Guidance for Analysis of Country Readiness for Global Fund Transition

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This Guidance Tool is prepared in collaboration with APMG Health.

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Acknowledgements

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We would also like to thank the Global Fund staff for their invaluable insights and facilitation of the process.

Note on the Piloting Process and External Use of the Guidance

The final version of the Guidance (May 2017) incorporates the lessons learned from the pilots implemented in Cuba, Paraguay, Panama and Dominican Republic from January to May 2017.

This Guidance was commissioned by the Global Fund and it is available to countries and stakeholders for their free use.

List of Abbreviations

ART	Antiretroviral therapy
CCM	Country Coordinating Mechanism
CSOs	Civil Society Organizations
CSS	Community Systems Strengthening
EHRN	Eurasian Harm Reduction Network
GBV	Gender-based violence
GF	The Global Fund
KP	Key Populations
MOF	Ministry of Finance
MOH	Ministry of Health
MSM	Men who have sex with men
NGOs	Non-governmental organizations
PEFA	Public Expenditure and Financial Accountability
PEPFAR	President's Emergency Plan for Aids Relief
PER	Public Expenditure Reviews
PLHIV	People living with HIV
PWID	People who inject drugs
SCDT	Social Contracting Diagnostic Tool
SW	Sex workers
TB	Tuberculosis
TG	Transgender
UNAIDS	United Nations Programme on HIV/AIDS
WB	World Bank
WHO	World Health Organization

Context and Guide to Using the Guidance

Introduction and Purpose of the Guidance

The Global Fund (GF) strongly recommends that all Upper Middle Income countries regardless of disease burden and all Low Middle Income Countries with low/moderate disease burden get prepared for the reduction or finalization of Global Fund support. For that purpose, it recommends defining a strategy to provide the overall pathway to transition, including a phased plan for domestic take-up of Global Fund financed activities. A solid strategy for transition establishes early the priorities and sequencing of key steps that may foster a successful exit from Global Fund financing[1].

Global Fund Definition of Sustainability
Ability of a health program or country to both maintain and scale up services coverage to a level, in line with epidemiological context, that will support efforts for elimination of the three diseases, even after the removal of funding by the Global Fund and other donors.

Global Fund Definition of Transition
The process by which a country, or a country disease component, moves towards fully funding and implementing its health program, independent of Global Fund support while continuing to sustain the gains and scaling up as appropriate.

The Global Fund considers a transition to be ***successful*** *where national health programs are able to maintain or improve equitable coverage and uptake of services through resilient and sustainable systems for health after Global Fund support has ended.*

According to the 2016 Global Fund Sustainability, Transition and Co-financing policy, once a country disease component becomes ineligible for Global Fund funding, it may receive up to three years of transition funding before the financing ends. Applicants for transition funding are required to submit a transition work plan along with their funding request[2]. The transition work plan would ideally be derived from a transition readiness assessment (or equivalent).

In order to support countries to assess their level of readiness for transition of Global Fund support and to undertake this planning, Aceso Global and APMG Health, with financial and technical support from the Global Fund, have developed this Guidance.

This Guidance aims to help countries to identify:

a) financial, programmatic and governance gaps, bottlenecks and risks that need to be addressed in one or more of the components of the health systems (service delivery, procurement and supply chain, human resources, information systems and monitoring and evaluation (M&E), community systems and

[1] For more information please refer to Global Fund Information Note on Sustainability, Transition and Co-financing at: http://www.theglobalfund.org/en/search/?q=sustainability+transition

[2] While there is no prescribed format, the transition work plan should be practical, measurable, costed and include a detailed outline of the steps that the country will take to transition to fully funding programs from domestic resources over the three-year transition funding period. For details on the information expected to be included in the work plan please read the information note cited above.

responses) to promote a smooth transition, one with no programmatic disruption or other potential negative impacts;

b) priorities and options for solutions that could be incorporated in a transition strategy/plan and implemented with the support of transition grants.

The Guidance builds on existing work by other organizations. Multiple transition tools have been developed and implemented over the last couple of years. Duplication of efforts needs to be avoided. This Guidance adds to the ongoing discussions and available methodologies in two ways. First, it explores two critical areas, namely health care financing and fiscal space, and the role and sustainability of civil society (including analysis of the context for social contracting), in more depth than other tools and can be used as a complement to other forms of transition readiness assessments. Second, it broadens the approach adding analyses to checklists. It is designed to engage countries in discussions on solutions to respond to the transition challenges identified.

The Guidance can bring valuable input not only for transition planning in those countries receiving a final Global Fund grant for a disease, but also for those countries where funding for certain eligible disease components may be significantly reduced. For these countries, an increasing absorption of costs and adjustment of roles will be expected, well before Global Fund eligibility expires. This analysis can help countries find options to cover this absorption.

Use of the Guidance

In order to optimize the use of this Guidance the following elements should be considered:

a) Modular approach: The Guidance has been designed in a modular basis to allow partial or full implementation. Based on the Global Fund investment in the country, the highest risks on transition and the information already available, a full assessment may not be needed and only individual parts (modules or a set of questions within a module) of the Guidance can then be selected at the discretion of country stakeholders/country teams.

Specifically, the modules cover the following:

- **Module 1:** Summary of Global Fund financial and non-financial support to the country.
- **Module 2:** Description of the country's epidemiological situation and disease response.
- **Module 3:** Description of the institutional and enabling environment in which the transition will take place; human rights and gender issues that have a bearing on successful transition.
- **Module 4:** Analysis of health care financing and fiscal space issues, including efficiency considerations.
- **Module 5:** Analysis of delivery system enablers and barriers to transition, including supply chain, information systems and the health workforce.
- **Module 6:** Analysis of the role of Civil Society Organizations (CSOs) in the response. This includes an analysis of the ability of government to fund CSOs, which is referred to here as Social Contracting.

The first three modules are to be completed for all countries and will determine which areas should be more deeply explored and for which options for transition will be developed. They are, therefore, considered "core modules". Modules 4 to 6 are "optional modules" that may or not be relevant in any given context. Furthermore, it is expected that not all questions under modules 4 to 6 will be applicable

to all countries. Only those relevant to the country- and grant-context will be considered for analysis and inclusion in the country report. For example, if the country has not received support from Global Fund in the last years to buy health or non-health products, it may not be necessary to conduct the part of the analysis related to procurement and supply chain management.

b) Participatory approach: The assessment of transition readiness should be conducted with meaningful participation of key country stakeholders, including community and civil society representatives. Therefore, it is important to plan for engagement of a broad range of key stakeholders during the process (see list of suggestions below).

c) Technical Assistance: Even though the Guidance was developed by external consultants, country stakeholders, without the support of external consultants, could use this guidance to conduct the analysis of their readiness to transition from Global Fund support.

