Benchmarking Sustainability of the HIV Response in the Context of Transition from Donor Funding

Transition Monitoring Tool

(TMT)

A Methodological Guide

2020

This document is a publication of the Eurasian Harm Reduction Association (EHRA). EHRA is a not-for-profit public membership-based organisation which unites 247 organisational and individual members from the Central and Eastern Europe and Central Asia (CEECA) region with a mission to create within the CEECA region a favourable environment for sustainable harm reduction programmes and decent lives of people who use drugs (PWUD).

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Contents

Acronyms and Abbreviations

APH	Alliance for Public Health
CCM	Country Coordinating Mechanism
CEECA	Central and Eastern Europe and Central Asia
CSO	Civil Society Organisation
EHRA	Eurasian Harm Reduction Association
epi	Epidemiological
FY	Fiscal Year
GARPR	Global AIDS Response Progress Reporting
Global Fund	The Global Fund to Fight AIDS, Tuberculosis, and Malaria
GNI	Gross National Income
HIV	Human Immunodeficiency Virus
IBBS	Integrated Bio-Behavioural Survey
IBBSS	Integrated Biological and Behavioural Surveillance Survey
ICASO	International Council of AIDS Service Organizations
M&E	Monitoring and Evaluation
MoF	Ministry of Finance
MoH	Ministry of Health
MS	Microsoft Corporation
MSM	Men who have Sex with Men
MTEF	Medium-Term Expenditure Framework
NSP	National Strategic Plan
OAT	Opioid Agonist Therapy
OECD	Organization for Economic Co-operation and Development
OSF	Open Society Foundations
PLWHIV	People Living With HIV
PR	Principal Recipient
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
SDG	Sustainable Development Goal
STC	Sustainability, Transition, and Co-financing
SW	Sex Worker
TB	Tuberculosis
TG	Transgender
TMT	Transition Monitoring Tool
TRAT	Transition Readiness Assessment Tool
UHC	Universal Health Coverage
UNAIDS	Joint United Nations Programme on HIV and AIDS
WHO	World Health Organization
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Executive Summary

This Transition Monitoring Tool was developed to assist key affected communities to stay more informed and engaged in the monitoring of the transition process and to thereby advocate for the sustainability of national HIV responses.

Based on the Global Fund's vision, sustainability and transition are now integral parts of any grant; in the Eastern Europe and Central Asia region, this process is advanced, as most countries have already started the transition process. Although the respective governments have declared a set of commitments with regards to the HIV response, information is scarce as to where the public sector stands in terms of the fulfillment of those obligations. This limits the capacity of communities to identify shortcomings and to advocate for the development of solutions to address such shortcomings.

To strengthen community engagement in the transition and sustainability process of national HIV responses, this Transition Monitoring Tool has been designed to collect and evaluate the achievement of countries with regards to the commitments made and to benchmark those achievements between countries using the following core components:

- Identification of key public commitments with respect to HIV responses for key populations;
- Engagement of communities and national experts through consultations in the assessment process;
- Development of a matrix for data collection and analysis which will facilitate repetition of the process in the future; and,
- Calculation of transition scores for programmes for key populations by component, referred to as *Health System Domains* in this Tool.

Conceptually, this Tool was designed to respond to the changing views of transition and sustainability for HIV responses. Those views have been reflected in Global Fund policies, as well as documents generated in response to the consultation on Universal Health Coverage and the transition from donor support. Initially, transition was mostly viewed as a domestic obligation to provide substitute funding; although provision of substitute funding is at the core of the transition process, it is now obvious that only allocating funds will not guarantee that community-based services will continue to function. Therefore, this Tool conceptualises the transition process that should be addressed for each component of the health system – governance and policy, financing, service provision, human resources, access to drugs and technologies, and information systems.

This Tool is primarily designed to trace commitments by governments which have been stated in public documents; however, the opinions of communities and experts are included in identifying priority commitments for the purpose of monitoring, and for filling in information gaps where commitments are not clearly defined for the purpose of monitoring.

The sustainability of HIV responses is reflected in the ongoing positive impact on HIV epidemics by reducing transmission, increasing detection rates, and improving treatment outcomes for those already infected. The achievement of commitments made by national governments with respect to their impact on the HIV epidemic is measured separately to contextualise whether or not ongoing efforts contribute towards the improvement of national responses to HIV.

Preface

Transition is a concept coined within the context of the withdrawal of the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) from recipient countries. Given that most low- and middle-income countries face the simultaneous withdrawal of multiple donors, a transition is now viewed as a cross-programmatic process and as an integral part of the agenda of Universal Health Coverage (UHC). The Global Fund has noted that,

> "*As countries transition from Global Fund support to domestically funded health systems, partners are focusing efforts so that key populations are not left behind in the progress to achieve universal health coverage.*"[1]

Countries that no longer receive support from the Global Fund for their HIV response have transitioned with varying degrees of success. Many have reported the breakdown in community-based service delivery[2, 3] and shortage/absence of HIV prevention commodities as governments were unable to provide an adequate level of funding, or mechanisms to channel existing funding. The reasons for these difficulties are multi-faceted – starting from the lack of a sufficient level of resources to the absence of political will and legal frameworks. As the former Executive Director of the Global Fund, Mark Dybul, has commented,

> "*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 COVID-19 pandemic since late 2019 has created significant challenges for most countries around the world. As a result, key populations affected by HIV have faced significant challenges in accessing needed medical and preventive services, and their socioeconomic vulnerabilities have also increased. The worsening economic situation in each country will also impact the availability of domestic funds during the post-COVID-19 period as well, which will probably change the subsequent path of transition in many countries. In order to ensure that achievements within HIV programmes in such countries will not be cut back due to the

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[1] The Global Fund. *Step up the fight: Focus on Universal Health Coverage*. Geneva, Switzerland; The Global Fund to Fight AIDS, Tuberculosis, and Malaria, May 2019, p3. https://www.theglobalfund.org/media/5913/publication_universalhealthcoverage_focuson_en.pdf (accessed 24 November 2020).

[2] International Council of AIDS Service Organizations (ICASO). *Discussion Paper. Handing Over Health: Experiences with Global Fund Transitions and Sustainability Planning in Serbia, Thailand and South Africa*. Toronto, ON, Canada; International Council of AIDS Service Organizations, January 2016. http://icaso.org/wp-content/uploads/2016/09/Handing-Over-Health-Experiences-with-Global-Fund-Transitions-Final-Draft-FINAL.pdf (accessed 24 November 2020).

