

Benchmarking Sustainability of HIV Response in the Context of Transition

A Methodological Guide for Pilot

DRAFT

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List of Abbreviations

CSO	Civil Society Organization
EECA	Eastern Europe and Central Asia
EHRA	Eurasian Harm Reduction Association
GAVI	Global Vaccine Alliance
GF	The Global Fund to Fight AIDS, Tuberculosis, and Malaria (the Global Fund)
GFS	Government Finance Statistics
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MTEF	Medium-term expenditure framework
NGO	Non-governmental organization (here used synonymously with CSO)
NSP	National Strategic Plan
OAT	Opioid agonist therapy
OECD	Organization for Economic Co-operation and Development
PEPFAR	The United State President's Emergency Plan for AIDS Relief
PFM	Public financial management
TB	Tuberculosis
TPA	Transition Preparedness Assessment (developed by Curatio)
TRAT	Transition Readiness Assessment Tool (developed by EHRA)
WHO	World Health Organization

Introduction

Transition is a concept coined in the context of the Global Fund to Fight AIDS, Tuberculosis, and Malaria withdrawal from the recipient countries. Given that most of the low- and middle-income countries face simultaneous withdrawal of multiple donors, a transition is now viewed as cross-programmatic and as an integral part of the universal health coverage agenda. According to the Global Fund (GF), **one of the major focuses during the transition should be on key populations, so that “no one is left behind” in the national progress towards universal coverage**¹.

Countries that no longer receive support for HIV response from GF have transitioned with varying success. Many of them have reported breakdowns in community delivered services²³, as the governments were not able to provide an adequate level of funding. The reasons for these difficulties are multi-faceted – starting from lack of sufficient level of public allocation to the absence of mechanisms for channeling the funds to non-governmental service providers. As the GF former Executive Director expressed: “with some humility, we can admit that in development work, including global health, there have been a lot of exits but not many successful transitions. Programmatic and financial sustainability takes time, planning, and a balanced portfolio of trades and investments along the development continuum.”⁴

The purpose of this document is to present a conceptual framework and a pilot methodology for monitoring the fulfillment of HIV related transition and sustainability commitments given by the governments in the context of GF support.

This methodology was developed for the program “Sustainability of services for key populations in Eastern Europe and Central Asia.” This project is implemented by the consortium of organizations from the EECA region led by the Alliance for Public Health. The Eurasian Harm Reduction Association (EHRA) is a regional partner in the program. The implementation period of the project is 2019 to 2021 and is covers 14 EECA countries.

The pilot is planned in six countries from Eastern Europe and Central Asia (EECA) -- Belarus, Georgia, Moldova, Kyrgyz Republic, Tajikistan, and Ukraine in 2020. All these countries are at different stages of transition, and the grant still plays a crucial role in their national response to HIV; this is especially true for programs targeting key populations.

¹ The Global Fund (2019), *Step up the Fight. Focus on Universal Coverage*.

https://www.theglobalfund.org/media/5913/publication_universalhealthcoverage_focuson_en.pdf

² Lost in Transition by OSF (2017) <https://www.opensocietyfoundations.org/publications/lost-transition>

³ Handing Over Health: Experiences with Global Fund Transitions and Sustainability Planning in Serbia, Thailand and South Africa. A discussion paper by ICASO (2016) <http://icaso.org/handing-healthexperiences-global-fund-transitions/>

⁴ Global Fund. 34th Board Meeting. Report of the executive director

https://www.theglobalfund.org/media/4185/bm34_02-executivedirector_report_en.pdf

Structure

The structure of this document is the following:

Part I: Monitoring Framework

This part of the document outlines a conceptual framework and rationale for the development of the framework for monitoring of the fulfillment of the HIV related transition and sustainability commitments given by the governments, as well as the process used for the development. In addition, this part of the document also describes key concepts related to this methodology. It considers key strengths and limitations of this approach.

Part II: Guidance to Monitor Sustainability in the Context of Transition

This methodology is designed to be used by the national experts and to inform policy and decision-makers and community members regarding the progress of the transition. The methodology is suggested to be used in at least two rounds: pilot/baseline review and refined/follow-up review. This part of the document describes the process to be used by the national expert community members for conducting and documenting the process of monitoring.

Part III: Tool and set of instruments

In order to improve the quality of the review and document the process well, a set of tools and instruments have been proposed to ease the review process.

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Part I: Monitoring Framework

The rationale for the development

As the countries grow economically, external/donor support for health diminishes, and the share of domestic funding for healthcare increases in low and middle-income countries. WHO has termed this **healthcare financing “Transitioning”**⁵ -- we spend more money on health, and higher shares come from domestic budgets than ever before. **HIV programs are no exclusion:** based on the definition of transition process by the Global Fund at 35th Board Meeting, the **transition has two dimensions – (1) sustaining existing level of efforts, and (2) scaling up to answer needed. This means that more and more resources are needed to be invested, and more of these resources are expected to come from domestic sources.**

In 2016, the Global Fund officially launched its transition, sustainability, and co-financing policy, which should increase national readiness to take over obligations for HIV/TB and Malaria programs and to effectively respond to changing epidemics using national resources.

Despite the importance of the transition process, it is not well monitored – neither do countries have streamlined monitoring systems in place, nor the current grant monitoring and program tracking measures are enough⁶. The development of this methodology is aimed at **enhancing the national capacity of CSOs to monitor the transition process.**

Conceptual Framework and Key concepts

Transition is not a uniform process, and multiple definitions have been proposed. Bennett et al. define transition as a formal handing over of a donor-funded health program to one or more local partners in a way that ensures critical elements of the program are sustained over time⁷. The Global Fund defines **transition** as *“the mechanism by which a country, or a country- component, moves towards fully funding and implementing its health programs independent of Global Fund support while continuing to sustain the gains and scaling up as appropriate.”*

At the 25th Board Meeting, the GF has adopted the following approach to **sustainability**: “Long-term sustainability is a fundamental aspect of development and global health financing. **It is essential that countries can scale up and sustain programs to achieve lasting impact in the fight against the three diseases and to move towards the eventual achievement of Universal Health Coverage.** Countries that have experienced economic growth over the last decade are able to move progressively from external-donor financing for health toward domestically funded systems that deliver results but must be supported to do so.”