Methodology

To complete the analysis of transition readiness the following steps are recommended:

1. *Preparatory phase:*

- Agreement and engagement with country: once an agreement has been reached with the Country Coordinating Mechanism (CCM) on conducting a transition readiness assessment using this Guidance with the support of technical assistance providers for its implementation, the Global Fund Country Portfolio Manager will introduce the consultants to the CCM.

- Transition working group: For the preparation, implementation and oversight of the transition process, the setting up of a transition taskforce has been identified as a good practice. The transition working group should be composed of key stakeholders for the transition process. Ideally, this taskforce should be engaged at the early stage of the preparation of the assessment, so they can play the main role in defining the areas of particular interest by the county for the analysis, the key stakeholders to be interviewed, the critical documentation to be shared, etc.

- Data collection and analysis: in order to guide the analysis, the following documents and data will be reviewed:
    - Key Global Fund documents, including concept note/funding request (including funding and programmatic gap tables), grant budget, performance framework, progress reports, evaluations, etc.
    - Available data on all issues related to country context and disease programs in the country. Key external sources are WHO, UNAIDS, WB reports and databases, among others.

  Indicators to be collected and analyzed in the country report are noted throughout the Guidance. However, the list is not exhaustive and other data may be included as necessary. Where useful trends and projections some indicators should be presented in charts.

  To facilitate exchange of information, the creation of a shared Dropbox or other online sharing folder is a good practice for allowing Global Fund team and country stakeholders to upload project documents for review. The consultants will search for additional documents and may request any material that is not

publicly available from the country.

- Definition of the scope of the analysis. The optional modules - and specific questions within these modules - will be selected based on country circumstances (see explanation above on modular approach).

- Identification of key stakeholders to be engaged in the process. The assessment is based on desk review and interviews. Interviewees will be selected upon recommendations by the country's transition taskforce/focal points and the Global Fund team. It is recommended to engage multiple stakeholders in the process, including:

    - CCM representatives
    - National government (Ministry of Health [MOH], Ministry of Finance [MOF], Ministry of Planning, Human Resources department, HIV/TB/malaria program leadership, and others)
    - Regional and/or local authorities
    - Principal recipient/s and sub-recipient/s
    - Civil society, including community based organizations, representatives/members of communities living with/most impacted by the diseases and key and vulnerable populations
    - Service providers
    - Insurance provider/s
    - Development partners (WHO, PEPFAR, World Bank, UNAIDS, and others)
    - Others as relevant per country context.

2. *Mission:*
   If the assessment is conducted by outside consultants normally one-week mission will be organized. During that week, it is expected that most of the interviews with the key stakeholders will take place. An example of a mission agenda is included in annex 1. Prior to the mission the consultants will have identified through the desk review key issues to be discussed with country stakeholders in the semi-structured interviews.

3. *Preparation of draft report:*
   A country report based on the core modules 1-3 and the selected optional modules will summarize the findings, options and recommendations, as per the issues outlined in the modules below. The report will also include options for addressing the challenges identified in the transition assessment, drawing on inputs from country stakeholders. Desk review and interviews in-country are the sole source of information. No additional data or analysis is anticipated.

   The report will follow the structure of the Guidance. Furthermore, it should include an executive summary, conclusions and recommendations section, bibliography and the list of key stakeholders interviewed.

4. *Report consultation:*
   A first draft report will be shared with the Global Fund country team for their review. A second draft report, prepared taking into account Global Fund observations, will be shared with the country and feedback is expected to be provided to the consultants two weeks after. A call may be organized to allow country stakeholders to provide their feedback to the consultants.

5. *Report finalization, preparation and publication*:
   The report will be finalized considering the main comments shared by the country. The final report will be shared with the Global Fund and country stakeholders and will be made publicly available on the advice of the Global Fund and the country.

6. *Follow up and transition work plan*:
   Once the transition readiness assessment is finalized, the country is expected to start designing the transition work-plan.

Guidance for Analysis of Country Readiness for Global Fund Transition

I. CORE MODULES

Module 1: Summary of Global Fund Support to the Country

Rationale for this module: *Taking into account the Global Fund definition of transition and the criteria of success, a thorough understanding of past and current Global Fund efforts in the country is a precondition for successful transition planning. This module will provide a comprehensive understanding of the key areas of the disease response and health sector that have most benefitted from Global Fund support and that may be at higher risk in the process of transition.*

Main sources of information*: Global Fund grant documents; interviews.*

1.1 Summary of Global Fund Financial Support

- Overview of past and current Global Fund grants (table 1 below).
- Brief description of key areas of the disease response that received Global Fund financial support with focus on the current grants. Complete table 2, 3 and 4 and identify interventions, budget cost categories and recipients that may be at higher risk due to transition.
- Overview of the level of integration of Global Fund supported interventions in the national health system.

Table 1: Global Fund Grant Activity – Past and Current Grants

Component	Round	Grant	Principal Recipient	Grant Start Date	End Date	Total Grant Amount (USD)	Status (Active/Closed)

Table 2: Financial Details of Most Recent Grant – Budget by Module

	Amount allocated (USD)				
	Year 1	Year 2	Year 3	Total	% Module/Total budget
Module 1					
Module 2					

Table 3: Financial Details of Most Recent Grant – Budget by Cost Category

	Amount allocated (USD)				
	Year 1	Year 2	Year 3	Total	% Cost category/Total budget
Cost category 1					
Cost category 2					

Table 4: Financial Details of Most Recent Grant – Budget by Recipient

	Amount allocated (USD)	Main Cost Categories	Type of organization (international, local, etc)	Target population	Types of service delivery under grant support
Principal Recipient					
Sub-recipient 1					
Sub-recipient 2 etc.					

Table 5: Global Fund Investment in Commodities for Diagnosis and Treatment

	People covered by Global	Annual average investment	% GF contribution/total
HIV			
ARVs			
Viral Load			
CD4			
TB			
LAB TB and MDR TB diagnosis	n/a		
First line drugs			
Second line drugs			

Source: this information can be provided by Global Fund

1.2 Summary of Global Fund Non-Financial Support

This section describes relevant strengthening processes promoted through Global Fund grants beyond the funding available and assesses the risks associated with Global Fund exit, such as:

- Civil society and community systems strengthening: i.e. description of how the Global Fund has contributed to strengthening the role of communities in decision making processes.
- Strengthening of procurement processes facilitating access to better prices for HIV/TB/Malaria drugs, M&E capacities, etc.

1.3 Record of Absorption and Timeline for Global Fund Transition

- Country's track record of financial and programmatic absorption (including human resources, commodities, capacity development efforts, etc.). Include co-financing commitments and level of compliance.
- Description of special conditions related to transition and sustainability in the current grant and level of compliance.
- New allocation amount in absolute terms and in comparison with previous allocation.
- Include timeline for Global Fund transition and indicate if other donors are withdrawing or reducing financial support.