[3] Open Society Foundations (OSF). *Lost in Transition: Three Case Studies of Global Fund Withdrawal in South Eastern Europe*. New York, NY, USA; Open Society Foundations, December 2017. https://www.opensocietyfoundations.org/uploads/cee79e2c-cc5c-4e96-95dc-5da50ccdee96/lost-in-translation-20171208.pdf (accessed 24 November 2020).

[4] The Global Fund. *34th Board Meeting. Report of the Executive Director*. Geneva, Switzerland; The Global Fund to Fight AIDS, Tuberculosis, and Malaria, November 2015, p4. https://www.theglobalfund.org/media/4185/bm34_02-executivedirector_report_en.pdf (accessed 24 November 2020).

economic slowdown in the post-COVID-19 period, the monitoring of the execution of public HIV commitments is even more important.

The purpose of this *Transition Monitoring Tool* (TMT) is to present a conceptual framework and methodology for monitoring the fulfillment of the commitments related to the sustainability of HIV responses given by governments, with a focus on the context of the transition from Global Fund support.

This methodology was developed for the programme, 'Sustainability of Services for Key Populations in Eastern Europe and Central Asia', implemented by the consortium of organisations from the EECA region led by the Alliance for Public Health (APH) (Ukraine) and financed by the Global Fund. The Eurasian Harm Reduction Association (EHRA) is a regional partner of the programme. The implementation period of the programme is 2019 to 2021 and covers 14 EECA countries[5].

Structure

The structure of this Tool is as follows:

Part I: Conceptual Framework
This part of the Tool 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 its development. It considers key strengths and limitations of this approach.

Part II: Implementation Guidance
Describes the process to be used by a national expert for conducting and documenting the process of monitoring. The guidance should be read and used in conjunction with the MS Excel-based set of tables designed to document the entire process and to generate country comparable results.

This methodology is designed to be used by national experts and to inform policy and decision-makers and community members regarding progress of the transition process. It is suggested that the methodology be used regularly – annually, or bi-annually. The first round of implementation is more resource-intensive given that it calls for extensive data collection and analysis of the national decision-making process regarding the selection of priorities. In subsequent monitoring, the process should be less intensive given that it will be focused more on the updating of the initial assessment.

Part III: Tools and additional guidance
A set of tools and additional guidance, such as examples, are included to aid implementation.

[5] Alliance for Public Health. *Sustainability of services for key populations in EECA region (#SoS_project)*. Kiev, Ukraine; Alliance for Public Health, undated, http://aph.org.ua/en/our-works/eastern-europe-and-central-asia/resservices/ (accessed 30 November 2020).

Part I: Conceptual Framework

Transition context

External donor support for the health sector is expected to diminish as countries economically grow, with increasing dependence upon domestic funding. This process is currently observed in many low- and middle-income countries; the World Health Organization (WHO) has termed this process **'Transitioning' of healthcare financing**[6], meaning that the greater the spending on health, and higher the share of resources that come from the domestic budget, including HIV programmes.

The Global Fund's approach to transition is guided by two main policies: (i) Eligibility; and, (ii) Sustainability, Transition and Co-financing[7].

The Global Fund's **Eligibility Policy** was revised in 2018[8, 9], and defines two primary criteria for eligibility – Gross National Income (GNI) per capita based on the World Bank Atlas method[10], and Disease Burden. According to this classification, all low-income and lower-middle-income countries are eligible to receive funding despite their respective disease burden (except if they have malaria-free status), while upper-middle income countries are only eligible for support if the disease burden is classified as high.

Disease burden classification is essential for determining the eligibility of upper-middle income countries. It is classified as "high" if (i) HIV prevalence is ≥ 1%; or, (ii) prevalence in a key population is ≥ 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 is a so-called '*transition grant*', although countries that become high-income are not eligible for such transition grants.

- **Period and amount of a transition grant** is defined by the Global Fund Secretariat.

[6] World Health Organization. *Global spending on health: a world in transition*. Geneva, Switzerland; World Health Organization, 2019 (WHO/HIS/HGF/HFWorkingPaper/19.4). https://apps.who.int/iris/bitstream/handle/10665/330357/WHO-HIS-HGF-HF-WorkingPaper-19.4-eng.pdf (accessed 24 November 2020).

[7] The Global Fund. *39th Board Meeting: Revised Eligibility Policy*. Skopje, North Macedonia; The Global Fund to Fight AIDS, Tuberculosis, and Malaria, 9-10 May 2018. https://www.theglobalfund.org/media/7409/bm39_02-eligibility_policy_en.pdf (accessed 24 November 2020).

[8] Ibid.

[9] The Global Fund. *35th Board Meeting: The Global Fund Sustainability, Transition and Co-financing Policy*. Abidjan, Côte d'Ivoire; The Global Fund to Fight AIDS, Tuberculosis, and Malaria, 26-27 April 2016. https://www.theglobalfund.org/media/4221/bm35_04-sustainabilitytransitionandcofinancing_policy_en.pdf (accessed 24 November 2020).

[10] The World Bank Group. *GNI per capita, Atlas method (current US$)*. Washington, DC, USA; The World Bank Group. https://data.worldbank.org/indicator/NY.GNP.PCAP.CD (accessed 30 November 2020).

The Global Fund's **Sustainability, Transition and Co-financing Policy** was adopted in 2016[11]. A '*Guidance Note*' was subsequently issued in 2020, providing additional clarifications on the transition planning process[12]. 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 programme and grant design and implementation**[13].

The Global Fund's work to assist countries in planning for **sustainability, transition and co-financing** is structured around **7 key pillars:**

1. Support countries to develop robust national health strategies, health financing strategies and national disease strategic plans;
2. Encourage additional domestic investments; require a 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; and,
7. Support countries to identify efficiencies and optimise disease responses.

Tools-at-hand are *Transition Readiness Assessments*[14] and a set of *Key Performance indicators*[15] which allows the tracking of alignment of national programmes with the strategic directions of the Global Fund within the context of transition and sustainability.

In addition, the Global Fund has supported the process of national transition and sustainability planning. A number of countries have developed their transition and sustainability plans, although this process has not been formalised in terms of what should be included, nor how transition and sustainability plans should be developed.

[11] *The Global Fund Sustainability, Transition and Co-financing Policy*, Ibid.