Therefore, it can be assumed that **while sustainability is an end goal of a transition, which describes how effective (impactful) the program is, the transition itself is a process, which should lead to such a program design through domestic funding.**

⁵ WHO. Global Spending on Health: A World in Transition (2019)

⁶ https://www.theglobalfund.org/media/7634/oig_gf-oig-18-017_report_en.pdf

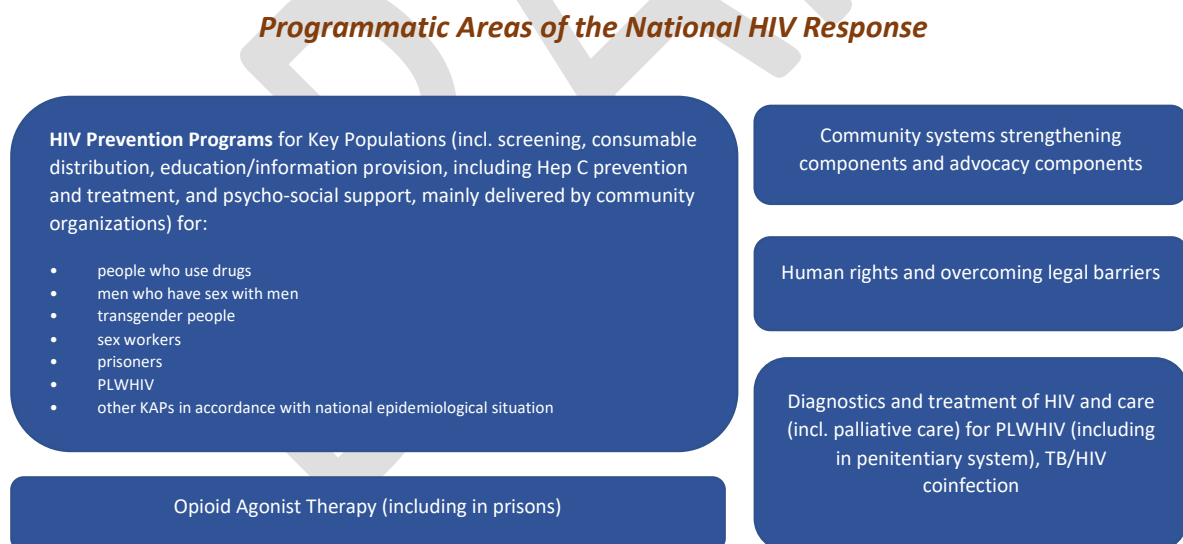
⁷ [Monitoring and evaluating transition and sustainability of donor-funded programs: Reflections on the Avahan experience](#). Bennett S, Ozawa S, Rodriguez D, Paul A, Singh K, Singh S. Eval Program Plann. 2015 Oct;52:148-58. doi: 10.1016/j.evalprogplan.2015.05.003. Epub 2015 Jun 11.

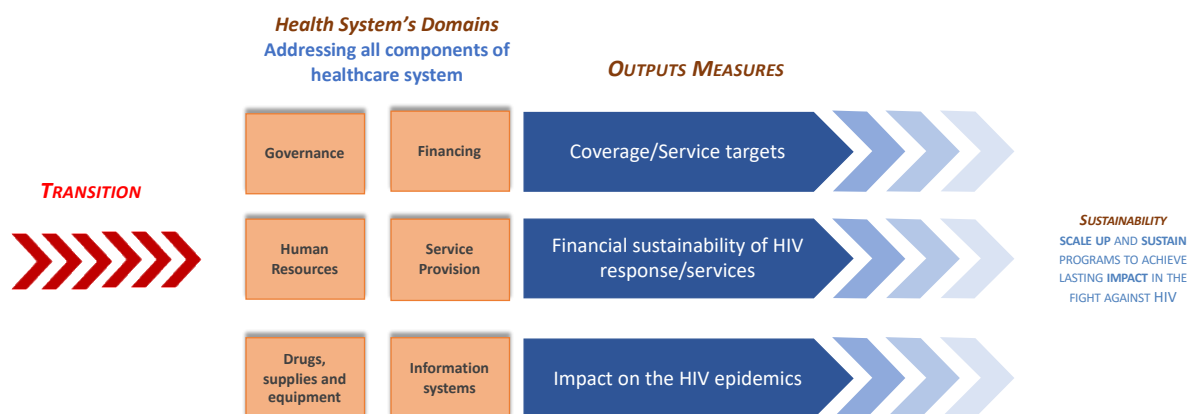
The logical framework for this methodology is based on the following model:

1. Transition is a country-led process, and **transition planning should be reflected in a set of national documents** – a transition plan itself, as well as state programs, national strategies, and budget laws. Those documents contain **commitments – an action and a change**, which the national government has taken the responsibility to implement.
2. The key population has vested interests in the successful transition of national HIV programs; however, there are certain **programmatically areas** that best meet the needs of key populations. These include HIV prevention programs, which can take many different forms, but basically provides individuals at risk with HIV related testing and counseling, risk reduction supplies and social support delivered in a community setting
3. To some extent, the **transition process should address challenges, which exist in all domains of the national healthcare system**, especially that of financing and should lead to sustainability – a positive impact on the epidemic. Those health system **domains** are governance and regulations, financings, human resources, service provision, drugs and supplies, and information systems. Those six areas are classically considered to reflect all elements of the healthcare system.
4. The impact of the transition process is reflected in the sustainability of HIV programs. Based on the GF definition, this model proposes to measure sustainability using the following progress made in the following areas:
 - Improved coverage with services
 - Financial sustainability – provision of replacement and adequate level of funding
 - Impact on the epidemics as reflected in key epidemiological indicators.

This model is described in Figure 1.

Figure 1: Analytical Framework





Methodology Development

Stage I: Development of a draft framework

The draft framework was developed based on the desk review of existing materials regarding transition and sustainability of GF supported programs – national plans, NSPs and program documents of target countries and the GF policy/approach towards transition, and preliminary interviews with stakeholders to check the validity of some assumptions.

Stage II: Draft Transition Monitoring Tool development and its population with indicators

Transition Monitoring Tool is an Excel based document, which is to be populated with the list of relevant strategic documents (referred as “placeholder” in this document), commitments included in these documents with respect to **priority programmatic areas** (and additional ones, if national consultants justify the need). Each commitment should be placed under one of the health system’s domains and indicators to measure its implementation, monitored.

Stage III: Tool Pilot

The draft tool will be used by national consultants/counterparts to analyze national transition and sustainability processes within the HIV response.

Stage IV: Finalization of the tool

Based on the input from the national pilots, the tool will be updated and finalized.

Limitations and Challenges

Monitoring of the transition process has a number of obvious limitations, and this methodology would also face the following challenges:

- Pilot countries do not have a predefined set of processes/documentation, which frames the transition process. In this document, we refer to this set as a “placeholder.” In most of the countries reviewed, monitoring of the transition process requires monitoring of at least three placeholders – transition plan, national HIV strategy, national HIV program. In some cases, this process can be more complex.
- It is not technically feasible to monitor all commitments; therefore, some set of commitments should be selected. This makes each assessment arbitrary, and choice commitments to monitor would depend on the national reviewer or a team of key national informants, who would select which commitments are the most important/informative.
- There is no clear guidance on what happens after national transition plans expire.
- A significant challenge is related to data quality: data is often of a questionable quality, and exiting mechanisms within GF programs do not monitor full-scale execution of the transition process.

