no**': Have there been discussions about development of service delivery standards for these programs?		
15. Coverage for needle/syringe programs and opioid substitution therapy are currently [well] below the standards recommended by the World Health Organization. What do you think are the major changes that need to be made in order to reach 60% coverage of all PWID with needle/syringe programs, and 40% of all opiate users with opioid substitution therapy?		
16. Is there anything else you'd like to comment on, or that you think should be considered as we assess how ready [country] is to transition from donor financing to sustainable domestic financing?		

Annex 5. Policy Indicators and Benchmarks

POLICY				
	Stage 1	**Stage 2**	**Stage 3**	**Barriers**	**Key Lessons**
Indicator 1: A fully-resourced Transition Plan including harm reduction is proactively guiding transition.	**Benchmark 1.1: A costed transition plan has been developed via a multi-stakeholder consultative process & has been endorsed & appropriately resourced by the government & major donors.**	**Benchmark 1.2: Transition of harm reduction programs is underway (according to transition plan, or not), with appropriate budgetary support, and is monitored by a range of stakeholders.**	**Benchmark 1.3. Harm reduction programming is fully and sustainably transitioned into the National HIV Program or other relevant national health program.**		
	At a minimum, government endorsements should include Ministry of Health, but assessors might also inquire about Ministry of Finance, Ministry of Social Services, civil society representatives, & others. Major donors should include at least the Global Fund, but may also include others based on local context.	*Assessors should use and justify their judgment to determine whether a sufficient amount of time has elapsed since adoption of the transition plan to consider this indicator fulfilled; this will depend on the length of the envisioned transition period.*	*This should include at least needle/ syringe exchange (NSP) and opioid substitution therapy (OST). These should be fully costed and budgeted as part of the national program, and protected in regulations like any other health service.*		
	If this benchmark has not been fully met, but later benchmarks (Stage II or III) have been, this should be clearly noted in the Key Lessons. It is critical for international learning to understand how some countries may achieve successful transition without a plan like the one outlined above.	*The range of stakeholders considered should include at least government, civil society, & technical partners - this may overlap with the governance body referenced in the Governance section, but does not preclude independent monitoring by civil society groups or others. It is valuable to the transition learning process to note whether transition progress is in line with any envisioned transition plan.*	*For case study purposes, note whether any aspects of these services are partially integrated, e.g. listed in the Program but not budgeted, or without appropriate regulations.*		

POLICY							
	Stage 1		Stage 2		Stage 3	Barriers	Key Lessons
Indicator 2: There are no legal or policy barriers to the implementation of harm reduction programs.	**Benchmark 2.1: Legal and policy barriers to implementation of harm reduction programs have been documented by one or more stakeholders, but no changes to legislation or policy have been made.**		**Benchmark 2.2: Actions have been taken to amend problematic legislation and policies, but some barriers still exist.**		**Benchmark 2.3: Implementation of core harm reduction services of needle/syringe exchange (NSP) and opioid substitution therapy (OST) is fully allowed, in both policy and practice.**		
	Documentation may have been in the form of reports, assessments, or policy briefs. Documentation (or an update to documentation) should have occurred within the last 3 years.		*For case study purposes, you may note specific policies and legislation that have been changed, or are in the process of being changed. Note which government partners have been supportive, and which have not.*		*Consider recent policy or legislative changes (if any) that have allowed this benchmark to be met.*		
	For case study purposes, you may wish to note sources of documentation, year(s) and where it can be accessed. List specific policies and legislation currently impeding the provision of harm reduction services. Note whether there is any specific government endorsement, concordance or discordance with stated legal change priorities.				*For case study purposes, you may need to rely on key informants to judge whether service provision is 'fully allowed in practice.' If any minimal barriers still exist, note them.*		