Module 2: Epidemiologic Situation and Programmatic Context

Rationale for this module: *Having a solid understanding of the current epidemiological and programmatic context is considered as the starting point for developing options for the transition process. This module is expected to provide a description of the current epidemiological situation and national disease response, identifying the main achievements and key gaps that need to be addressed during the transition period to ensure that those gains are not lost after Global Fund supports phases out.*

Main sources of information*: national program data, NSP, WHO and UNAIDS/GLC country reports, etc.*

2.1 Current and Projected Burden of Disease

- Key epidemiological indicators, including incidence, prevalence, and mortality (see table 7 below per disease). Latest data available as well as trend in the last years should be included.
- Prevalence among key populations. Latest data available as well as trends in recent years should be included.

Table 7: Incidence, Prevalence, and Mortality by Component

Component: *HIV*				**Year**	**Source**
	Total	**M**	**F**		
Incidence (Adults, 15-49, estimate)					
Prevalence (Adults, 15-49, estimate)					
New infections diagnosed					
Number of People Living with HIV (PLHIV)*					
Number of AIDS-related deaths					

*Refers to PLHIV who have knowledge of status; not based on total estimated number of PLHIV.

Component: *TB*				**Year**	**Source**
	Total	**M**	**F**		
Estimated prevalence of TB (all forms) per 100 000 population					
Estimated mortality of TB cases (all forms, excluding HIV) per 100 000 population					
Estimated number of incident cases (all forms)					
Reported # of new and relapse cases, bacteriologically confirmed and clinically diagnosed (all forms)					
Number of bacteriologically confirmed drug resistant TB cases					

Component: *Malaria*				**Year**	**Source**
	Total	**M**	**F**		
Number of estimated malaria cases					
Malaria incidence					
Malaria prevalence					
Number of reported confirmed cases					
Number of reported malaria deaths					
Number of estimated malaria deaths					
Deaths due to malaria (per 100,000)					

2.2 Gains in Access to Services

- Description of the change in coverage of specific services measured in the Global Fund performance indicator and by other key indicators of the national response globally reported by the countries in recent years.

Table 8: Coverage of Key and Vulnerable Populations by Component

Component: *HIV/TB*

Population	Population Size Estimate	Year	Comprehensive package coverage[3]	% of people covered with GF support/total	Year (coverage data)	Package Details
PWID						
SW						
MSM						
TG						
Other						

Component: *Malaria*

Preventative Measure	Number	Year	Source
Children with fever receiving antimalarial drugs (% of children under age 5 with fever)			
Use of insecticide-treated bed nets (% of under-5 population)			

Table 9: HIV/TB Testing, Prevention and Treatment Indicators

	Number	Year	Source
Testing			
HIV testing among TB patients			
% of KP that received HIV testing and know their result			
% of other vulnerable populations that received HIV testing and know their result			
Prevention			
People living with HIV screened for TB			
Number of people living with HIV receiving TB preventative therapy			
% of PLHIV receiving TB prevention therapy			
Treatment			
% of PLHIV* linked to care			
% of PLHIV* on ART			
% of PLHIV on ART, achieving viral suppression			
12 month retention on ARV therapy (%, all ages)			
Co-management of TB & HIV treatment (% estimate)			
Number of TB Patients living with HIV receiving ART			
TB patients living with HIV receiving CPT (%)			
TB treatment success rate (%) (all forms of TB and bacteriologically confirmed)			

[3] As defined by the World Health Organization *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations*, which are accessible at http://www.who.int/hiv/pub/guidelines/keypopulations/en/

2.3 Current Strategy and Programs to Prevent, Treat, and Manage HIV/TB/malaria

- Summary of the HIV/TB/malaria strategy and priorities including if and how it addresses the needs of key and affected populations.
- Description of the main programs by which patients are reached, including details on providers (government/for profit/CSO), key activities and level of integration of those services in the national health system.

Module 3: Institutional, Human Rights and Gender Environment

Rationale for this module: *This module highlights contextual factors which can have resounding implications for the transition process, including the institutional and enabling environments as well as gender and human rights issues. The findings in this module will help to incorporate adequate risk management in the transition strategy and plan for contingencies.*

Main sources of information*: national program data, NSP, WHO, UNAIDS, interviews, etc.*

3.1 Institutional Environment

- Description of the main roles of key actors (MoH, Minister of Planning, CCM, Parliament, regional and local authorities, CSO and others) in governing (standard setting, oversight, coordination, etc.) the HIV/TB/malaria response.
- Description of how these bodies interact with Global Fund grant planning, implementation and monitoring processes under the most recent grant.
- Description of the governance for the transition process preparation and its implementation. Mention if a transition task force exists and its composition, the expected role of the CCM in transition preparation and transition plan implementation.
- Definition of the role that the CCM will play (if any) after the Global Fund ends its support. If a specific role is defined, describe the plans to fund it in the future.

3.2 Human Rights and Gender

- Indicate main human rights violations experienced by key and vulnerable populations beyond limited access to healthcare.
- Indicate if there are functional mechanisms for documentation and redress of human rights violations
- Describe the main gaps (if any) in access to services related to rural-urban dynamics, socioeconomic divides, age, gender, or other factors.
- Describe to what extent national HIV/TB/malaria responses recognize, plan for, and address gender-related disparities in access to care.
- Indicate if there is a commitment to gender equality and if there is national gender equality policy providing guidance to the national responses to HIV/TB/malaria.
- Indicate if violence, including gender-based violence (GBV), against or within vulnerable communities is documented and if programs to address GBV is included as part of the health response.
- Specify if there are non-discrimination laws or policies currently in place, including which populations and under which circumstances are covered, and to what extent the laws are enforced.
- Comment on the current state of documentation of stigma and discrimination – either through reporting mechanisms or through occasional assessments – as barriers to people receiving HIV/TB/malaria services.
- Brief overview of activities undertaken in the last few years to date to address or mitigate stigma and discrimination, indicating the level of dependency on Global Fund funding for these activities.
- Indicate if testing and counseling services are voluntary, confidential, accessible, affordable and respectful.

II. OPTIONAL MODULES

Completing modules 1 to 3 will provide a detailed overview of the current country situation. The following three modules are designed to develop options for the transition phase. While the modules cover a wide array of topics, the focus will be on the components funded from the Global Fund grant.

Module 4: Health Financing and Transition

Rationale for this module: *This module analyzes health financing issues as they relate to the transition process. The planning process for transition requires consideration of the current funding situation and future financing options to fill the funding gap left by the withdrawal of Global Fund support.*

Main sources of information: *Global Fund, UNAIDS, WHO National Health Accounts, World Development Indicators, ministerial data, World Bank, IMF database, EUI country outlook, WDI, Worldwide Governance Indicators, interviews.*

4.1 Macroeconomic, Fiscal and Political Environment

- Overview of macroeconomic and fiscal indicators, including table 10 below.
- Economic growth projections for the short and medium term.
- Potential risks for the national economy, including fiscal, exchange rate and inflation risks. Indicate how they may affect the response to HIV/TB/malaria.
- Political issues that may affect HIV/TB/malaria transition and sustainability of the response.