Transition within Global Fund Programs

The Global Fund's approach to transition is guided by two main policies: (i) Eligibility, and (ii) Sustainability, Transition and Co-financing Policy.

Eligibility Policy was revised in 2018⁸, and it defines two primary criteria for eligibility – Gross National Income (GNI) per capita based on the World Bank Atlas method, and Disease Burden. According to this classification, all low income and lower-middle-income countries are eligible to receive funding despite disease burden (except of Malaria, if they have malaria-free status), while upper-middle income countries are only eligible for support if disease burden is classified as high. High-income countries, G20 members and OECD DAC members are not eligible for the support.

Disease burden classification is essential for determination of eligibility for upper-middle income countries. It is classified as “high” if (i) HIV prevalence is $\geq 1\%$, or (ii) prevalence in a key population is $\geq 5\%$

The Eligibility Policy sets out some key principles for transition:

- **Countries that become ineligible** during the 3-year allocation cycle, will still receive committed funding, and may receive funding for one additional cycle. This will be so called “transition grant”. Although, countries that become high-income are not eligible for transition grants.
- **Period and amount of transition grants** is defined by the Global Fund Secretariat.

Sustainability, Transition and Co-financing Policy was adopted in 2016. It highlights the Global Fund's vision of transition and sustainability process and jointly with **the Guidance Note on Sustainability, Transition and Co-financing** gives some basic information about transition funding (e.g. transition funding should be focused solely on activities stipulated in the transition plan). The key message of this policy is that all countries, **regardless of their economic capacity and disease burden, should be planning for sustainability and embedding sustainability considerations within national strategies, and program and grant design and implementation**⁹. Based on this note, transition and sustainability planning is a cornerstone of GF grants to all six countries. Global Fund proposes **7 key pillars of our work on sustainability, transition and co-financing**:

1. Support countries to develop robust national health strategies, health financing strategies and national disease strategic plans
2. Encourage additional domestic investments; require minimum 15% co-financing for each grant
3. Accelerate efforts to prepare for transition, particularly for upper-middle-income and lower-burden, middle-income countries
4. Strengthen focus on key populations and structural barriers to health
5. Work with partners to advocate for programmatic and financial changes
6. Strengthen alignment between Global Fund grants and country systems
7. Support countries to identify efficiencies and optimize disease responses.

Tools at hand are Transition Readiness Assessments and set of Key Performance indicators, which allow to track alignment of national programs with strategic directions of the Global Fund in the context of transition and sustainability¹⁰.

In addition, the Global Fund supported the process of national transition and sustainability planning. Number of countries have developed its transition and sustainability plans, although, this process has not been formalized in terms of what should be included and how transition and sustainability plans should be developed.

Between 2020 and 2028, **23 countries worldwide are projected to transition** from Global Fund support for at least one disease component¹¹.

⁸ <https://eecaplatform.org/wp-content/uploads/2018/05/GF-BM39-02-Revised-Eligibility-Policy-Final-sent-002.pdf>

⁹ <https://harmreductioneurasia.org/status-of-transitions-from-global-fund-support-in-the-eeca-region/>

¹⁰ https://www.theglobalfund.org/media/4230/bm35_07a-2017-2022keyperformanceindicatorframeworknarrative_report_en.pdf?u=636488964120000000

¹¹ https://eecaplatform.org/wp-content/uploads/2019/12/2core_projectedtransitionsby2028_list_en.pdf

Part II: Guidance to Monitor Sustainability in the Context of Transition

Transition is an ongoing process for any EECA country which has current GF grant, as the transition preparedness is now understood as a core component of supported programs.

This guidance intends to advise on how to monitor the status of sustainability of core HIV programs through the prisms of how each of the countries fulfills its obligations.

Process

The national review process consists of **five main steps**:

Transition Monitoring Process		
Step N	Focus	Deliverable/output
Step 1	Scoping: Identify and collect a set of strategic and programmatic documents, including national laws and regulations that captures/reflects the HIV transition and sustainability and can be used to identify commitments given by the government.	Repository of documents (Placeholders) which contain the government's obligations with regards to transition (intentional or officially approved);
Step 2	Grouping Commitments by health systems domains in each Programmatic area: this process helps to see the gaps in public commitments; In exceptional cases, where gaps are substantial, National Reviewer should consider adding interpretation, with logical arguments for those commitments, which would be prioritized during Step 3 (<i>this might call for the need to return back to Step 2 and do Step 3 again for consensus building</i>)	Filled in commitments matrix (in the Excel Tool)
Step 3	Prioritization: Which commitments are important and should be analyzed in terms of progress with their achievement/implementation. & Consensus building if you have to add additional information to formulate comprehensive matrix (see below)	Filled in commitments matrix with priorities assigned. This step is performed by the reference group under the guidance of national expert.
Step 4	Collect data and analyze the findings	Findings (filled in tool)
Step 5	Communicate findings by developing National Report and visualizations for easy display and comprehension the results	A national report and visualization of finding the format of a chart

Timeline for this review includes:

1st evaluation period will take place in 2020. All relevant commitments given by the government since 2016 and by the time of the evaluation to be identified. The fulfillment of those commitments to be reviewed which fully or partly had to be completed by the end of 2019.

If, for some commitments, timeframe for their fulfillment were not set, overall progress for the fulfillment of these commitments should be reviewed against the initial baseline since the moment when the obligation was given.

Commitments that were made relatively recently (after 2018) and the deadlines (including interim) for which have been determined, but have not yet been reached will be identified and fixed, but their fulfillment will be assessed as a part of the **2nd evaluation period, which would take place in 2021.**

Team

In-country review is carried out and led by the local expert, referred as a **National Reviewer**. National reviewer should have a large experience with working on HIV Policy at national level and very good understanding of national processes, key players and how public/government system functions. He/She should have excellent understanding of how community work in the country and preferably, a work experience in such an organization.

The National Reviewer if supported by the national experts to make the review process transparent and have a consensus on the what and how will be assessed. For this purpose, he/she will need to set up the **National Reference Group** of local experts (experts include communities) to validate his/her evaluations.

Step I: Scoping

Scoping aims to **identify placeholders and their monitoring and evaluation plans (set of indicators) and budgets attached to these plans/programs.**

Transition process is not well-documented¹². Our review of country documentation has demonstrated that they do not have one unified document, which would cover all aspects needed for transition monitoring. Some of the common placeholders are listed below:

Some of the countries (see section

¹² GF OIG audit report identifies some of the key challenged in documenting transition and sustainability from the Global Funds perspective

) have developed documents referred as **Transition and Sustainability Plans**, which serve as an excellent guide to start monitoring the transition process. These documents should be accompanied with action plans, M&E frameworks and budgets. Some countries have not formally approved the plans and it could be questionable if these indeed represent national government's commitments.