POLICY					
	Stage 1	**Stage 2**	**Stage 3**	**Barriers**	**Key Lessons**
Indicator 3: Policy or legislation is in place to state and/or municipal governments to contract or grant NGOs for the delivery of harm reduction and other HIV prevention services.	**Benchmark 3.1. There is policy or legislation that supports a mechanism for the government to fund NGOs (grant or contract) for some activities, but it does not currently include provision of harm reduction services.**	**Benchmark 3.2: There is progress towards creating a policy or legislation that supports a mechanism for the government to fund NGOs (grant or contract) to provide harm reduction services, but it is not yet functional.**	**Benchmark 3.3: Procedures to tender and award grants or contracts to NGOs for harm reduction and HIV prevention service delivery are in place and functioning.**		
	This may be policy or legislation, based on local context. This should set precedent for government funding of NGOs; the policy or legislation need not specify that harm reduction or health services are allowed to be provided in order to fulfil this benchmark.	*Assessors should use and justify their judgment as to whether sufficient progress has been made to achieve this benchmark; it is recommended that at least a draft policy or law has been developed.*	*The easiest assessment of this benchmark will be verifying whether any tender or award has been issued for a NGO providing harm reduction services. If no tender or award has been released, but the assessor feels there is cause to award this benchmark, e.g. systems are in place but funding has not yet been allocated, please note details.*		
	For case study purposes, you may wish to note whether this mechanism is supported by a policy or by legislation. Note whether it is grant-(funds are received in advance of services delivered; fund amount is not dependent on service delivery results) or contract-based (funds are reimbursed after services are delivered; fund amount may be dependent on service delivery results, e.g. number of clients reached).	*For case study purposes, you may wish to note the progress achieved relative to the process required to pass this policy or legislation, as well as a projected timeline and any foreseen obstacles to its passage.*	*For case study purposes, you may wish to note how many tenders or awards have been made, and for what amount (total amount is sufficient). If tenders or awards are imminent but waiting on budget allocation, specify details.*		

Annex 6. Governance Indicators and Benchmarks

GOVERNANCE								
	Stage 1		Stage 2		Stage 3		Barriers	Key Lessons
Indicator 4: A multi-stakeholder national governance body, including at least government, civil society, and technical partners, is institutionalized to steer the transition process, and to continue program planning and oversight after the end of donor funding.		**Benchmark 4.1: Actions have been taken to plan the integration of the CCM's coordination and programmatic planning functions into a sustainable, multi-sectoral national governance body.**		**Benchmark 4.2: Integration of the CCM's coordination and programmatic planning functions into a sustainable, multi-sectoral national governance body is underway, but some elements have still not been transferred or are not yet functional.**		**Benchmark 4.3: All of the CCM's coordination and programmatic planning functions have been fully integrated into a sustainable, multi-sectoral national governance body.**		
		Actions may include the development of a formal, government-endorsed plan, the formation of a working group, etc. Assessors should note specifically which actions have been taken in order to meet this benchmark.		*Assessors should note which aspects of integration have been successful so far, and which remain to be completed.*		*Assessor should use his/her judgment on fulfilment of this benchmark, based on evidence of the body's function during a programmatic planning process, and/or based on key informant reports of how the governance body is functioning.*		
		Note that this national governance body must have decision-making power, just as CCMs have decision-making power over GF grants. Advisory power is insufficient.						

GOVERNANCE					
	Stage 1	**Stage 2**	**Stage 3**	**Barriers**	**Key Lessons**
Indicator 5: The multi-stakeholder national governance body has an oversight function to monitor implementation of the National HIV Program, and harm reduction/PWID outcomes are measured as a distinct program area.	**Benchmark 5.1: Actions have been taken to plan the integration of the CCM's programmatic monitoring and oversight functions into a sustainable, multi-sectoral national governance body.** *Actions may include the development of a formal, government-endorsed plan, the formation of a working group, etc. Assessors should note specifically which actions have been taken in order to meet this benchmark.* *Note that this national governance body or its committees or subcommittees must have full authority to conduct oversight and advise on programmatic planning.*	**Benchmark 5.2: Integration of the CCM's programmatic monitoring and oversight functions into a sustainable, multi-sectoral national governance body is underway, but some elements have still not been transferred or are not yet functional.** *Assessors should note which aspects of integration have been successful so far, and which remain to be completed.*	**Benchmark 5.3: All of the CCM's programmatic monitoring and oversight functions have been fully integrated into a sustainable, multi-sectoral national governance body, and data is used for program planning.** *Assessor should use his/her judgment on fulfilment of this benchmark, based on evidence of the body's function during a programmatic implementation period, evidence that data has been used to plan or improve further programming, and/or based on key informant reports of how the governance body is functioning.*		