Table 10: Macroeconomic, Fiscal and Political Indicators

Indicator	Year	Source
GDP per capita, PPP (constant 2011 international USD)		
General government revenue Percent of GDP		
General government total expenditure/ Percent of GDP		
Regulatory Quality: Percentile Rank		
Rule of Law: Percentile Rank		
Voice and Accountability: Percentile Rank		
Government Effectiveness: Percentile Rank		

4.2 Fiscal Space for Health

- Comment on the existence and implications of fiscal space for health.
- Comment on the ability of the MOH to position itself to obtain increased funding for HIV/TB/malaria.
- Description of strategies that can best support encouraging such transfers for the MOH.

4.3 Public Financial Management

- Describe briefly key issues on public financial management performance in the health sector.[4]
- Description whether those general issues affected or may affect performance in the health sector or specifically HIV/TB/malaria response.

[4] This section benefits from a review of available Public Expenditure and Financial Accountability (PEFA) reports, Public Expenditure Reviews (PER), budget documentation, and fiscal reports.

- Description of the budgeting process for HIV/TB/malaria.
- Degree of alignment of strategic plans with budget allocations for HIV/TB/malaria.
- Indicate:
    - If there are budget or programmatic line items for HIV/TB/malaria.
    - Integration of HIV/TB/malaria services into the broader health budget.
    - Flexibility of MoH in expenditures.
- Comparison between budget and expenditure: execution rate of the budget for HIV/TB/malaria.
- Comment on the perspectives of MOF on:
    - Health sector (MOH) performance.
    - Ability of MOH to manage additional funding.
    - Importance of HIV/TB/malaria to national priorities.

4.4 Health System Financing Overview

- Overview of key health system financing indicators, including table 11 below. Comment how the country's health financing indicators compare to the regional average and income average.
- Overview of the structure of health care financing across the MOH/Social Security/other publicly financed healthcare including table 12 below. Indicate the main public sources of funding for health care and who pays for the services (Government at national or regional level, NGOs, private health insurance, out-of-pocket).
- Indicate: a) Existence of a costed National Health Strategy; b) Existence of a health financing strategy and whether it includes specific financing of HIV/TB/malaria.

Table 11: Health System Financing Indicators

	Year	Source
External resources for health (% of total expenditure on health)		
Government Health expenditure per capita, PPP (constant 2011)		
Health expenditure, total (% of GDP)		
Health expenditure, private (% of GDP)		
Health expenditure, public (% of GDP)		
Health expenditure, public (% of GE)		
Health expenditure, public (% of THE)		

Table 12: Financing of National Health System

	Year	Source
Total National Budget (Total Public Expenditure)		
National Budget Allocated to Health Sector (Total Health Expenditure)		
Ministry of Health		
Social Security		
Others (Clinics, Maternal, Health Departments, Governments, Municipalities)		
Private Insurers (Prepaid Medicine)		
Private Suppliers (Private Clinics/Sanatoriums)		
Out-of-pocket Expenditure (Healers, Pharmacies, Orthopedics, Glasses)		

4.5 Costing and Current Financing of HIV/TB/malaria

- Describe if there is a costed national disease-specific strategy or action plan. Include data on total budget per year and other details (i.e. budget by objective) as indicated in the national strategy.

- Comment on the existence and use of data-driven models to allocate resources.
- List funding sources for HIV/TB/malaria (including table 13 below):
    - Public sector spending on HIV/TB/malaria.
    - Non-profit, private sector, and out-of-pocket spending by patients/insurers.
    - Overview of the current funding for HIV/TB/malaria annually by donor.
- Provide data on Global Fund funding as proportion of total donor and country expenditure. Data on Global Fund funding as a proportion of the total national budget for key interventions should be included.
- If available, include percentage of HIV/TB/malaria funding from all sources disaggregated by key population.
- Comment on the flexibility of reallocating funds within disease program.

Table 13: Financing Sources for HIV/TB/malaria

	HIV/AIDS	Tuberculosis	Malaria
a. Global Fund			
b. Other Donors (specify which)			
c. Domestic: Government			
d. Domestic: Other			
Private			
Out-of-Pocket			
Private Health Insurance			
Total estimated funding			

4.6 Projected Financing Needs

- Description of anticipated shifts in other donor financing.
- Projection of low-case and high-case scenarios for maintaining HIV/TB/malaria programs, adjusting for shifts in disease profiles, program cost (ART expenditure, etc.).

4.7 Developing Options:

Explore and comment on the following (as applicable):

- Ability of health services for HIV/TB/malaria to be better integrated in the benefit package.
- Description of viable creative ways to raise funding for HIV/TB/malaria.
- Ability of HIV/TB/malaria services to be covered under the national or private health insurance scheme.
- Description of flexibility of MOH in restructuring its request for financing for service delivery.
- Ability of funds to be redeployed from other, declining priorities.
- Existence of underutilized activities that could absorb HIV/TB/malaria.
- Potential for other efficiencies to be explored or implemented.

Module 5: Service Delivery, Health Products Procurement, Human Resources, and Information Systems

Rationale for this module: *The module focuses on identifying ways to improve resource use and delivery arrangements that can support a smooth transition and a sustainable response.*

Main sources of information: *Global Fund, UNAIDS, WHO reports, NSP and other key country documents, interviews.*

5.1 Service Delivery

- Description of the service delivery modalities available to sustain good epidemic control.
- Description of the nature and extent of integration in service delivery.
- Description of the nature and extent of private sector engagement.
- Description of the main barriers and obstacles that remain to continue to scale up on coverage and quality of services (the analysis should cover institutional and external factors that affect service delivery).
- When Global Fund funding is interrupted, identify which gains could be affected after transition related to existing issues in service delivery or lack of funding.

5.2 Health Products Procurement and Supply Chain Management

- Summary of the current health products procurement and supply chain processes for each disease.
- Description of the main weaknesses in the selection, estimation, procurement, storage, distribution, pharmacovigilance (including table 14 below).
- Description of how forecasting of commodity needs is accomplished.
- Comment on the extent to which stock outs are a concern for HIV/TB/malaria pharmaceuticals and supplies.
- Description of processes and procedures in place to ensure value for money in procurement.
- Describe how prices for essential medicines for HIV/TB/malaria are currently set. Include VL and CD4 costs.
- Description of strategies to obtain drugs at lower cost. Indicate if the disease program regularly tracks costs for key commodities and compares to international benchmarks.
- Explain how access to essential medicines is ensured currently and whether, and in what ways, transition from Global Fund support is going to affect this access.
- Existence of examples in health or elsewhere in government where procurement rules and procedures have been simplified and/or examples of ways to bundle procurement and purchasing.