Some key components of the transition process are not well covered in most of the transition plans. This includes actual allocations planned and executed for services by the national agencies (or even donors). Since budget substitution is one of the core components of the transition process, adding information about public allocation for services and **good as reflected in national, or sub-national program**, is also essential.

The term "**National program**" is sometimes confusing. Here is a note to what we refer to as a National Program: reforms in the fields of public finance management (PFM) in EECA have significantly improved overall budgetary processes in the countries. Most of the countries, have already introduced of what the Organisation for Economic Co-operation and Development (OECD) refers as "second generation" reforms and have medium-term expenditure frameworks, programs and performance-oriented budgets in place. Georgia has 4-year medium-term expenditure framework (MTEF), Belarus and Ukraine – 2-year, Kazakhstan, Kyrgyz Republic, Ukraine and Moldova also have MTEFs in place. Although, not all countries have switched to program- budget classification and some still use Government Finance Statistics (GFS) classification, the logic is the same – governments plan their expenditures in advance, and these expenditures are allocated to "programs", which have specific aims, objectives, actions and targets¹³.

In addition, **National Strategic Plan (NSP)** is another key placeholder of important information regarding transition process. It contains decision regarding priorities and key activities and targets for national HIV response in the county. Based on the Global Fund Sustainability and Transition Policy, any recipient country should be planning for transition, therefore NSP should be responsive to the country's transition needs.

This scoping exercise should not only focus on the Ministry of Health, but programs developed by other ministries should also be considered. This could be Ministry of Justice, Ministry of Correction, etc.,

Step II: Grouping Commitments by health systems domains in each Programmatic area

Step A. Identify commitments taken by the government with respect to transition process and sustainability of HIV programs (focused on Programmatic Areas under the review, See relevant chapter for details)

Upon identification of the key placeholders, those should be scanned to identify commitments by the national government with respect to transition and sustainability of HIV response. Ideally, these commitments should have specific indicators and targets attached to it.

¹³ OECD (2011), *Greening Public Budgets in Eastern Europe, Caucasus and Central Asia*, OECD Publishing.

It is important to **include all commitments** that you identify for the Programmatic Areas under the review. This could include **commitments taken before 2016**, if these are important for the transition, and **commitment which are not due during the time of this review** in order to facilitate further tracking. Commitments which are not due at the time of your review would not be considered during scoring.

Step B: Commitments should be grouped by health systems domains under each Programmatic Area. This will allow you to see if you have collected commitments to address comprehensive set of actions by the Government and identify the gaps. Relevant chapter on p.17 of the guide and Table 1 (below) include suggested/indicative topics for commitment under each domain and will help you to lead the process.

Ideally, each government commitment should be formulated as following:

- Formulation/Commitment statement: exact wording of the commitment; this could be the same as “action”
- Action: action to which the Government commits – increase funding, allocate a building, adopt a legislation, decrease administrative fine, etc.
- Timeline: when the government commits to take this action including the interim deadlines if any.
- Indicator: indicator proposed to measure achievement of the commitment.
- Baseline: actions of “improving”, “increasing”, “decreasing” and similar should all have a baseline, since they compare achievement to specific period. Actions, such as “adopt a legislation” might not have a clear baseline and should be assumed that before this action, this legislation was not in place (or specific content of it).
- Targets: actions have targets. There are targets which measure whether a certain action was undertaken (Yes, No, Partially), while for many actions, targets are gradual (action increase should have gradual targets set for each year).
- Means of verification: these indicate where and how the information about the indicator can be obtained.
- Assumptions: any assumptions noted in the document or used by you, to fill in the blanks.

Very often, government’s commitments are not as specific and focus on a greater good, such as “improve quality of lives of people living with HIV”, which are hard to monitor and track. If the document does not stipulate, what it considers under the “improvement of the quality of life”, this should fall under the “Gaps” section of the report. In expectational cases, when commitment monitoring is considered absolutely necessary, and you should attempt to identify missing data for this commitment (e.g. life expectancy, viral suppression rates, unemployment rates, etc.). See Step C for details.

If some information would be missing, you can analyze this separately to show if these are the flaws of policy planning process and **use your reference group/interviews to populate the table base on the expert opinion.**

Indicators proposed to measure achievement of the commitment should be classified using the following definitions, in order to facilitate calculation of final progress.

Indicator Classification	Definition	Example
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Cumulative	These indicators report a running total, so that each reported actual includes the previously reported actual and adds any progress made since the last reporting period	Establish X number of community centers; train 150 community workers
Level	These indicators track trends over time, and may fluctuate up or down depending on performance	% of IDUs reached by the minim package of services
Date	These indicators use calendar dates instead of numbers as targets and actual values	Adopt new legislation in 2018

Source: this classification has been adopted from a Guidance on tracking Millennium Challenge indicators <https://www.mcc.gov/resources/doc/guidance-on-the-indicator-tracking-table>

Step C: Filling in the gaps (in exceptional cases)

As noted above, some of the commitments might not be fully formulated, and some information might be missing, or actions might be missing (e.g. “improve quality of life...”). In addition, there could be some general commitments, which you consider important (e.g. increase share of domestic resources dedicated to services for key populations), but are not taken by the government.

Most frequently, action, indicator and target would be missing. A table below gives an example how to “fill in the gaps” for a commitment formulation -- “improve quality of services for IDUs”, if the rest of the information is missing.

This example examines the case when whole set of information is missing for demonstration purposes. You should minimize number of instances when such development takes place and this should be used as an exception, rather than a rule.

Commitment formulation	Action	Timeline	Indicator	Baseline	Target	Means of verification	Assumptions	Feedback from the Reference Group
Improve quality of services for IDUs	Conduct needs assessment survey	2020	Needs assessment of IDUs conducted	2019	Yes	Interview: Availability of such information among experts	It would be difficult to talk about quality of services, if we do not know what the needs of communities are	Reject: Not relevant Action: this won't be included in the final matrix
	Develop quality standards	2020	Standards approved	2019	Yes	Interview: Service providers have standards, which guide decision about the quality of services	It is not possible to evaluate how quality was improved, unless there are some agreed definition of what constitutes a quality.	Accept Action: This would be included in the matrix
	Conduct regular satisfaction survey	Annually	Customer satisfaction surveys conducted	2019	Yes	Interviews	Country X has developed a customer satisfaction survey instrument for IDUs and a Decree on Service Standards for IDUs state that customer feedback on service quality should be regularly conducted; We assume that any	Accept with reservations: Reformulate the actions “Have customer feedback system in place” Action:

							type of feedback mechanism and evidence, that data was analyzed and findings applied would be considered as a step in fulfilling this commitment	Changed
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The National Reviewers should consider adding specific actions and indicators for those and collecting consensus from the Reference group. This could be done together with prioritization, or into 2 separate steps.