[12] The Global Fund. *Guidance Note: Sustainability, Transition and Co-financing*. Geneva, Switzerland; The Global Fund to Fight AIDS, Tuberculosis, and Malaria, 15 May 2020. https://www.theglobalfund.org/media/5648/core_sustainabilityandtransition_guidancenote_en.pdf (accessed 24 November 2020).

[13] Varentsov I. *Status of transitions from Global Fund support in the EECA region*. Vilnius, Lithuania; Eurasian Harm Reduction Association, 23 April 2017. https://harmreductioneurasia.org/status-of-transitions-from-global-fund-support-in-the-eeca-region/ (accessed 24 November 2020).

[14] Eurasian Harm Reduction Network. *TRAT: Transition Readiness Assessment Tool. User Manual Version 1.0*. Vilnius, Lithuania; Eurasian Harm Reduction Network, August 2016. https://harmreductioneurasia.org/wp-content/uploads/2019/01/transition-readiness-assessment-tool-user-manual_final_0.pdf and, https://harmreductioneurasia.org/wp-content/uploads/2019/01/ehrn_trat_final_2016.xlsx (accessed 24 November 2020).

[15] The Global Fund. *35th Board Meeting: 2017-2022 Strategic Key Performance Indicator Framework*. Abidjan, Côte d'Ivoire; The Global Fund to Fight AIDS, Tuberculosis, and Malaria, 26-27 April 2016. https://www.theglobalfund.org/media/4230/bm35_07a-2017-2022keyperformanceindicatorframeworknarrative_report_en.pdf (accessed 24 November 2020).

Definition of key concepts

The Global Fund defines **transition** as,

> "***the mechanism by which a country, or a country disease 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***"[16],

and views the process as two dimensional: **(1) sustaining the existing level of effort; and, (2) scaling-up to answer needs of the programme**. **This means that more and more resources need to be invested, and more of these resources are expected to come from domestic sources**[17].

The Global Fund's approach to **sustainability** is as follows:

> "*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*."[18]

Therefore, it can be assumed that **while sustainability is an end goal of transition, which describes how effective (impactful) the programme is, the transition itself is a process, which should lead to such a programme design through domestic funding**[19].

Framing of this methodology

Despite the importance of the transition process, it is not well monitored – neither do countries have streamlined monitoring systems in place, nor are the current grant monitoring and programme tracking measures sufficient[20]. Consequently, the development of this document and its methodology is aimed at **enhancing the national capacity of civil society organisations (CSOs) and communities to monitor the transition process** by following the extent to which the government's commitments are fulfilled for priority areas in the HIV response.

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16 Office of the Inspector General. *Audit Report: Global Fund Transition Management Processes*. Geneva, Switzerland; The Global Fund to Fight AIDS, Tuberculosis, and Malaria, 3 September 2018, p4. https://www.theglobalfund.org/media/7634/oig_gf-oig-18-017_report_en.pdf (accessed 24 November 20020).

17 *The Global Fund Sustainability, Transition and Co-financing Policy*, Op.cit.

18 *The Global Fund Sustainability, Transition and Co-financing Policy*, Op.cit.

19 *The Global Fund Sustainability, Transition and Co-financing Policy*, Op.cit.

20 Office of the Inspector General, Ibid.

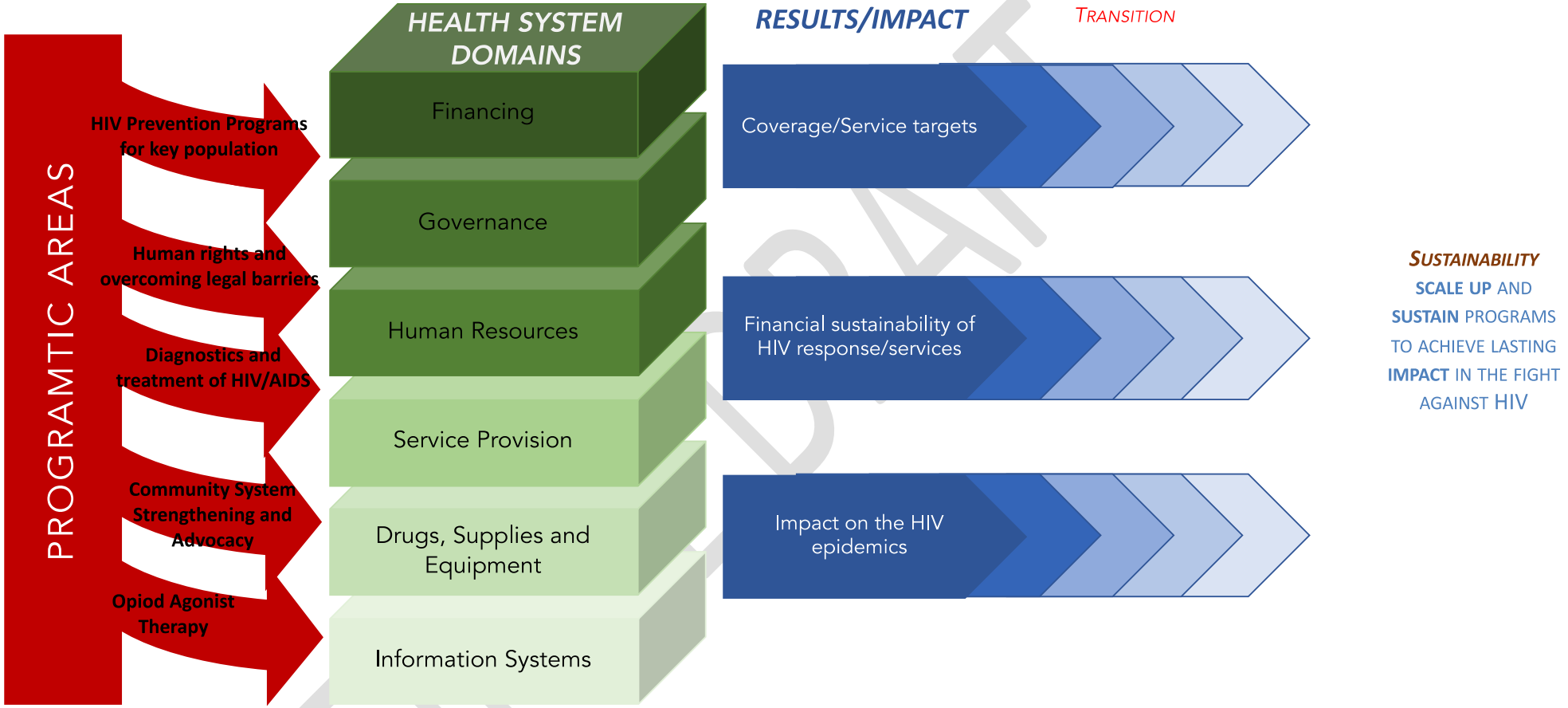
The logical framework for this methodology is based on the following model:

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 programmes, national strategies, budget laws, and others. Those documents contain **commitments – an action and a desired change -** which the national government has taken the responsibility to implement;
2. Key populations have vested interests in the successful transition of national HIV programmes; however, there are certain **programmatic areas** that best meet the needs of key populations. These include HIV prevention programmes which can take many different forms but basically provide individuals at risk with HIV-related testing and counseling, risk reduction supplies, and social support delivered in a community setting led by peers.
3. To some extent, **a transition process should address the challenges which exist in all domains of the national healthcare system**, especially health financing, and should lead to the sustainability of the HIV response – a positive impact on the epidemic. Those **health system domains** that are classically considered to reflect all elements of the healthcare system include governance and regulations, financing, human resources, service provision, drugs and supplies, and information systems.
4. The impact of the transition process is reflected in the sustainability of HIV programmes. Based on the Global Fund definition, this model proposes to measure sustainability using the progress made in the following areas:

    - Improved coverage of services;
    - Financial sustainability – provision of replacement, and adequate level of, funding; and,
    - Impact on the epidemic as reflected in key epidemiological indicators.

This model is described in Figure 1.

Figure 1: Analytical Framework



Development of this Methodology

The framework and methodology was developed based on the desk review of existing materials regarding transition and sustainability of Global Fund supported programmes – national transition plans, national strategic plans and programme documents of target countries, the Global Fund policy/approach towards transition, as well as preliminary interviews with stakeholders to check the validity of some assumptions. It was piloted and revised based on the result of the pilot.

This Tool consists of two documents:

1. A **Guidance Note** that is accompanied by an extensive set of annexes which provide additional tools and examples; and,

2. A MS **Excel-based tool** that allows the systematisation of national commitments in a format referred to as the *Commitment Matrix*, by documenting the process, how it was developed, and an *Analysis Table* which allows progress and report achievements to be traced against set targets.

Limitations and Challenges

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

- Countries do not have a predefined set of processes/documents which frame the transition process and contain relevant commitments. In this document, such issues are referred to those as '*placeholders*';
- In some countries, some of the key documents have expired and there is no clear guidance on what happens after, if for example, a national transition plan has expired;
- Some of the plans (strategic or transition plans) are developed but not approved by the Government, that raises questions as to the extent to which those documents are perceived by the government as guiding their decision-making process;
- It is not technically feasible to monitor all commitments; therefore, a set of commitments should be selected. This makes each assessment arbitrary, and a choice of commitments to monitor depends on the national reviewer and a team of national informants who select the commitments that are the most important/informative; and,
- Data quality**:** data is often of a questionable quality and exiting mechanisms within Global Fund programmes do not monitor full-scale execution of the transition process.

Part II: Implementation Guidance

Transition is an ongoing process for any country of the EECA region that has a current Global Fund grant, as the transition preparedness is now understood as a core component of supported programmes.

This guidance intends to advise on how to monitor the status of sustainability of core HIV programmes through the prism of how each of the countries fulfills its obligations within the context of transition.

Process

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

Transition Monitoring Process		
Step No.	**Focus**	**Deliverable/Output**
Step 1	**Scoping:** Identification and collection of a set of strategic and programmatic documents, including national laws and regulations that capture/reflect 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	**Identification and grouping of commitments by health system domains in each programmatic area:** this process helps to see the gaps in public commitments; In exceptional cases, where gaps are substantial, the National Reviewer should consider adding new commitments, interpretation, or missing components of commitments with logical arguments.	Filled in commitments matrix (in the Excel Tool).
Step 3	**Prioritisation:** given that data collection and analysis is a lengthy process, existing commitments should be prioritised based on their importance to the national context; & **Consensus building** is a step to agree upon some of the interpretations developed during Step 2. The process of prioritisation and consensus building is carried out with the **national reference group** (see details regarding composition of the group below).	Filled in commitments matrix with priorities assigned. This step is performed by a reference group under the guidance of a national expert.
Step 4	**Data collection and analyses to generate findings**	Findings (filled in tool).
Step 5	**Communication of findings** by developing a **National Report and visualisations** for easy display and comprehension of the results.	A national report and the visualisation of findings in the format of a chart.

The ***Timeline*** for a review is as follows:

The suggested baseline year is 2016, given that in 2016 the Global Fund formally adopted its sustainability, transition, and co-financing (STC) policy. In exceptional cases, commitments taken by a government prior to 2016 can be also identified if those have had a significant impact on the status of transition after 2016.

As a result, the Excel-based tool is also designed with 2016 as its starting point. However, the tool can be applied to any period of time which the National Expert and the Reference Group considers appropriate.

The methodology is intended to be repeated at regular intervals, preferably annually.

Team

An in-country review is carried out and led by the local expert, referred to as a **National Reviewer**. The National Reviewer should have extensive experience in working on HIV policy at national level and a very good understanding of national processes, key players and how public/government systems function. They should also have an excellent understanding of how communities work in the country and, preferably, work experience in HIV community-based organisations.

The National Reviewer is supported by national experts to make the review process transparent and to reach a consensus on what will be assessed and how. For this purpose, they will need to set up a **National Reference Group** of local experts (experts include communities) to validate the evaluations made by the National Reviewer.

The composition and size of the **National Reference Group** may vary from country to country. The group should be representative, and it is expected to include at least one member from each key population group; representatives of civil society groups active in the field of HIV; activists; independent experts; service providers; representatives of international and regional organisations (local or working at a regional level); and policy makers.

There are different ways to identify members for the National Reference Group:

1. A National Reviewer who has a good understanding of national stakeholders, maps out key players and invites them to take part in the review process; or,
2. A National Reviewer announces a call for National Reference Group members via commonly used information platforms.

At least 50% of group members or more should be directly associated with communities and community-based organisations. Membership of the National Reference Group is non-paid, volunteer work which should be clearly communicated to the members of the group.

Given the complicated epidemiological situation, the working process with the Group can be made fully remote, or a mix of remote communication and face-to-face meetings.