Table 14. Main Weaknesses in Health Products Procurement and Supply Chain Management

Process	Description	Main weaknesses
Selection	To choose medicines and health products according to updated guidelines and algorithms.	
Estimation	Quantification of medicines and health products according to epidemiology and consumption data, through appropriate methodologies.	
Procurement	Acquisition of estimated products through appropriated methodologies, according to national policies, agreeing delivery times and doing the best use of resources.	
Storage	Storage of products under the technical conditions that guarantee their quality and keeping the appropriate stock levels to avoid stock outs and minimizing losses.	
Distribution	Delivery of products to the next level centers, in appropriate quantities, timely and guarantying the appropriate transportation conditions.	
Pharmacovigilance	Monitoring and intervention of adverse reactions to medicines, to do the necessary adjustments to guarantee the success of treatment.	

5.3 Human Resources

- Based on the current support provided by Global Fund (described in module 1) on human resources, indicate if transition from Global Fund support may significantly affect human resources for the response, at different levels including lack of skilled workers, training, management, discrimination against key and vulnerable populations, etc.
- Degree of alignment of Global Fund supported human resources with public sector policies (remuneration levels, transport subsidies, per diems, incentives, etc.)

5.4 Information Systems

- Description of the main information gaps that currently exist in the country.
- Overview of the current functionality of the routine information and patient tracking systems for HIV/TB/malaria.
- Extent of coverage and use of MIS among service providers and issues around their use.
- Indicate if the national health information system collects data reported by different type of service provider, including public, private and the community.
- Comment on the level of use of data for decision-making, including how data is used strategically to allocate funding and to maximize investment.

5.5 Developing Options

<u>Service delivery, human resources and information systems:</u>

- Comment on the ability of health services for HIV/TB/malaria to be better integrated in the health system.
- Description of how cross cutting issues should be addressed and how, to continue to improve the service delivery, minimize the risk of scale down on the gains and eliminate existing barriers of access to services during the transition. Consider: efficient human resources, decentralization disease related services, integration of the community to service delivery network, others.
- If duplication is identified as an issue, consider strategies to streamline and combine functions, such as procurement and supply chain management, service delivery, human resources, information system and monitoring.

Health product procurement and supply chain management:

- Indicate if there are possibilities to lower unit costs by reducing fragmentation through pooled procurement or resource pooling, including partner mechanisms (GDF, PAHO Strategic Fund, UNITAID, etc.).
- If disease programs currently benefit from pooled procurement by Global Fund, indicate if this mechanism would still be available after Global Fund exit and if there are other alternatives.
- Description of how procurement competition can be promoted.

Module 6: Civil Society Organizations

Rationale for this module: *As countries prepare to move away from Global Fund support, the full engagement of community and civil society actors in transitions will be critical to ensuring an effective transition approach. This module analyzes the role of civil society in planning, service delivery, and oversight of disease responses, and identifies the risks that the transition from Global Fund support may bring to the role of civil society in the response*

Main sources of information: *interviews, concept note/funding request, civil society reports, UNAIDS reports.*

6.1 Current Role and Structure of Civil Society

- Comment on the existence and engagement in the response of:
  - Network or organizations of people living with the diseases
  - Networks or organizations of key and vulnerable populations
  - Networks of affected individuals for any other disease track or subpopulation
  - Organizations such as affected women, sexual and reproductive health, gender equality, youth, and others
  - Existence of networks of CSOs that are serving each disease components.
- Overview of the main roles/contributions of international NGOs and local civil society to HIV/TB/malaria responses. Include, among others (if relevant) roles in service provision, advocacy, reporting (e.g., as service providers and advocacy groups, others).
- Overview of the main roles and contributions of affected communities to the HIV/TB/malaria responses.
- Description of the relationship between local CSOs serving affected communities, and the communities they serve or community-based organizations.
- Description of main limitations on engagement of civil society and affected communities, in the country in general, which must be considered when analyzing the role of civil society in health responses.

6.2 Sustainability and Resilience of Civil Society beyond Transition

- Description of mechanisms that support civil society groups to engage in decision-making processes related to programming and financing of interventions related to HIV/TB/malaria and how does this arrangement compare to other health areas.
- How institutionalized is the participation of CSOs, including organizations of key and vulnerable populations, in national HIV/TB/malaria strategies (i.e., elaboration, implementation, monitoring, and evaluation)? Describe if there are significant differences in the participation of varios types of organizations.
- Description of the capacity of the organizations serving each component to continue to work effectively with domestic financing. Identify the main constraints.
- Indicate if there are other donors supporting activities for community systems strengthening[5].
- Indicate if there are any population-related (e.g. MSM, TG, SW, PWID) or region-related differences in need of significant community strengthening in order to support a successful transition and sustainability of the response.
- Identify successful examples of social enterprise, business planning, or other mechanisms of fundraising

[5] "Community Systems Strengthening refers to the Global Fund-defined concept, as detailed in the *Community Systems Strengthening Information Note* at www.theglobalfund.org/documents/core/framework/Core_CSS_Framework_en/

and income-generation employed by civil society and/or community organizations, which may help to support civil society efforts in the absence of international donor funding.

- Describe the current existence of a legislative basis for social contracting[6], or other mechanisms by which CSOs can deliver services for HIV/TB/malaria using government funding.

  * *NOTE*: It is recommended that the *Social Contracting Diagnostic Tool* be undertaken in parallel and then utilized to complete a more detailed analysis of social contracting conditions and barriers in countries where this question is of interest. For more information on the Social Contracting Diagnostic Tool, please contact APMG Health.

[6] Social Contracting is the process by which government resources are used to fund entities which are not part of government (called here civil society organizations, or CSOs) to provide services. Social contracting may have different names and slightly different mechanisms in different countries. Regardless of the terminology used, social contracting mechanisms typically involve: (1) legally binding agreement, in which (2) the government agrees to pay a CSO for services rendered, and (3) the CSO agrees to provide certain deliverables in exchange.

Bibliography

General Sources

- Global Fund Sustainability, Transition and Co-financing Policy
- Global Fund Information Note on Sustainability, Transition and Co-financing Policy
- Global Fund disease concept notes, grants and related documents
- Economist Intelligence Unit Country Macroeconomic & Political Outlook reports
- PAHO Country Health System Overviews
- U.S. State Department Human Rights Reports 2015
- UN Human Rights Council Reports
- World Bank Worldwide Governance Indicators Country Reports 1990-2014
- WHO Country Cooperation Strategy Overviews
- Country-Specific National TB, HIV/AIDS, and malaria strategy documents, and related MOH documents including mid-term, final and other evaluations
- UNAIDS reports
- PEPFAR Country Sustainability Index and Dashboards 2016
- Amnesty International Report 2015/2016, and country reports
- PEFA Country reports
- TERG Reviews
- GAVI reports

Data Sources

- World Bank DataBank
- WHO National Health Accounts Data, TB Country Reports, World Malaria Report
- Institute for Health Metrics and Evaluation: Global Burden of Disease Database
- IMF
- UNAIDS
- Global Fund database
- Ministry of Health data