Transition Monitoring Tool includes sample of pre-filled forms.

Step III: Prioritization

Prioritization is about identification and selecting which commitments to be monitored. Considering that data collection is a very difficult process, you might choose to focus only on monitoring of the selected commitment (e.g. if during scoping you have identified 20 commitments for each programmatic area, through prioritization, you might select only 10 commitments to monitor). **Prioritization is to be done by the national Reference Group** (see Team section above for details). This process is led by the National Reviewer: he/she develops initial list, shares with the Reference Group and collects and analysis the input.

This process should be guided by the principles like SMART. Commitments prioritized should be:

- Specific (simple, sensible, significant)
- Measurable (meaningful, motivating)
- Achievable (agreed, attainable)
- Relevant (reasonable, realistic and resourced, results-based)
- Time bound (time-based, time limited, time/cost limited, timely)

National Reviewer can use different approaches for prioritization:

- He/she can organize a workshop to collect input on priorities from the reference group;
- He/she can interview each member of the reference group and use their opinions;
- He/she can make an online poll, and have it filled in by the reference group members. (highly advised)

Preferred way to document this process would be to use online survey tool, such as google forms, which it free to use.

Either way should be documented in the narrative report. Choice of the method should be guided by the national context and feasibility.

Reference Group should also be consulted to validated proposed formulation if the National Reviewer has added information to fill in the gaps (see Step III.C). Reference Group should be asked, if they accept, reject or accept with reservations (propose some changes). National Reviewer might have to repeat this step – consensus building a few times, in order to make

sure that the Reference Group accepts these formulations. Overall, such add-ons should be kept to minimum.

Survey design should be the following:

1. Ask respondents to self-identify themselves, by confirming email address;
2. List each commitment in full (jointly with action, indicator and target), and the following questions:
 - a. Should it be included in the analysis? Yes/No
 - b. If yes, please assign how important is to monitor this commitment? 1— somewhat important, 2 – quite important, 3 – very important (must to monitor)
3. If the National Reviewer has “filled in the gaps” of some commitments, this should be noted in the question formulation and for those commitments, additional questions should be included:
 - a. Do you accept proposed formulation? Yes/No
 - b. If no, please indicate proposed changes (free text response)

Results should be interpreted in the following way:

- 2.a: Majority of vote – if more or even people have voted “yes”, commitment should be considered for the inclusion in the analysis.
- 2.b. Average – calculate the average score for ranking; if it is 2 or more commitment is **selected for monitoring**.
3. Should be analyzed separately; if significant modifications are suggested, run through the reference group those commitments again.

Step IV: Data Collection and Analysis

Data collection is the most complex and time-consuming set of this review. There is no unified model how data should be collected, however, this process should be well documented by the National reviewers.

Methods to be used for data collection, include:

- Desk review: review of already published reports and data available online; ideally, if country has a transition plan in place, there could be annual reports available; similarly, a country could be producing annual reports for HIV program implementation. There could be stand-alone studies available, such as IBBS studies.
- Interviews: Interviews with experts and communities can also help the national reviewers to collect missing information.
- Data collection through official information requests: very often data is not available in an open access. Some of this information can be requested from official sources, like ministry of health or finance, national AIDS centers.

Prioritized list of national commitments (and a set of information which is needed to monitor execution of these commitments) provide very clear guidance on what information is needed to be collected.

Information collected should be analyzed by using an Excel Tool and based on the following logic:

Indicator Classification	Formula	Example										
Cumulative	Achievements for all fiscal years are summed and divided by the sum of targets for all fiscal years under the review	Commitment: <i>Increase coverage with HIV Testing for IDUs</i> Indicator: <i>Number of HIV test performed among IDUs</i>										
		<table border="1"> <thead> <tr> <th>Achievement</th> <th>Planned</th> </tr> </thead> <tbody> <tr> <td>2016: 5000</td> <td>2016: 6000</td> </tr> <tr> <td>2017: 6000</td> <td>2017: 7000</td> </tr> <tr> <td>2018: 7000</td> <td>2018: 8000</td> </tr> <tr> <td>Sum: 18 000</td> <td>Sum: 21 000</td> </tr> </tbody> </table>	Achievement	Planned	2016: 5000	2016: 6000	2017: 6000	2017: 7000	2018: 7000	2018: 8000	Sum: 18 000	Sum: 21 000
		Achievement	Planned									
		2016: 5000	2016: 6000									
2017: 6000	2017: 7000											
2018: 7000	2018: 8000											
Sum: 18 000	Sum: 21 000											
Formula: Achievement/Planned Result: 85.7%												
Level	Achievement rate for each year, would be divided by the achievement target of the following year. Simple arithmetic mean will be calculated, unless there is a clear outlier. Outliers should be analyzed separately in the narrative report.	Commitment: <i>Increase coverage with HIV Testing for IDUs</i> Indicator: <i>Share IDUs tested for HIV for the given year (from the estimated number of IDUs in the country)</i>										
		<table border="1"> <thead> <tr> <th>Achievement</th> <th>Achievement</th> </tr> </thead> <tbody> <tr> <td>2016: 30%</td> <td>2016: 35%</td> </tr> <tr> <td>2017: 33%</td> <td>2017: 40%</td> </tr> <tr> <td>2018: 35%</td> <td>2018: 45%</td> </tr> </tbody> </table>	Achievement	Achievement	2016: 30%	2016: 35%	2017: 33%	2017: 40%	2018: 35%	2018: 45%		
		Achievement	Achievement									
		2016: 30%	2016: 35%									
2017: 33%	2017: 40%											
2018: 35%	2018: 45%											
Formula: Average (Achievement FY X/Planned FY X....) Result: 81% Please note that this data shows that the achievement rate is declining over the time and this should be analyzed and reflected in the narrative report.												
Date	Adopt new legislation in 2018	Yes/No If the legislation was adopted in 2018: 100% If the legislation was adopted in 2017: 100% If the legislation was adopted in 2019, but the delay did not cause any significant harm, this can still be graded as 100%, however this is delay has significantly impeded the program, it should be downgraded. The level to which it would be downgraded, should be decided by the consultant and if possible, agreed with the reference group.										

- Commitments which are due for the period of analysis would be analyzed
- Commitments which are not due for the period of analysis would be analyzed to see if there is sufficient progress made to assure its achievement by the due date. If such commitments have targets, they are compared to the set target for the given year.