Step I: Scoping

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

A section in the Excel Tool called "PLACEHOLDERS" should be used to document all key documents which the National Reviewer has identified for the purpose of the review. It is highly advisable to keep all such documents in shared folder with links included in the Tool.

Some common *placeholders* include the following:

Some countries have **Transition and Sustainability Plans**, which serve as an excellent guide to begin monitoring the transition process. These documents should be accompanied with action plans, monitoring and evaluation (M&E) frameworks and budgets. Some countries have not formally approved such plans and it could be questionable if these indeed represent a national government's commitments, but should be included in the scoping process and the Reference Group should make a decision as to whether to include them in the review process or not.

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 national agencies (or even donors). Since budget substitution is one of the core components of the transition process, adding information about **public allocations for goods and services as reflected in the national, or sub-national, programme** is also essential.

The term '**National Programme'** can be misleading. In countries that use a programme-based budgeting model for public financial management, it refers to a collection of activities, with a government budget in line with national strategic objectives. The 'Programme' under this arrangement is a tool to execute the public budget. The Organization for Economic Co-operation and Development (OECD) refers to this type of public financial management model as a "second generation" reform[21]; such countries have medium-term expenditure frameworks, programmes and performance-oriented budgets in place (e.g. Georgia has a 4-year medium-term expenditure framework (MTEF), Belarus and Ukraine 2-years, and Kazakhstan, Kyrgyz Republic, and Moldova also have MTEFs in place.

However, not all countries have switched to a programme-budget model, or the reform has not covered all parts of the public budget. In such settings, 'programme' refers to a document which outlines objectives, as well as activities needed to achieve those objectives, and is often accompanied with a budget, although the budget is not tied to the execution of the public budget.

In addition, a **National Strategic Plan (NSP)** is another key *placeholder* containing important information regarding the transition process. It contains decisions regarding priorities and key activities and targets for the national HIV response. Based on the Global Fund Sustainability

[21] OECD. *Greening Public Budgets in Eastern Europe, Caucasus and Central Asia*. Paris, France; OECD Publishing, 16 August 2011. http://dx.doi.org/10.1787/9789264118331-en, and also, http://www.cawater-info.net/green-growth/files/oecd6.pdf (accessed 30 November 2020).

and Transition Policy, any recipient country should be planning for transition and, therefore, the NSP should be responsive to the country's transition needs.

Communication with the Global Fund or other donors can also convey significant information: allocation and grant letters and similar correspondence may be useful to identify commitments, or details of such commitments. In general, the Country Coordinating Mechanism (CCM) may be a useful resource in identifying such communication.

This scoping exercise should not only focus on the Ministry of Health (MoH), but also programmes developed by other ministries. This could be, for example, the Ministry of Justice, the Ministry of Corrections (penitentiary system), and others.

In essence, the scoping exercise is a collection of key documents for the desk review. However, the National Reviewer may conduct a few interviews to make sure that they have covered all of the essential documents. The interviews might be conducted with the representatives of the principal recipient (PR) of the Global Fund in the country, representatives of the MoH, some community leaders, such as members of the CCM, and others.

Step II: Identification and Grouping of Commitments by Health System Domains in each Programmatic Area

Completion of this step is reflected in the Tool as completed and filled-in Sheets in the Tool "COMMITMENTS (1st draft)", "PRIORITISATION", and "Commitments Matrix". Please note that you may have multiple back-and-forth between draft commitments and prioritisation and you may use venues other than Excel to undertake this exercise (e.g. google forms) and you can document the process in the Tool by adding extra sheets, with your final outcome of Step II being a sheet named "COMMITMENTS MATRIX".

A. Identify commitments taken by the government with respect to the transition and sustainability of HIV programmes

Upon identification, the key *placeholders* should be scanned to identify commitments by the government with respect to transition and sustainability of the national HIV response. Ideally, these commitments should have specific indicators and targets attached to them. The task is difficult, as the format of the documents might not be especially conducive for the task and may require a National Reviewer to be critical and, at times, piece together different segments. Annex 4 provides additional details and examples to help with this process.

It is important to **include all commitments** identified for the Programmatic Areas under review. This could include **commitments made before 2016** if these are important for the transition, and **commitments which are not due during the time of the review** in order to facilitate further tracking. Commitments which are not due at the time of the review should not be considered in the analysis.

What is the government's commitment? **The Government's commitment is a pledge that it will take certain actions in order to change the current state of affairs**. As noted, strategic documents are often vague in terms of how commitments are formulated, and it is very

important to link different pledges to each other to finally come up with a full formulation of each commitment (please see Step B, below, for details).

In order to avoid extra work of fully formulating all the commitments, the National Reviewer may develop a preliminary list (draft) and run it through the prioritisation process (Step III), eliminating preliminary wording of commitments that are not a priority for the Reference Group and then continue to develop a more comprehensive list of priorities that would, again, be used for prioritisation (Step III). This step can be repeated more than once, if needed.

B: Commitments should be grouped by health system domains under each Programmatic Area

There are six health system domains overall: financing, governance, service delivery, drugs and supplies, human resources, and information system.

In addition, commitments related to results/impact on the epidemic should be put under the section 'Impact' in the Tool.

This will allow the collected commitments to address a comprehensive set of actions by the Government to be seen and to thereby identify gaps. Annexes 1, 2 and 3 include suggested/indicative topics for commitments under each domain which will help in leading the process.

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

Indicator Classification	Definition	Example
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 centres; train 150 community workers.
Level	These indicators track trends over time and may fluctuate up or down depending on performance.	% of PWID reached by the minim package of services
Date	These indicators use calendar dates instead of numbers as targets and actual values.	Adopted new legislation in 2018.

Adapted from, Millennium Challenge Corporation. *Compact Implementation Guidance: Guidance on the Indicator Tracking Table*. Washington, DC, USA; Millennium Challenge Corporation, 20 October 2020. https://www.mcc.gov/resources/doc/guidance-on-the-indicator-tracking-table (accessed 24 November 2020).

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

As noted above, some of the commitments might not be fully formulated, and some information or actions might be missing (e.g. "improve quality of life…"). In addition, there could be some general commitments which are considered 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 are missing. The table below gives an example of how to fill in the gaps for a commitment formulation to "improve quality of services for PWID", if the rest of the information is missing.