Annexes

Annex 1. Example of Mission Agenda

DAY 1		
Time	**Meeting/Activity**	**Expected Outcomes**
8:00 - 8:30	Mission Launch with CCM	o Introduction and launch of the mission o Presentation of mission objectives o Mutual understanding of the transition timeline and degree of transition
8:30 - 10:00	Interview: CCM	o Understand the current role of the CCM o What GF contributions have made the disease response more effective
10:00 - 10:30	Transportation to the Ministry of Finance	
10:30 - 12:00	Interview: Ministry of Finance	o Perspective of the Ministry of Finance on the transition process
12:00 - 13:30	Lunch and transportation	
13:30 - 14:30	Interview: Ministry of Planning and Development	o Perspective of the Ministry of Planning and Development on the transition process
15:30 – 16:30	Interview: Ministry of International Cooperation	o Perspective of the Ministry of International Cooperation on the transition process o Identify changes in donor landscape
16:30 - 17:30	Interview: Local Fund Agent	o Perspective of the Local Fund Agent on the transition process o Identify opportunities and challenges

DAY 2		
Time	**Meeting/Activity**	**Expected Outcomes**
8:00 - 9:15	Interview: National TB Program	o Understand the key components of the national TB strategy, including its strengths and weaknesses o Provide a list of ongoing programs for TB care, specific providers, and prevention, management and treatment activities
9:30 - 10:45	Interview: National HIV/AIDS Program	o Understand the key components of the national HIV/AIDS strategy, including its strengths and weaknesses o Provide a list of ongoing programs for HIV/AIDS care, specific providers, and prevention, management and treatment activities
11:00 - 12:30	Interview: Department of Health Service/Primary Healthcare (Service Delivery)	o Understand the different levels of care and the health services network of the Ministry of Health o Understand the linkages between the national responses to HIV/AIDS and TB and the provision of services at the primary care level
12:30 - 14:00	Lunch	
14:00 - 15:00	Interview: Department of Administration and Finance	o Understand the budget processes for HIV/AIDS and TB o Comparison of actual income and expenditure with the original budget
15:00 - 16:00	Interview: Department of Human Resources	o Understand the human resources processes in the Ministry of Health as related to the national responses to HIV/AIDS and TB o Identify risks and opportunities
16:00 - 17:00	Interview: Department of Health Supplies Management and Procurement	o Understand the current procurement and supply chain processes o Identify opportunities for future contracts

DAY 3		
Time	**Meeting/Activity**	**Expected Outcomes**
8:30 - 10:00	Interview: Social Security Institute	o Understand the linkages between the national responses to HIV/AIDS and TB and the provision of services
10:30 - 11:30	Interview: Central Laboratory	o Understand the current HIV/AIDS and TB diagnostic processes
12:00 - 13:00	Interview: Department of Strategic Health Information	o Share Ministry of Health databases with information on the current and projected epidemiological situation o Share data related to effective coverage of interventions including utilization of health services, diagnosis, treatment and successful treatment of HIV/AIDS and TB
12:30 - 14:00	Lunch and transportation	
13.00 - 14:30	Interview: Department of Human Resources in Health	o Understand human resources training processes in relation to the national responses to HIV/AIDS and TB
15:50 - 16:00	Meeting with the Minister of Health	o Presentation of the mission objectives and preliminary results o Define next steps
16:00 - 17:00	Interview: Department of Health Surveillance	o Understand the types of monitoring and performance-related information systems that exist for HIV/AIDS and TB surveillance

DAY 4		
Time	**Meeting/Activity**	**Expected Outcomes**
7:30 - 9:00	Visit a hospital or clinic that provides services to key populations	o Understand public health service delivery o Understand the linkages between the national responses to HIV/AIDS and TB and the provision of services
9:30 - 11:00	Interview: GF Sub-recipient(s)	o Perspectives on transition: risks and opportunities
11:30 - 13:00	Interview: Regional authority(ies)	o Perspectives on transition: risks and opportunities o Decentralization and the role of regional authorities in executing national health strategies
13:00 - 14:30	Lunch and transportation	
14:30 – 17:00	Interview: Development partners/International organizations	o Perspectives on transition: risks and opportunities o Coordination of international cooperation efforts on transition and sustainability o Identify changes in donor landscape

DAY 5		
Time	**Meeting/Activity**	**Expected Outcomes**
7:30 - 8:30	Interview: Ministry of Justice	o Perspective of the Ministry of Justice on the transition process
9:00 - 10:00	Interview: Members of Parliament/Congress	o Perspective of the Commission on the transition process o Identify barriers and opportunities including existing laws and regulations, or lack thereof
10:30 - 11:30	Interview: Legal entity	o Perspective on the transition process o Identify barriers and opportunities including existing laws and regulations, or lack thereof
11:30 - 13:00	Interview: Civil Society Organizations	o Perspective of NGOs on the transition process o Identify barriers and opportunities including existing laws and regulations, or lack thereof
13:00 - 14:00	Lunch	
14:00 - 17:00	Close of the mission	o Presentation of the week's results o Defining next steps

Annex 2: References to Other Transition Tools

This Guidance builds on the work of various organizations highlighting the tremendous value of cross-collaboration. The following five tables show the links between this Guidance and other transition readiness tools, namely Curatio's Transition Preparedness Assessment Framework, PEPFAR/HPP's Readiness Assessment for Key Populations, the World Bank's Checklist for Transition Planning, Eurasian Harm Reduction Network's Transition Readiness Tool, and PEPFAR's Sustainability Index and Dashboard.

Whenever possible, the Guidance reflects and makes use of these existing tools. In comparison to the other tools, the following differences emerge:

- The Guidance develops the areas of health financing and social contracting in more depth
- Questions in the Guidance are to a great extent open-ended thus less suitable for rankings
- The focus of the Guidance is on analysis with the objective of developing options for moving forward
- The Guidance is tailored to the specific needs of the Global Fund, covering three diseases as well as specificities of GF grants
- The Guidance allows for a high degree of flexibility by working with core and optional modules

Taken together, the Guidance will be a helpful addition to the existing frameworks.