During the analysis, the national reviewer looks at each commitment and evaluates the progress on its fulfillment (against the baseline, or against the set target indicators) separately for each of them using the following scale (**Transition Scale**):

Definition of achievement	Description	Percentile of achievement	Color code
Significant Progress	A high degree of progress in fulfilling commitments regarding planned indicators and / or baseline	>=70-100%	Light green
Some Progress	The average degree of progress in fulfilling commitments regarding planned indicators and / or baseline	36-69%	yellow
Low progress	Low degree of progress in fulfilling commitments regarding planned indicators and / or baseline	<=35%	Light red

Next step is to grade the progress in fulfillment of the given commitments to ensure the sustainability of the HIV response by health systems domains within each of the programmatic areas (e.g. progress in fulfillment of the commitments for the provision of financing for OAT) and then to grade the degree of progress in fulfilling commitments regarding planned indicators with regard to each of the programmatic areas (e.g. overall progress in fulfillment of the commitments for ensuring the sustainability of OAT programs). The process is the same for both categories (**Sustainability Scale**):

<i>Definition of Sustainability</i>	<i>Description</i>	<i>Percentile of achievement</i>	<i>Color code</i>
Significant progress	A high degree of progress in fulfilling commitments regarding planned indicators and / or baseline	>85-100%	Green
Substantial progress	A significant degree of progress in fulfilling the commitments regarding the planned indicators and / or regarding the baseline	70-84%	Light green
Average progress	The average degree of progress in fulfilling commitments regarding planned indicators and / or baseline	50-69%	Yellow
Moderate progress	Moderate progress in fulfilling commitments regarding planned indicators and / or baseline	36-49%	Orange
Fairly low progress	A fairly low degree of progress in fulfilling the commitments with respect to the planned indicators and / or baseline	25-35%	Light red
Low progress	Low degree of progress in fulfilling commitments regarding planned indicators and / or baseline	<25%	Red

Step V: Report and Communication

National review should be presented as a narrative report and charts based on the analysis described above. Each narrative report should follow a pre-defined outline provided in the Annex 1 of this guide. Similarly, all charts should be composed using the same excel based template provided in the Tool (excel document).

Identification of Programmatic Areas

National HIV response is composed of several activities/interventions. Although, all of those play an important role in tackling HIV at the national level, **Programmatic Areas selected for this review, ensure that essential services for key populations are transitioning in a sustainable way.**

These programmatic areas are:

- HIV Preventive programs for key populations (screening, consumable distribution, education/information provision, psychosocial support, etc.) usually delivered by community organizations, or civil society organizations. These programs are often focused on specific groups of key populations:
 - People who use drugs,
 - Men who have sex with men,
 - Transgender people,
 - Sex workers,
 - Prisoners,
 - Other key populations based on the national context.
- Opioid substitution therapy
- Diagnostics, treatment of HIV and care and support (incl. palliative care) for PLWHIV, TB/HIV co-infection
- Community systems strengthening components and advocacy components
- Human rights and overcoming legal barriers

Identification of health systems domains

Based on the evaluative framework proposed above, data collection and analysis should be structured by 7 main domains: 6 of them looking at key components of the system and the 7th area – evaluating the results.

Not all domains would be relevant for each programmatic area. For example, “Community systems strengthening components and advocacy components” might not require Domain “Drugs, Supplies and Equipment”.

Domain 1: Financing -- Provision of replacement level of funding by the national government for all program interventions, as the Global Fund exits: funding for HIV should not be declining (unless there is a justifiable significant epidemiological change in the country). In addition, when government’s start to fund, allocation for certain interventions might increase, but this should not outweigh decrease for allocation for another HIV intervention (unless, there is a justification for that).

Important aspect of domestic funding is whether the funding comes from central, or sub-national budget – if health and social services are predominantly funded from local budgets, HIV services should also predominantly be covered from local budgets, or if health and social services are predominantly covered from an insurance fund, so should be HIV services as well.

Placeholders that contain information regarding financial commitment include NSP, budget and budget execution reports. NSP is the document which would project how much funds are needed, and budget is a commitment on allocation. The difference between the NSP and the

budget is generally understood as deficit. Unusually, budget is less than NSP projections, but this could be reversed as well (for example, due to change of the price of drugs). National reviewer should try to find answers why those differences took place.

One of the main challenges here is to get detailed enough information regarding the NSP budget projections and the budget allocated for the program to allow such comparisons. Talking to people who designed NSP and to budget planning division of the MoH or AIDS center and PR can be helpful for finding detailed information.

On the other, budget execution report will show how much money from allocated budget was used (executed) in that year. Large differences between allocated and executed funds is also important to interpret – was it because certain programs were not implemented? (e.g. if the budget was for social contract and calls were not announced) Less drugs/supplies have been procured? Or less staff has been paid? Some of those can give a very important information.

Domain 2. Drugs, supplies and equipment -- Availability and access to drugs and consumables for HIV prevention, detection, treatment and care as well as for OAT: Uninterrupted supply of drugs and consumables is essential for HIV prevention and treatment and for OAT. Interruptions indicate not only issues with availability of funding (which is covered in the Domain 1), but also potential to manage the program (plan and conduct procurement on time to avoid stock outs), availability of appropriate public procurement mechanisms to procure HIV and OAT drugs and consumables, and any regulatory or administrative challenge (e.g. drug registration).

During the transition monitoring, procurement lists are largely the same as within the GF programs, although, as some new drugs or consumables becomes available, if proven efficacy and effectiveness, it should be argued that the national programs overtake procurement obligations for these drugs and consumables as well.

Domain Area 3. Service provision -- Availability of services and provider mix: transition process should not become a trigger for closing or changing provider mix, unless clear justification exists. Number of service centers, individuals on treatment (e.g. for oral substitution treatment), non-governmental providers are to be remain relatively stable during the transition process.

Access to services which cover needs of PLHIV and key population, besides HIV services, is essential. This includes mental health support and counseling, reproductive and sexual health, access to social services, legal help and etc., are essential components of service delivery package.

Domain 4. Governance -- Supportive legal, regulatory and human rights environment and Governance, planning and administration

Laws and regulations shape the execution of the public obligations. Few important considerations to focus on include:

- Regulations regarding public funding of non-state actors, such as CSOs (or so called “social contracting”) are important aspect to enable HIV prevention services focused on key populations, as well as to access hard-to-reach populations; in many settings, where public provision of services is not sufficient, or not available in some locations,

non-state actors can provide valuable resources to enhance service delivery. Are public procurement calls generally accessible for non-state actors?