GOVERNANCE					
	Stage 1	**Stage 2**	**Stage 3**	**Barriers**	**Key Lessons**
Indicator 6: The multi-stakeholder national governance body has an oversight function to monitor expenditure against the planned budget, and harm reduction/PWID expenditure is measured as a distinct track of expenditure.	**Benchmark 6.1: Actions have been taken to plan the integration of the CCM's financial oversight planning functions into a sustainable, multi-sectoral national governance body.** *Actions may include the development of a formal, government-endorsed plan, the formation of a working group, etc. Assessors should note specifically which actions have been taken in order to meet this benchmark.* *Note that this national governance body or its committees or subcommittees must have full authority to conduct oversight and advise on programmatic planning.*	**Benchmark 6.2: Integration of the CCM's financial oversight functions into a sustainable, multi-sectoral national governance body is underway, but some elements have still not been transferred or are not yet functional.** *Assessors should note which aspects of integration have been successful so far, and which remain to be completed.*	**Benchmark 6.3: All of the CCM's financial oversight functions have been fully integrated into a sustainable, multi-sectoral national governance body, and data is used for program planning.** *Assessor should use his/her judgment on fulfilment of this benchmark, based on evidence of the body's function during a programmatic spending period, evidence that data has been used to plan or improve further programming, and/or based on key informant reports of how the governance body is functioning.*		

Annex 7. Finance Indicators and Benchmarks

FINANCE								
	Stage 1		Stage 2		Stage 3		Barriers	Key Lessons
Indicator 7: Funds for harm reduction are allocated according to an optimized budget scenario.		**Benchmark 7.1: A budgetary gap analysis has been done to identify any gaps in funding that would be needed to reach WHO-recommended coverage levels.**		**Benchmark 7.2: A budget optimization exercise has been conducted to guide the efficient allocation of funds to reach WHO-recommended coverage levels.**		**Benchmark 7.3: Budget optimization has been undertaken so that national program budgets mirror optimized budget scenarios and are fully funded and allocated.**		
		The format of these exercises may vary by local context, but there should be formal documentation of this need projection and costing processes.		*This exercise should consider the maximum achievable impact with budgeted funds, and recommend appropriate allocations to programming. This exercise may include, but is not limited to, the development of an investment case using UNAIDS tools and guidance.*		*The assessor should use his/her judgment as to whether actual budget allocations sufficiently reflect the recommendations for an optimized budget. For the purpose of this assessment, special attention is warranted for the harm reduction portion of the budget.*		
						Note any deviance from the recommended optimized budget, including overall budget amount and differences in proportional allocations.		
Indicator 8: Core harm reduction services are funded by the government.		**Benchmark 8.1: Either needles and syringes for harm reduction OR opioid substitution therapy medications (not both) are included in the domestic budget.**		**Benchmark 8.2: Both needles and syringes for harm reduction AND opioid substitution therapy medications are included in the domestic budget.**		**Benchmark 8.3: Both needles and syringes for harm reduction AND opioid substitution therapy medications are funded sufficiently to meet at least the WHO-recommended coverage levels.**		
		This benchmark may be fulfilled simply by there being a line item for inclusion for either element of harm reduction programming.		*This benchmark may be fulfilled simply by there being a line item for inclusion for each elements of harm reduction programming.*		*Assessors should also note whether these levels are equivalent to full demand, as defined in costing and/or budget optimization exercises, as described in Indicator 7, above.*		