SOURCE: Curatio - Transition Preparedness Assessment Framework	
Curatio	**Aceso Global/APMG Health**
Section on Internal Environment Inputs 2. Donor supported trainings for health personnel institutionalized in national education system	Section 1.2. Description of the main areas where Global Fund supported capacity development efforts in the country. Description to the extent that those capacity development efforts are currently integrated in national capacity building programs (i.e. continuing medical education program).
Section on Governance 1.1 Epidemiological data (incl. for KP)	Section 2.1. Key epidemiological indicators, including incidence, prevalence, and mortality. Prevalence among key populations.
Section on Program 1.1 Increasing coverage (%) trend for ART	Table 9. % of PLHIV* on ART
Section on Program 1.2 Improving treatment outcome for ART (adherence rate at 12 months)	Table 9. 12 month retention on ARV therapy (%, all ages)
Section on Program 1.1 Improving TB treatment outcome – success rate for all TB cases	Table 9. TB treatment success rate (%)
Program 2. Integrated Services	Section 2.3. Description of the main programs by which patients are reached, including details on providers (government/for profit/NGO), key activities and level of integration of those services in the national health system.
Section on External Environment 2	Section 3.2. Describe the main gaps (if any) in access to services related to rural-urban dynamics, socioeconomic divides, age, gender, or other factors.
Section on External Environment 1.1	Table 10. GDP per capita, PPP (constant 2011 international USD)
Section on External Environment 1.2	Table 10. General government revenue as percentage of GDP
Section on External Environment 3	Table 10. Rule of Law: Percentile Rank
Section on Internal Environment 1.3 Existence of dedicated budget lines	Section 4.3. Indicate if there are budget or programmatic line items for HIV/TB/malaria.
Section on External Environment 1.1	Table 11. Health expenditure, public (% of GE)
Section on External Environment 1.2	Table 11. Health expenditure, public (% of THE)
Section on Internal Environment 1.2 Share of public funding in disease specific program budget	Table 13. Domestic: Government
Section on Program 2.2 Supply chain management integrated into national system	Section 5.2. Description of current procurement and supply chain processes for each disease.
Section on Program 2.4 Rare stock outs for drugs	Section 5.2. Comment on the extent to which stock outs are a concern for HIV/TB/malaria pharmaceuticals and supplies.

Section on Program 2.5 If national procurement-paying no more than 5% above international benchmark price	Section 5.2. Describe how prices for essential medicines for HIV/TB/malaria are currently set. Include VL and CD4 costs. Description of strategies to obtain drugs at lower cost. Indicate if the disease program regularly tracks costs for key commodities and compares to international benchmarks.
Section on Internal Environment 1 – Sufficient human resources	Section 5.3. Based on the current support provided by Global Fund on human resources, indicate if transition from Global Fund support may significantly affect: Basic training; Management; Delivery mechanism; Lack of skill workers; Staffing levels for key cadres; Location of human resources in government health facilities; Discrimination against key and vulnerable populations; Other.
Section on Program 3.2 Information used for evidence-based program planning and management	Section 5.4. Overview of the current functionality of the routine information systems for HIV/TB/malaria.
Section on Governance 1.2 Programmatic performance, monitoring reports	Section 5.4. Indicate if the national health information system collects data reported by different type of service provider, including public, private and the community.
Internal Environment 1. Routine statistical reporting fully integrated in the national system	Section 5.4. Comment on the level of use of data for decision-making, including how data is used strategically to allocate funding and to maximize investment.
External Environment 4 and 5	Section 6.2. Describe the current existence of a legislative basis for social contracting, or other mechanisms by which CSOs can deliver services for HIV/TB/malaria using government funding.
Section on Program 4 CSO contracting in health	Section 6.2. Social Contracting Diagnostic Tool
Governance 3. Strong coordination mechanisms	Section 6.2. How institutionalized is the participation of CSOs, including organizations of key and vulnerable populations, in national HIV/TB/malaria strategies (i.e., elaboration, implementation, monitoring, and evaluation)? Describe if there are

SOURCE: World Bank - Checklist for Transition Planning	
World Bank	**Aceso Global/APMG Health**
Understand the temporal dimension and extent of the transition required	Section 1.3. Timeline for transition.
Understand the epidemic situation incl. level and trends	Section 2.1. Current and Projected Burden of Disease
Which entities will be responsible for the transition process incl. making decisions and managing the transition process?	Section 3.1. Description of the governance for the transition process preparation and its implementation. Mention if a transition task force exists and its composition, the expected role of the CCM in transition preparation and transition plan implementation.
Understand the country's economic situation	Section 4.1. Macroeconomic, Fiscal and Political Environment
What is the fiscal space for health	Section 4.2. Comment on the existence and implications of fiscal space for health.
What are the government funding mechanisms?	Section 4.3. Description of the budgeting process for HIV/TB/malaria.
Assess the budgeting process for HIV programs	Section 4.3. Description of the budgeting process for HIV/TB/malaria.
Assess whether there is prioritization or ring fencing of public resources for specific services	Section 4.3. Comment on the perspectives of MOF on: Importance of HIV/TB/malaria to national priorities.
Understand the government financial management systems	Section 4.3. Describe briefly key issues on public financial management performance in the health sector.
What is the minimum package of services	Section 4.7. Ability of health services for HIV/TB/malaria to be better integrated into the benefit package.
Assess the various future financing opportunities; where will the financing come from	Section 4.6. Description of anticipated shifts in other donor financing.
Offer different options incl. maintaining the status quo. What level of service delivery will need to be financed in the future?	Section 4.6. Projection of low-case and high-case scenarios for maintaining HIV/TB/malaria programs, adjusting for shifts in disease profiles, program cost (ART expenditure, etc.).
Assess the possible integration of services (which facility and community based services can be integrated)	Section 4.7. Ability of health services for HIV/TB/malaria to be better integrated into the benefit package.
What are the current or planned resource mobilization efforts; what are the options for innovative financing?	Section 4.7. Description of viable creative ways to raise funding for HIV/TB/malaria.
Is the minimum package of HIV services included in the national health insurance basic benefit package?	Section 4.7. Ability of HIV/TB/malaria services to be covered under the national or private health insurance scheme.
What does service delivery currently look like? Which services, where and how are they delivered?	Section 5.1. Service Delivery

How is procurement of commodities done?	Section 5.2. Description of current procurement and supply chain processes for each disease.
Assess HR gaps that would have an impact on the delivery of services incl. procurement and SCM	Section 5.3. Based on the current support provided by Global Fund on human resources, indicate if transition from Global Fund support may significantly affect: Basic training; Management; Delivery mechanism; Lack of skill workers; Staffing levels for key cadres; Location of human resources in government health facilities; Discrimination against key and vulnerable populations; Other.
How many staff are needed and how can they best be integrated within existing structures?	Section 5.3. Based on the current support provided by Global Fund on human resources, indicate if transition from Global Fund support may significantly affect: Basic training; Management; Delivery mechanism; Lack of skill workers; Staffing levels for key cadres; Location of human resources in government health facilities; Discrimination against key and vulnerable populations; Other.
Identify the existence and the level of performance of the M&E system	Section 5.4. Overview of the current functionality of the routine information systems for HIV/TB/malaria. Comment on the level of use of data for decision-making, including how data is used strategically to allocate funding and to maximize investment.
How can HIV specific data collection be integrated with national data systems?	Section 5.4. How can HIV/TB/malaria data collection be integrated with national data system?
Assess the possibility of regional/pooled procurement	Section 5.5. Indicate if there are possibilities to lower unit costs by reducing fragmentation through pooled procurement or resource pooling.