- Availability and content of guidelines and service standards, including costing and budgeting standards, do they serve as promoters, or barriers to improve quality and access to care?
- Licensing/accreditation of services and quality control regulation -- do they serve as promoters, or barriers to improve quality and access to care?
- Laws and regulations limiting basic human rights of people living with HIV and key populations and thus exacerbating inequalities and negatively impacting their access to preventive, care and treatment services.

Governance, planning and administration for enhanced public participation, including that of key populations in decision making. Planning and administration of program include program management system, capacity building and other related activities.

Domain 5: Data and Information -- Access to information and data for informed decision making is essential. Does country carry out behavioral risk assessment surveys? Population size estimation surveys? Is epidemiological data readily available? Are there reports published on implementation of national programs and strategies?

This domain also includes availability of management information systems: no country should be working on paper-based reporting models, however, myriad of solutions used to manage program, service and administrative data, might be difficult to navigate. Are those systems in place? Are they free of charge to be used at provider level? Do these systems allow providers or administrative units to use the data productively? Those would be some of the aspect to look at during the assessment process.

Domain 6: Human Resources – Availability of adequately qualified human resources to guarantee access to quality services for beneficiaries. Activities in this area would include human resources capacity building, as well as incentives to motivate their availability (geographic distribution) and adequate payment.

Domain 7: Results/outputs and outcomes – HIV program effectiveness is to be measured against set targets which define impact on the epidemics. The Global Fund Key Performance Indicators¹⁴ provide a useful model on defining expected outcomes of HIV programs.

- Coverage and service targets
- Financial sustainability – provision of replacement and adequate level of funding
- Impact on the epidemics as reflected in key epidemiological indicators.

Indicative list of commitments under each domain is provided in the Table 1 as a part of implementation guidance

¹⁴ https://www.theglobalfund.org/media/4230/bm35_07a-2017-2022keyperformanceindicatorframeworknarrative_report_en.pdf?u=636488964120000000

Table 1: Commitments, health system’s domains and sources of information (placeholders and key informants)

Health System’s Domains	Indicative list of Commitments to be added to a specific domain	Placeholder (where is it documented)	Key stakeholder and informant
TA 1: Financing	<p>1. Provision of replacement level of funding from the national government for programmatic interventions – Separately for each programmatic area, with focused on key populations</p> <p>2. Financial planning for transition – allocation of defined set of amounts from public budget: What were the amount expected to be allocated, how are public allocations documented and how can it be monitored by CSOs. This would include amount committed by the government as a co-financing for the global fund, government budget of NSP, allocation committed for social contracting.</p> <p>3. Infrastructure or other capital enablers needed for transition</p> <p>4. Efficiency and effectiveness as expressed in unit prices, budgeting standards, etc.</p>	<p>Public budget; GARPR Legislative herald National investment plan, MTEF Public resources, or via information request;</p>	<p>MoH, Local health departments, AIDS center, Parliament</p>
TA 2. Drugs, supplies and equipment	<p>1. Availability and access to drugs and medical supplies within HIV/AIDS facilities</p> <p>2. Availability and access to consumables for HIV prevention</p>	<p>Public budget; GARPR Public procurement analysis User satisfaction surveys; Drug registration systems</p>	<p>MoH, Local health departments, AIDS center, Parliament</p>
TA 3: Service provision	<p>1. Availability of services and provider mix</p> <p>2. Service availability in regions</p> <p>3. Number of CSO contracts signed and amount transferred</p> <p>4. Service closure or issues related to supply shortages</p>	<p>Public budget, State program execution report, Service procurement/tender reports</p>	<p>MoH, Local health departments, AIDS center, MoF</p>
TA 4. Governance, Supportive legal, regulatory and human rights environment	<p>1. Regulatory, policy and legal environment that would enable transition: What are the key enablers for transition (e.g. decriminalization of drug use) and the status of these enablers?</p> <p>1a. Regulations regarding public funding of non-state actors, such as CSOs</p> <p>2. Availability and content of guidelines and service standards</p> <p>3. Licensing/accreditation of services and quality control regulation</p> <p>4. Laws and regulations limiting basic human rights of people living with HIV and key populations</p>	<p>NSP, Law on HIV/AIDS, National HIV Program, National legislative herald</p>	<p>MoH, Local health departments, AIDS center, Parliament</p>
	<p>5. Availability of space for community engagement in policy making process (such as CCM)</p>	<p>NSP, Law on HIV/AIDS, National HIV Program,</p>	<p>MoH, AIDS center, CCM</p>

		CCM meeting reports	
TA 5: Data and information	1. National databases and their functions 2. Data collection and surveillance systems in place and functioning (e.g. planned and conducted IBBS studies) 3. Service provision information systems	Study reports, availability of epi data Budget execution reports, annual programmatic reports	National AIDS center, National Center for Disease Control, Ministry of Health, Ministry of Finance
TA 6: Human Resources	1. Trainings and capacity building activities for community organizations, medical personnel, or other stakeholders 2. Financial incentives and pay rates	Study report, Grant implementation reports, interviews	National AIDS center Service provider CSOs PR, CCM
TA 7: Results and outcomes	1. Performance against service targets Programmatic: Coverage with AOT, HIV testing, no of condoms distributed Studies (such as IBBS): share of MSMs reporting consistent use of condoms, etc.; Human right status, criminalization of key populations 2. Financial sustainability: amount of funding by source 3. Impact on the epidemics: estimated number of lives saved, reduction in new infections/cases	Targets are most frequently set at a part of the National Strategic Plan; in addition, international targets of 90-90-90 and SDGs also provide useful targets National HIV database	National AIDS center, National Center for Disease Control, Ministry of Health

Annex 1: Tools and Instruments for the Review

This part of the methodology describes and provides a set of tools to ease a national review process, improve quality of the review and facilitate comparable data collection.

It consists of the following tools:

- National Reviewer's profile
- Sample outline of the national report

Finally, the methodology will provide recommendations on the use/communication of findings.

1. National Reviewer's Profile

A National Reviewer is a person, who carries an overall responsibility for planning and conducting the study and drafting the report. Given the essential role of this individual, she/he should comply with the following requirements:

- Excellent understanding of the national HIV service delivery and funding systems;
- Knowledge and access to relevant stakeholders to be interviewed, including government officials, community members and experts and
- Experience of similar assessments and a strong record of adherence to evidenced-base approaches;
- Good understanding of epidemiological data;
- No conflict of interest;
- Fluent in English or Russian and the national language; and,
- Proven set of skills for interviewing, conducting a literature review and writing.