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

Commitment formulation	Action	Timeline	Indicator	Baseline	Target	Means of verification	Assumption(s)	Feedback from the Reference Group
Improve quality of services for PWID	Conduct needs assessment survey	2020	Needs assessment of PWID 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 the needs of communities	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 decisions about the quality of services	It is not possible to evaluate how quality was improved unless there are some agreed definitions of what constitutes quality	Accept Action: This should 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 PWID and a Decree on Service Standards for PWID states that customer feedback on service quality should be regularly collected; it is assumed that any type of feedback mechanism and evidence is used and that data was analysed and findings applied would be considered as a step in fulfilling this commitment	Accept with reservations: Reformulate the actions "Have customer feedback system in place" Action: Changed

The National Reviewer should consider adding specific actions and indicators for commitments with missing information and in collecting consensus from the Reference Group. This could be undertaken together with prioritisation, or into two separate steps.

Transition Monitoring Tool includes a sample of pre-filled forms.

Step III: Prioritisation

Prioritization is about identification and selecting which commitments to monitor. Considering that data collection is a very difficult process, focusing only on the monitoring of a selected commitment (e.g. if, during scoping, 20 commitments have been identified for each programmatic area, 5 commitments might be selected to monitor through prioritisation). **Prioritisation is to be undertaken by the national Reference Group** (see the Team section above for details). This process is led by the National Reviewer who develops an initial list, shares it with the Reference Group, and collects and analyses the input.

Prioritised commitments should be SMART:

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

The National Reviewer can use different approaches for prioritisation:

- They can organise a workshop to collect input on priorities from the Reference Group;
- They can interview each member of the Reference Group and use their opinions; and,
- They can undertake an online poll, and have it filled in by Reference Group members (highly recommended).

The preferred way to document this process is to use an online survey tool, such as google forms, which is free of charge.

Whichever approach is used should be documented in the narrative report. Choice of the method should be guided by the national context and feasibility.

The Reference Group should also be consulted to validate the proposed formulation if the National Reviewer has added information to fill in the gaps (see Step III.C). The Reference Group should be asked if they accept, reject or accept with reservations (i.e. they propose some changes). The National Reviewer might have to repeat this consensus building step- a few times in order to ensure that the Reference Group accepts these formulations. Overall, such add-ons should be kept to a minimum.

The survey design should include the following:

1. Ask respondents to self-identify themselves by confirming their first name, last name and email address;
2. List each commitment in full (jointly with action, indicator and target), and the following question:

   "Based on the national context and your perceived priorities, should this commitment be included in the analysis? Please assign the level of importance to monitor this

commitment? 1 - not important; 2 - somewhat important; 3 – quite important; 4 – very important (must monitor); or 0 – cannot tell."

Commitments which receive at least one '4' should be included in the analysis, while commitments rated otherwise should be included if the average score is over '2'.

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 the proposed formulation? Yes/No
   b. If no, please indicate the proposed changes (free text response)

   Modifications proposed by group members should be reviewed by the National Reviewer and, after formulating one or two options, it can be presented to the Reference Group for final acceptance.

Step IV: Data Collection and Analysis

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

Methods to be used for data collection include:

- **Desk review:** review of already published reports and data available online; ideally, if a country has a transition plan in place, there should be annual reports available; similarly, a country could be producing annual reports for HIV programme implementation. There could be stand-alone studies available, such as IBBS studies.
- **Interviews:** interviews with experts and communities can also help the National Reviewer to collect missing information.
- **Official information requests:** very often, data is not available in an open access form. Some of this information can be requested from official sources, such as the Ministries of Health or Finance, and National AIDS Centres.

A prioritised list of national commitments (and a set of information which is needed to monitor the execution of these commitments) provides very clear guidance on what information needs to be collected.

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

<table>
<tr><th>Indicator Classification</th><th>Formula</th><th>Example</th></tr>
<tr><td>Cumulative</td><td rowspan="3">Achievements for all fiscal years are summed and divided by the sum of targets for all fiscal years under review.</td><td colspan="2">Commitment: Increased coverage with HIV Testing for PWID.
Indicator: Number of HIV tests performed among PWID.</td></tr>
<tr><td>Achievement</td><td>Planned</td></tr>
<tr><td>2016: 5,000
2017: 6,000
2018: 7,000
Sum: 18,000</td><td>2016: 6,000
2017: 7,000
2018: 8,000
Sum: 21,000</td></tr>
<tr><td colspan="3">Formula: Achievement/Planned.
Result: 85.7%</td></tr>
<tr><td>Level</td><td rowspan="3">Achievement rate for each year is divided by the achievement target of the following year. Simple arithmetic ‘mean’ is calculated, unless there is a clear outlier. Outliers should be analysed separately in the narrative report.</td><td colspan="2">Commitment: Increase coverage with HIV Testing for PWID.
Indicator: Share of PWID tested for HIV for the given year (from the estimated number of PWID in the country).</td></tr>
<tr><td>Achievement</td><td>Planned</td></tr>
<tr><td>2016: 30%
2017: 33%
2018: 35%</td><td>2016: 35%
2017: 40%
2018: 45%</td></tr>
<tr><td colspan="3">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 analysed and reflected in the narrative report.</td></tr>
<tr><td>Date</td><td>Adopt new legislation in 2018.</td><td colspan="2">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, if this delay has significantly impeded the programme, it should be downgraded. The level to which it is downgraded should be decided by the National Reviewer and, if possible, agreed with the Reference Group.</td></tr>
</table>

- Commitments which are due for the period of analysis should be analysed; and,
- Commitments which are not due during the period of analysis should be analysed to see if there is sufficient progress made to ensure 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 should look at each commitment separately and evaluate progress made in its achievement (against set targets) for each. Progress is measured in percentiles, called ’**Achievement Scores’**, and interpretation of the results is in the answer to the question: “to what extent has the government fulfilled its commitment to X?” The answer is “by X%”. In some instances, there will be no progress (value “0%”), or overachievement (a value of more than 100%).

After each commitment has been evaluated, the transition process is considered from 3 perspectives:

1. **Results/Impact**: What has been the impact on the HIV epidemic? Has the situation improved or worsened?

2. **Achievement by programmatic areas** (broken down by health system domains): What progress has been made in terms of transition of each programme? Are there specific

bottlenecks to implementation? (e.g. financing, governance, or other). How do programmes compare with each other?

3. **Achievement by health system domains**: Does the transition process face specific types of bottlenecks, were extra advocacy efforts are needed? Is the budget allocation a problem, or is it related to decisions about regulations and policies? This analysis shows areas of government weakness and strength which are cross-cutting across the programmes.