FINANCE					
	Stage 1	**Stage 2**	**Stage 3**	**Barriers**	**Key Lessons**
Indicator 9: Donor procurement systems are integrated into national systems and assuring reasonable price controls.	**Benchmark 9.1: A plan exists to integrate Global Fund procurement systems into national systems.**	**Benchmark 9.2: Global Fund procurement systems have been integrated into national systems, and the government is procuring all core harm reduction commodities.**	**Benchmark 9.3: The government is procuring all core harm reduction commodities at reasonable international price standards and at quantities to reach WHO-recommended coverage.**		
	This plan should, at minimum, be endorsed by both the government and Global Fund, and specify a timeline for integration.	*This benchmark is met by completing all steps outlined in the plan for integration, as noted in 9.1.* *Core harm reduction commodities should include all necessary supplies for both NSP and OST programs. Assessors should reference commodity lists as defined by regional WHO offices to judge whether all core commodities are included on local context; if a different list is used, assessors should note this.*	*If price control systems are in place for procurement mechanisms, validation that systems are functioning is sufficient to fulfil this benchmark. If price control systems are not in place, the assessor will need to compare current prices for key commodities to historic prices from Global Fund procurements.*		

Annex 8. Program Indicators and Benchmarks

PROGRAM					
	Stage 1	**Stage 2**	**Stage 3**	**Barriers**	**Key Lessons**
Indicator 10: Provision of core harm reduction services is monitored according to defined standards.	**Benchmark 10.1: Defined service provision standards exist for at least needle/syringe programs and opioid substitution therapy.**	**Benchmark 10.2: Harm reduction service monitoring is included in the national monitoring and evaluation strategy, with express provision for involvement of civil society in monitoring efforts.**	**Benchmark 10.3: Harm reduction service provision is regularly monitored according to schedule, with involvement of civil society.**		
	Standards should include, at a minimum: appropriate service providers, basic quality assurance measures, coverage targets, and recommended low-threshold approaches. Standards should be approved by MOH, and be used as metrics for monitoring as with any other health service.	*The national monitoring and evaluation strategy may be part of the National HIV Strategic Plan, or may be a stand-alone strategy, depending on the country's chosen format. Monitoring should include both government-provided and government contracted/granted (e.g. NGO-delivered) services. Members of the PWID community, including those from PWID and patient/client networks, and other non-service-delivery groups, should be integral to the monitoring process.*	*Monitoring should be conducted at intervals specified in national monitoring and evaluation frameworks, and results of monitoring should be a matter of public record.*		
Indicator 11: Core harm reduction services are available at levels of coverage recommended by the World Health Organization.	**Benchmark 11.1: Coverage gaps have been assessed and targets set to expand coverage.**	**Benchmark 11.2: Coverage of either needle/syringe programs or opioid substitution therapy has reached the set target.**	**Benchmark 11.3: Coverage for both needle/syringe programs and opioid substitution therapy have reached the set target.**		
	You may draw on a number of resources - reports, assessments, annual statistics, etc - to assess whether coverage gaps have been adequately assessed. Targets should be in line with coverage levels from World Health Organization (needle/syringe: 60% of all PWID; OST: 40% of all opiate users).	*To meet this benchmark, one of the two core harm reduction services must meet WHO recommended targets.*	*To meet this benchmark, both needle/syringe programs and opioid substitution therapy programs must meet WHO recommended targets.*		