Key tasks to be conducted by this person include:

1. Scoping: Identify and collect a set of strategic and programmatic documents, including national laws and regulations that are relevant to transition process; identification of the documents and regulations missing for effective transition plan realization and needed to be developed;
2. Grouping Commitments by health systems domains in each Programmatic area
3. Identification of gaps: to some extent, some national context might be missing key indicators, which would be considered essential to track the progress to transition. Those should be identified and added.
4. Prioritization of indicators to be included in the review process: given that not all activities will be equally important to ensure successful transition, a national reviewer, based on her/his expertise and interviews with key informants, should identify core set of activities and indicators, which will be included in the review process. In addition, although most of these indicators would be coming from well-written policies, some indicators will still not be SMART, and national reviewer will not be able to identify data to track the progress. These indicators should be included in the analysis and expert interviews used to estimate the progress.
5. Collect data through desk research and/or key informant interviews based to measure the progress for the selected set of indicators.
6. Input selected indicators into a Transition Monitoring Tool to calculate the score.

7. Write analytical report to summarize the findings.

Deliverables to be produced:

1. Repository and mapping of documents relevant to transition process (placeholders) and containing the government's obligations with regards to transition (intentional or officially approved);
2. Filled in Transition Monitoring Tool
3. Repository of data collected
4. Analytical Report

2. Sample Outline of the National Report

Cover page – Standard Cover Page for all Country Reports

- Suggested title: Country name: Benchmarking Sustainability of HIV Response in the Context of Transition
- Year
- Organization/author

Inner page:

- Acknowledgements
- Recommended citation
- Contacts

Table of contents

Abbreviations

Executive summary (up to 2 pages) and summary charts from the Tool:

- Context/purpose/work undertaken;
- Key findings by programmatic area and health systems domains
- Summary table of progress towards sustainability;
- Conclusions of key recommendations

Main Body:

1. Context (up to 4 pages)

- Country health system context (how it is organized, funded, and how it compares to other countries in the region.
- HIV epidemiology: HIV prevalence and incidence, size estimation studies for key populations.
- Key challenges for service delivery for key populations.
- Organization of HIV Services: what services are available, organizations delivering the services, and how are they funded and delivered.
- Funding of HIV services, including the country's eligibility for the Global Fund support, transition from other donors in the fields of health/HIV.
-

2. Purpose and methodology (up to 2 pages):

- Why this assessment is important and how it will be used
- Clearly state that this is a pilot and the purpose is to document use of the guide and the tool at each stage, in order to improve the tool.
- Brief overview of the Methodology being used:
 - .1. Reference to the tool

- .2. Description of a country team
- .3. Approach to the commitments' prioritization
- .4. Data collection methods
- .5. Limitations and challenges including the deviations from the original methodology if any.

3. Findings (up to 10 pages)

- Summarize the list of identified commitments (and how you address the gap) by each programmatic area and the results of the commitments' prioritization
- Summarize the result by each domain within one programmatic area
- Summarize the results by each programmatic area with scoring charts
- Cross-programmatic comparison by health systems domains with an overall scoring chart
- Overall summary

4. Discussion (up to 4 pages)

- Provide your analysis of what these results tell us regarding the national processes
- Provide recommendations on how this data and the tool should be used by the communities

5. Conclusions (up to 1.5 pages)

References

Annexes: Full list of all commitments being identified with regard to each programmatic area before the prioritization. Repository and mapping of documents relevant to transition process?

Annex 2: Status of Transition of HIV Programs in Six Selected countries

Planning a transition from the Global Fund support is not a uniform process at country level. The Global Fund has integrated transition monitoring in national grants; however, most of the countries still opt in to establish M&E systems specifically designed for transition process.

Summary Table of National Transition Status

Country	Transition readiness assessment (any methodology)	TSP/Action plan	TSP/Action Plan formally approved	M&E available	Budget	Period (up to)	GF Eligibility for HIV
Ukraine	Yes	Yes	Yes	Yes	No	2020	Yes
Belarus	Yes	Yes	No	No	No	2021	Yes
Tajikistan	Yes	In process	No	In process	-	2025	Yes
Kyrgyz Republic	Yes	Yes	Yes	Yes	Yes	2021	Yes
Moldova	Yes	Yes	No	Yes	Yes	2020	Yes
Georgia	Yes	Yes	No	Yes	Yes	2022	Yes

Ukraine

Ukraine has developed and approved a “Strategy for Sustainability of TB, including resistance, and HIV National Responses to 2020” and implementation plan.¹⁵ The document was based on the transition preparedness assessment conducted by Curatio International Foundation. However, there is a general concern that the country does not have a comprehensive document that will oversee transition and sustainability.

Belarus:

Belarus has conducted a transition preparedness assessment, which has identified key gaps and estimated the national readiness to transit as a medium. Currently, transition process is governed by the recently approved Ordinance of the Ministry of Health N268 (09.03.2020). The process is reflected in national healthcare programs. Implementation aspect for HIV response interventions are well defined. Country has standards and packages of services defined, approved and costed. Considering that the placeholder for transition is the national healthcare program, which is approved annually, monitoring of transition process should consider with the national program development cycle.

Kyrgyz Republic:

National policy on TS is reflected in the National Program on overcoming HIV/AIDS in Kyrgyz Republic. The program defines comprehensive set of actions for the National HIV response, as well as M&E matrix and budgetary commitments¹⁶. A formal evaluation of the implementation was planned to be conducted in 2019, although, the report is not yet available. In 2017, the Government the Kyrgyz Republic integrated the Country Coordinating Mechanism with the Coordinating Council for Public Health of the Government.

Moldova

¹⁵ <https://zakon.rada.gov.ua/laws/show/248-2017-%D1%80>

¹⁶ <http://cbd.minjust.gov.kg/act/view/ru-ru/11589/10?cl=ru-ru#p5>

Moldova has developed transition action plan, which covers the period up to 2020. This document stipulates action, budget and targets/indicators for the process. Overall, the transition process is at advanced stage, and HIV prevention services are now being procured by the public organization – insurance fund. Country is also conducting costing of services.

Georgia

Georgia has conducted transition assessment and has developed a transition plan in 2016. The plan was vetted by CCM, but never formally adopted. In 2018, country has developed HIV NSP, which has integrated TS plan activities for the remaining period. However, until now (end of 2019) HIV NSP is not formally approved either. Country has not conducted review of transition implementation process. Some of the national actors, like MDM, OSF have initiated a process of monitoring of transition-related obligations, however no formal review or results have become available.

Tajikistan

Tajikistan is the only low-income country in this group with per capita government health spending of 15 USD. This is significantly lower than government health spending in any of the countries in this group, therefore, fiscal space for transition is rather limited. Nevertheless, country has conducted transition assessment and transition and sustainability plan is currently under development, and it covers the period of 2019 to 2025. In addition, country has approved national HIV program, which also defines government obligations, but is significantly underfunded. Tajikistan has legal framework in place for social contracting, although, no social contracts have been yet granted.

References:

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