Results are visualised using a **Transition Scale:**

Definition of Sustainability	***Description***	***Percentile of achievement***	***Colour code***
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 commitments regarding 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

The 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 Annex 1 of this guide. Similarly, all charts should be composed using the same Excel-based template provided in the Tool (Excel spreadsheet).

Annex 1: Identification of Programmatic Areas

A 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 include:

- HIV preventive programmes for key populations (screening, distribution of consumables, education/information provision, psychosocial support, etc.), usually delivered by community organisations, or civil society organisations. These programmes are often focused on specific groups of key populations:

  - People who use drugs (HIV_Prev_PWID)
  - Men who have sex with men (HIV_Prev_MSM)
  - Transgender people (HIV_Prev_TG)
  - Sex workers (HIV_Prev_SW)
  - Prisoners (HIV_Prev_Prison)
  - Other key populations based on the national context (HIV_Prev_Other)

- Opioid agonist therapy (OAT)
- Diagnostics, treatment of HIV and care and support (including palliative care) for people living with HIV (PLWHIV), TB/HIV co-infection (Treatment)
- Community systems strengthening components and advocacy components (CSS/Advocacy)
- Human rights and overcoming legal barriers (HR).

Annex 2: How to group commitments by impact and health system domains

Data collection and analysis should be structured by 7 main domains: one of the domains looks at the expected results/impact on the HIV epidemic if all the measures implemented have reached the end goal and made an impact on the epidemic, while the remaining 6 looks at key components of the health system.

Impact and results – HIV programme effectiveness is measured against set targets which define the impact on the epidemic. The Global Fund Key Performance Indicators[22]provide a useful model for defining the expected outcomes of HIV programmes:

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

In addition, there are well-defined international targets that can be applied to the national context, such as the 90-90-90 targets[23].

With respect to the health systems domain, this Tool calls for the grouping of commitments into 6 domains. Not all domains are relevant for each programmatic area. For example, 'Community systems strengthening components and advocacy components' might not require the domain 'Drugs, Supplies and Equipment'. In addition, some commitments may seem appropriate to more than one domain (e.g. allocate funding for the capacity building of CSO staff – financing and human resources). In such instances, the National Reviewer should decide which domain(s) would be most relevant (e.g. in the case above, it would be staff trained (human resources) because the allocation of funds for training would make a contribution to the epidemic, unless people are not actually trained).

Below is the description of each domain and a suggestion on how to group commitments under those domains.

Domain 1: Financing - Provision of replacement level of funding by the national government for all programme 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 a government starts to fund, allocation for certain interventions might increase but this should not outweigh a decrease in the allocation for other HIV interventions (unless there is a valid justification for that).

An important aspect of domestic funding is whether the funding comes from the central, or a 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 HIV services.

[22] *35th Board Meeting: 2017-2022 Strategic Key Performance Indicator Framework*, Ibid.

[23] UNAIDS. *90–90–90 - An ambitious treatment target to help end the AIDS epidemic*. Geneva, Switzerland; UNAIDS, 1 January 2017. https://www.unaids.org/en/resources/documents/2017/90-90-90 (accessed 1 December 2020).

Placeholders that contain information regarding financial commitments include a NSP as well as the budget and budget execution reports. The NSP is the document which projects how much funding is needed, and the budget is a commitment on the allocation of funds. The difference between the NSP and the budget is generally understood as a deficit. Unusually, the budget is less then NSP projections, but this could be reversed as well (for example, due to changes in the price of drugs). The National Reviewer should try to find answers as to why such differences have taken place.

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

Also, a budget execution report will show how much money from the allocated budget was used (executed) in that year. Large differences between allocated and executed funds are also important to interpret – was it because certain programmes were not implemented? (e.g. if the budget was for a social contract and calls were not announced). Have less drugs/supplies been procured? Or have less staff been paid? Such issues can provide 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**: The 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 Domain 1), but also the potential to manage the programme (to plan and conduct procurement on time to avoid stock outs), the availability of appropriate public procurement mechanisms to procure HIV and OAT drugs and consumables, and any regulatory or administrative challenges (e.g. drug registration).

During transition monitoring, procurement lists are largely the same as within Global Fund programmes, although as some new drugs or consumables become available, if they have proven efficacy and effectiveness, it can be argued that national programmes can overtake procurement obligations for these drugs and consumables.

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

Access to services which cover the needs of PLWHIV and key populations, besides HIV services, are essential, such as mental health support and counseling, reproductive and sexual health, access to social services, and legal help, etc.; such provisions are essential components of the 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 public obligations. Some important considerations to focus on include:

- Regulations regarding public funding of non-state actors, such as CSOs (or so called 'social contracting') are important 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 insufficient, or not available in some locations, non-state actors can provide valuable resources to enhance service delivery. Are public procurement calls generally accessible to non-state actors?
- Availability and content of guidelines and service standards, including costing and budgeting standards - do they serve as promoters of, or barriers to, improved quality and access to care?
- Licensing/accreditation of services and quality control regulation - do they serve as promoters of, or barriers to, improved 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 upon 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 the programme includes the programme 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 the country carry out behavioural risk assessment surveys? Population size estimation surveys? Is epidemiological data readily available? Are there reports published on the implementation of national programmes and strategies?

This domain also includes the availability of management information systems: no country should be working with paper-based reporting models. However, a myriad of solutions can be used to manage the programme, including service and administrative data, which might be difficult to navigate. Are those systems in place? Are they free of charge to be used at the service provider level? Do these systems allow providers or administrative units to use the data productively? Such issues should be looked 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 include human resource capacity building, as well as incentives to motivate their availability (geographic distribution) and adequate payment.

Indicative list of commitments under each domain is provided in Annex 3, below, as part of the implementation guidance.