PROGRAM					
	Stage 1	**Stage 2**	**Stage 3**	**Barriers**	**Key Lessons**
Indicator 12: NGOs are critical partners in delivery of harm reduction and other HIV prevention services financed by domestic resources.	**Benchmark 12.1: A limited number of NGOs receive grants or contracts for providing harm reduction services.**	**Benchmark 12.2: An increasing number of NGOs receives grants or contracts for providing harm reduction services; they are increasingly recognized as core service providers.**	**Benchmark 12.3: NGOs serve as the primary service providers for harm reduction and other HIV prevention services, and effectively link clients to services provided by the state.**		
	A limited number is defined as no more than 10% of NGOs currently providing harm reduction services are funded in part by the government or other sustainable domestic resources. [*For countries that have already abruptly undergone graduation from Global Fund support, you may wish to measure in comparison to the maximum number of NGOs providing harm reduction services when Global Fund was still present. If you choose to do so, please note this in the Barriers comment area.]*	*This benchmark is fulfilled when at least 50% of all NGOs currently providing harm reduction services* are funded in part by the government or other sustainable domestic resources. [*For countries that have already abruptly undergone graduation from Global Fund support you may wish to measure in comparison to the maximum number of NGOs providing harm reduction services when Global Fund was still present. If you choose to do so, please note this in the Barriers comment area.]*	*This benchmark is fulfilled when at least 75% of all NGOs currently providing harm reduction services* are funded in full by the government or other domestic resources. [*For countries that have already abruptly undergone graduation from Global Fund support, you may wish to measure in comparison to the maximum number of NGOs providing harm reduction services when Global Fund was still present. If you choose to do so, please note this in the Barriers comment area.]*		
	For case study purposes, you may wish to note the number of grants/ contracts received, number of unique NGOs receiving.	*For case study purposes, you may wish to note the number of grants/ contracts received, number of unique NGOs receiving.*	*For case study purposes, you may wish to note the number of grants/ contracts received, number of unique NGOs receiving.*		

References

1. Eurasian Harm Reduction Network (EHRN). Transition and Sustainability of HIV and TB Responses in Eastern Europe and Central Asia: A regional consultation report and draft transition framework. Global Fund to Fight AIDS, Tuberculosis and Malaria, July 2015, http://www.harm-reduction.org/sites/default/files/pdf/regional_consultation_report_for_gfs_eng.pdf (in English), accessed 19 July 2016, http://www.harm-reduction.org/sites/default/files/pdf/regional_consultation_report_for_gfs_rus_0.pdf (in Russian).
2. http://www.harm-reduction.org/sites/default/files/pdf/albania-global-fund-case-study-2016.pdf; http://www.harm-reduction.org/sites/default/files/pdf/albania_ru-global-fund-210x2973mm.pdf (in Russian), accessed 2 August 2016.
3. http://www.harm-reduction.org/sites/default/files/pdf/bih-global-fund-case-study-2016.pdf, accessed 2 August 2016.
4. http://www.harm-reduction.org/sites/default/files/pdf/macedonia-global-fund-210x2973mm.pdf, accessed 2 August 2016.
5. http://www.harm-reduction.org/sites/default/files/pdf/montenegro_-global-fund-210x2973mm.pdf, accessed 9 August 2016.
6. http://www.harm-reduction.org/sites/default/files/pdf/romania-global-fund-case-study-final_-_copy.pdf, accessed 2 August 2016.

Eurasian Harm Reduction Network (EHRN) is a regional network of harm reduction programs and their allies from across 29 countries in the region of Central and Eastern Europe and Central Asia (CEECA). Together, we work to advocate for the universal human rights of people who use drugs, and to protect their lives and health.

The Network unites over 600 institutional and individual members, tapping into a wealth of regional best practices, expertise and resources in harm reduction, drug policy reform, HIV/AIDS, TB, HCV, and overdose prevention. As a regional network, EHRN plays a key role as a liaison between local, national and international organizations. EHRN ensures that regional needs receive appropriate representation in international and regional forums, and helps build capacity for service provision and advocacy at the national level. EHRN draws on international good practice models and on its knowledge about local realities to produce technical support tailored to regional experiences and needs. Finally, EHRN builds consensus among national organizations and drug user community groups, helping them to amplify their voices, exchange skills and join forces in advocacy campaigns.

BECOME AN EHRN MEMBER:

EHRN invites organizations and individuals to become part of the Network. Membership applications may be completed online at:

www.harm-reduction.org/become-a-member