SOURCE: PEPFAR - Sustainability Index and Dashboard	
PEPFAR	**Aceso Global/APMG Health**
Section 13.5 Comprehensiveness of Prevalence and Incidence Data	Section 2.1. Key epidemiological indicators, including incidence, prevalence, and mortality. Prevalence among key populations.
Section 2.4 Structural Obstacles	Section 3.2. Describe the main gaps (if any) in access to services related to rural-urban dynamics, socioeconomic divides, age, gender, or other factors.
Section 2.3 Non-Discrimination Protections	Section 3.2. Specify if there are non-discrimination laws or policies currently in place, including which populations and under which circumstances are covered, and to what extent the laws are enforced.
Section 11.2 Annual Targets and SID 11.3 Budget Execution	Section 4.3. Degree of alignment of strategic plans with budget allocations for HIV/TB/malaria. Comparison between budget and expenditure: execution rate of the budget for HIV/TB/malaria.
Section 11.1 Annual Budget	Section 4.3. Indicate if there are budget or programmatic line items for HIV/TB/malaria.
Section 11.5 Domestic Spending	Table 13. Domestic: Government
Section 1.1 Content of National Strategy	Section 4.5. Describe if there is a costed national disease-specific strategy or action plan. Include data on total budget per year and other details (i.e. budget by objective) as indicated in the national strategy.
Section 12.6 Improving Efficiency	Section 4.7. Ability of health services for HIV/TB/malaria to be better integrated into the benefit package.
Section 12.6 Improving Efficiency	Section 4.7. Ability of HIV/TB/malaria services to be covered under the national or private health insurance scheme.
Section 12.1 Resource Allocation Process	Section 4.5. Comment on the existence and use of data-driven models to allocate resources.
Section 12.6 Improving Efficiency	Section 5.5. Ability of health services for HIV/TB/malaria to be better integrated in the health system.
Section 4.5 Private Health Sector Supply and SID 4.6 Private Health Sector Demand	Section 5.1. Description of the nature and extent of private sector engagement.

Section 8.5 Stock	Section 5.2. Comment on the extent to which stock outs are a concern for HIV/TB/malaria pharmaceuticals and supplies.
Section 5.1 Surveillance and Survey Transparency	Section 5.4. Overview of the current functionality of the routine information systems for HIV/TB/malaria. Comment on the level of use of data for decision-making, including how data is used strategically to allocate funding and to maximize investment.
Section 5.3 Performance and Service Delivery Transparency	Section 5.4. Indicate if the national health information system collects data reported by different type of service provider, including public, private and the community.
Section 12.6 Improving Efficiency	Section 5.5. Indicate if there are possibilities to lower unit costs by reducing fragmentation through pooled procurement or resource pooling.
Section 12.6 Improving Efficiency	Section 5.5. Description of how procurement competition can be promoted.
Section 3.5. Civil Society Enabling Environment	Section 6.2. Describe the current existence of a legislative basis for social contracting, or other mechanisms by which CSOs can deliver services for HIV/TB/malaria using government funding.

SOURCE: PEPFAR/HPP - Readiness Assessment for Key Populations	
GUIDANCE SECTION	**Aceso Global/APMG Health**
Domain D, 2. Comprehensiveness of KP HIV data	Section 2.1. Key epidemiological indicators, including incidence, prevalence, and mortality. Prevalence among key populations.
Domain D, 2C Viral load data	Table 9. % of PLHIV on ART, achieving viral suppression
Domain A (i), 6 Structural Barriers	Section 3.2. Describe the main gaps (if any) in access to services related to rural-urban dynamics, socioeconomic divides, age, gender, or other factors.
Domain A (i), 5+7. Nondiscrimination	Section 3.2. Specify if there are non-discrimination laws or policies currently in place, including which populations and under which circumstances are covered, and to what extent the laws are enforced.
Domain A (i) 7. Right to Services	Section 3.2. Comment on the current state of documentation of stigma and discrimination – either through reporting mechanisms or through occasional assessments – as barriers to people receiving HIV/TB/malaria services.
Domain A (i), 8. Redress	Section 3.3. Indicate if there are functional mechanisms for documentation and redress of human rights violations.
Domain C,1. Total HIV budget, 2.Domestic budget, 3. Donor financial support	Table 13. Total estimated funding
Domain C, 2. Domestic budget	Section 4.5. If available, include percentage of HIV/TB/malaria funding from all sources disaggregated by KP.
Domain C, 8. Resource allocation process	Section 4.5. Comment on the existence and use of data-driven models to allocate resources.
Domain B, 3B. Are healthcare workers required to receive training and sensitization in working with KPs?	Section 5.3. Based on the current support provided by Global Fund on human resources, indicate if transition from Global Fund support may significantly affect: Basic training; Management; Delivery mechanism; Lack of skill workers; Staffing levels for key cadres; Location of human resources in government health facilities; Discrimination against key and vulnerable populations; Other.

Domain A (ii). 8. Enabling Environment and 9. Channels for Civil Society engagement	Section 6.1. Comment on the existence of: Network or organizations of people living with HIV (PLHIV); Networks or organizations of key and vulnerable populations; Networks of affected individuals for any other disease track or subpopulation; Organizations such as affected women, sexual and reproductive health, gender equality, youth, and others; Existence of networks of CSOs that are serving each disease components. Section 6.2. Description of mechanisms that support civil society groups to engage in decision-making processes related to programming and financing of interventions related to HIV/TB/malaria and how does this arrangement compare to other health areas.

SOURCE: Eurasian Harm Reduction Network - Transition Readiness Tool	
EHRN	**Aceso Global/APMG Health**
Section on Policy: 3.2. National HIV Strategic Plan specifies the role of NGOs as government-funded (through grant or contract) service providers of harm reduction and other HIV prevention services	SCDT
Section on Policy: 3.3. Procedures to tender and award grants or contracts to NGOs for harm reduction and HIV prevention service delivery are in place and functioning	SCDT
Section on Governance: Indicator 4: A multi-stakeholder national governance body, including at least government, civil society, and technical partners, is institutionalized to steer the transition process, and to continue program planning and oversight after the end of donor funding	Section 3.1 Description of the governance for the transition process preparation and its implementation. Mention if a transition task force exists and its composition, the expected role of the CCM in transition preparation and transition plan implementation.
Section on Governance: 4.1. There is a government-endorsed plan for how the CCM will evolve and be institutionalized as a national governance body, with decision-making power for HIV programming	Section 3.1. Definition of the role that the CCM (if any) after the GF ends its support. If a specific role is defined, describe the plans to fund it in the future.
Section on Financing: 7.1. There has been a need projection and costing process to develop a budget for the transition period and/or beyond	Section 4.6. Projection of low-case and high-case scenarios for maintaining HIV/TB/malaria programs, adjusting for shifts in disease profiles, program cost (ART expenditure, etc.).
Section on Financing: Indicator 8: Core harm reduction services are funded by the government and delivered by NGOs via grants or contracting mechanisms	SCDT
Section on Financing: Indicator 9: Donor procurement systems are integrated into national systems and assuring reasonable price controls	Section 5.5. Indicate if there are possibilities to lower unit costs by reducing fragmentation through pooled procurement or resource pooling. If disease programs currently benefit from pooled procurement by GF, indicate if this mechanism would still be available after GF exit and if there are other alternatives.