Annex 3: Commitments, health system domains and sources of information (placeholders and key informants)

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

Health System Domains	Indicative list of commitments to be added to a specific domain	Placeholder (where it is documented)	Key stakeholder(s) and informant(s)
	5. Availability of space for **community engagement in the policy making process** (such as the CCM).	NSP; Law on HIV/AIDS; National HIV Programme; CCM meeting reports.	MoH; AIDS Centre; CCM.
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); and, **3. Service provision information systems**.	Study reports; availability of epi data; Budget execution reports; annual programmatic reports.	National AIDS Centre; National Centre for Disease Control; MoH; MoF.
TA 6: Human Resources	**1. Trainings and capacity building activities** for community organisations, medical personnel, or other stakeholders; and, **2. Financial incentives and pay rates**.	Study reports; Grant implementation reports; interviews.	National AIDS Centre ; Service provider CSOs ; PR ; CCM.
TA 7: Results and outcomes	**1. Performance against service targets:** Programmatic: Coverage with OAT, HIV testing, number of condoms distributed; Studies (such as IBBSS): share of MSM reporting consistent use of condoms, etc.; Human right status, criminalisation of key populations; **2. Financial sustainability:** amount of funding by source; and, **3. Impact on the epidemic:** estimated number of lives saved, reduction in new infections/cases.	Targets are most frequently set as 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 Centre; National Centre for Disease Control; MoH.

Annex 4: How to identify and formulate commitments

Ideally, each government commitment should be formulated as follows:

- Formulation/Commitment statement: exact wording of the commitment; this can be the same as "action".
- Action: action to which the Government commits – increased funding, allocation of a building, adoption of legislation, decreased administrative fine, etc.
- Timeline: when the government commits to take this action, including 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 over a specific period. Actions, such as "adopt legislation" might not have a clear baseline and it should be assumed that before this action the 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 the reviewer to fill in the blanks.

Very often, government commitments are not specific and focus on a greater good, such as "improve the quality of lives of people living with HIV", which are hard to monitor and track. If the document does not stipulate what it considers to be "improvement of the quality of life", this should fall under the "Gaps" section of the report. In exceptional cases, when commitment monitoring is considered absolutely necessary, efforts should be made to identify missing data for this commitment (e.g. life expectancy, viral suppression rates, unemployment rates, etc.). **Use your reference group/interviews to populate the table based on expert opinion**; see Step C for details.

Below is a set of sample commitments and advice on how to approach them while using the Tool:

- Increase funding for harm reduction services (or for any other service): this commitment needs to be specified with a specific amount of funding increase and timeline. Therefore, the National Reviewer should look up documents which state how much additional funding is to be allocated and when; this might also require meeting with some public officials in order to get their feedback on how much additional funding they have planned to allocate for such services. If these searches and meetings do not yield any specific figure, the financial gap analysis submitted to the Global Fund by the PR can be reviewed and to then attempt to allocate the reported gaps to different services (the principles of such allocation should be documented in the narrative report); or funding need studies for the services, if such exist.

- Remove legal barriers for CSOs to access public funds: this commitment needs to be specified by a list of legal documents and changes expected to be made in those documents, and their timeline, and then monitored to see if changes and the timeline have been adhered to or not.
- Conduct training of CSO workers on outreach work: this is an activity rather than a commitment (although it is acceptable that activity and commitments are formulated as the same). Therefore, if there is a broader commitment on improving human resources for the national HIV response, consider including it as an activity or a target under this commitment.

Annex 5: Tools and Instruments for the Review

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

It consists of the following tools:

- Profile of a National Reviewer; and,
- Sample outline of a national report

A. Profile of a National Reviewer

A National Reviewer is a person who carries overall responsibility for planning and conducting the study and in drafting the report. Given the essential role of this individual, s/he should possess the following knowledge and experience:

- Excellent understanding of the national HIV service delivery and funding systems;
- Knowledge of, and access to, relevant stakeholders to be interviewed, including government officials, community members, and other experts;
- Experience of undertaking similar assessments and a strong record of adherence to evidenced-based 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 the transition process; identification of the documents and regulations missing for effective transition plan realisation and those needed to be developed;
2. Grouping of commitments by health system domains in each programmatic area;
3. Identification of gaps: to some extent, some national context might be missing from key indicators which could be considered essential to track progress to transition; those should be identified and added;
4. Prioritisation 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 their expertise and interviews with key informants, should identify a core set of activities and indicators to be included in the review process. In addition, although most of these indicators come from well-written policies, some indicators will still not be SMART, and the National Reviewer will not be able to identify data to track progress. These indicators should be included in the analysis and expert interviews used to estimate progress;
5. Collect data through desk research and/or key informant interviews aimed to measure progress for the selected set of indicators;
6. Input selected indicators into the Transition Monitoring Tool to calculate the score; and,
7. Write an analytical report to summarise the findings.

Deliverables to be produced:

1. Repository and mapping of documents relevant to the 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; and,
4. Analytical Report.

B. Sample outline of a national report

Cover page – Standard Cover Page for all Country Reports:

- Suggested title: Country name: Benchmarking Sustainability of the HIV Response in the Context of Transition from donor to domestic funding;
- Year; and,
- Organisation/author.

Inner page:

- Acknowledgements;
- Recommended citation; and,
- Contacts.

Table of contents

Acronyms and Abbreviations

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

- Context/purpose/work undertaken;
- Transition Score: score by programmatic area, and by health system domains;
- Key findings by programmatic area and health system domains;
- Summary table of progress towards sustainability; and,
- Conclusions and key recommendations.

Main body of the report:

1. **Context** (up to 4 pages)
   - Country health system context (how it is organised and funded);
   - HIV epidemiology: HIV prevalence and incidence, size estimation studies for key populations;
   - Key challenges for service delivery for key populations;
   - Organisation of HIV services for key populations: what services are available, organisations delivering the services, and how they are funded and delivered; and,

- Funding of HIV services, including the country's eligibility for Global Fund support, and 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 should be used;
- Brief overview of the methodology used:
  a) Reference to the Tool;
  b) Description of the country team;
  c) Approach to prioritisation of the commitments;
  d) Data collection methods; and,
  e) Limitations and challenges, including deviation(s) from the original methodology, if any.

3. **Findings** (up to 10 pages)

- Summarise the list of identified commitments (and how you address the gap) by each programmatic area and the results of the prioritisation of commitments;
- Summarise the result by each domain within one programmatic area;
- Summarise the results by each programmatic area with scoring charts;
- Cross-programmatic comparison by health system domains with an overall scoring chart; and,
- Overall summary.

4. **Discussion** (up to 4 pages)

- Provide analysis of what the results tell us regarding the national process(es); and,
- Provide recommendations on how this data and the Tool should be used by the communities.

5. **Conclusions** (up to 1.5 pages)

References

Annexes:
- **Commitment Matrix** *(table from the Tool)*; and,
- **Repository and mapping of documents relevant to the transition process.**

Bibliography

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