EURASIAN HARM REDUCTION NETWORK

THE IMPACT OF TRANSITION FROM GLOBAL FUND SUPPORT TO GOVERNMENTAL FUNDING ON THE SUSTAINABILITY OF HARM REDUCTION PROGRAMS

A CASE STUDY FROM BOSNIA AND HERZEGOVINA

EURASIAN HARM REDUCTION NETWORK

JUNE 2016

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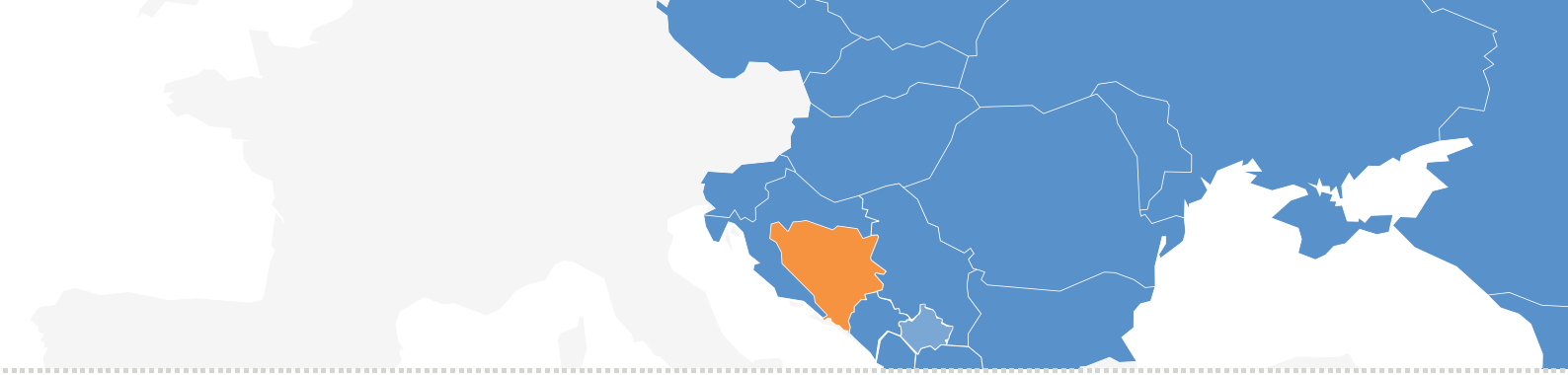
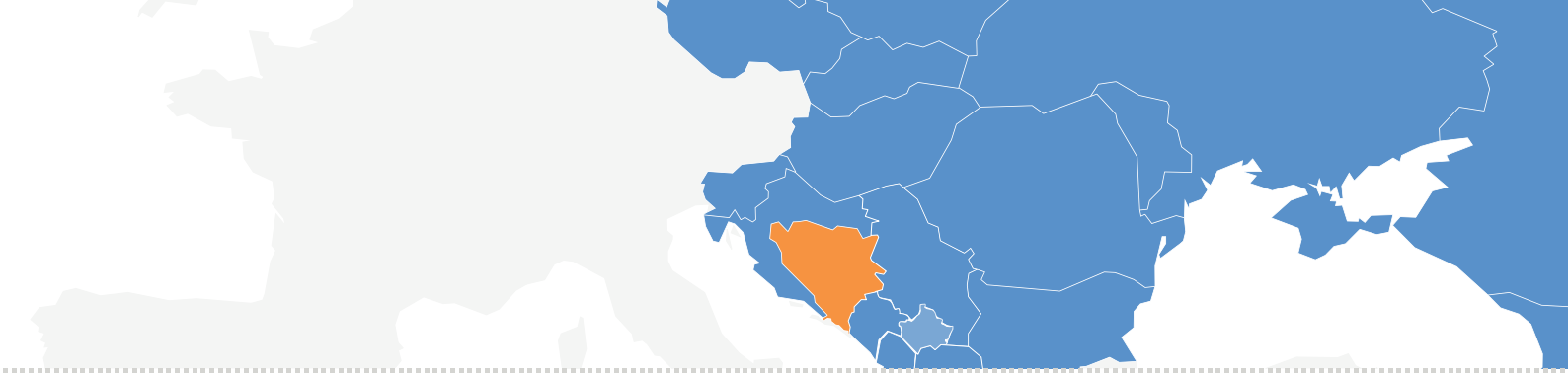
Contents



Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AKAZ	Agency for quality and accreditation in health care in the FBiH
APMG	APMGlobal Health
BD	Brcko District
BiH	Bosnia and Herzegovina
BBSS	Bio-Behavioral Surveillance Survey
CCM	Country Coordinating Mechanism
CSO	Civil Society Organization
DIC	Drop-in Centre
ECDC	European Centre for Disease Prevention and Control
EHRN	Eurasian Harm Reduction Network
EMCDDA	The European Monitoring Centre for Drugs and Drug Addiction
FBIH	Federation of Bosnia and Herzegovina
GDP	Gross Domestic Product
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GNI	Gross National Income
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HR	Harm Reduction
ICD	International Classification of Diseases
IPH	Institute for Public Health
KAP	Key Affected Population
M&E	Monitoring and Evaluation
MOCA	Ministry of Civil Affairs
MDG	Millennium Development Goal
MDR	Multi-Drug Resistant
MMP	Methadone Maintenance Program
MOH	Ministry of Health



MSM	Men who have Sex with Men
NAB	National Advisory Board
NFM	New Funding Model
NGO	Non-Governmental Organization
NSP	Needle and Syringe Program
OST	Opioid Substitution Therapy
PROI	Progressive Reinforcement of Organizations and Individuals
PI	Public Institution
PWID	People Who Inject Drugs
RS	Republic of Srpska
STI	Sexually Transmitted Infections
TB	Tuberculosis
TP	BiH HIV Transition Plan
ToR	Terms of Reference
UNDP	United Nations Development Program
VCCT	Voluntary and Confidential Counseling and Testing
WG	Working Group

Acknowledgements

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The case study was prepared by Samir Ibisevic, President of PROI between March and June 2016 and edited by Graham Shaw.

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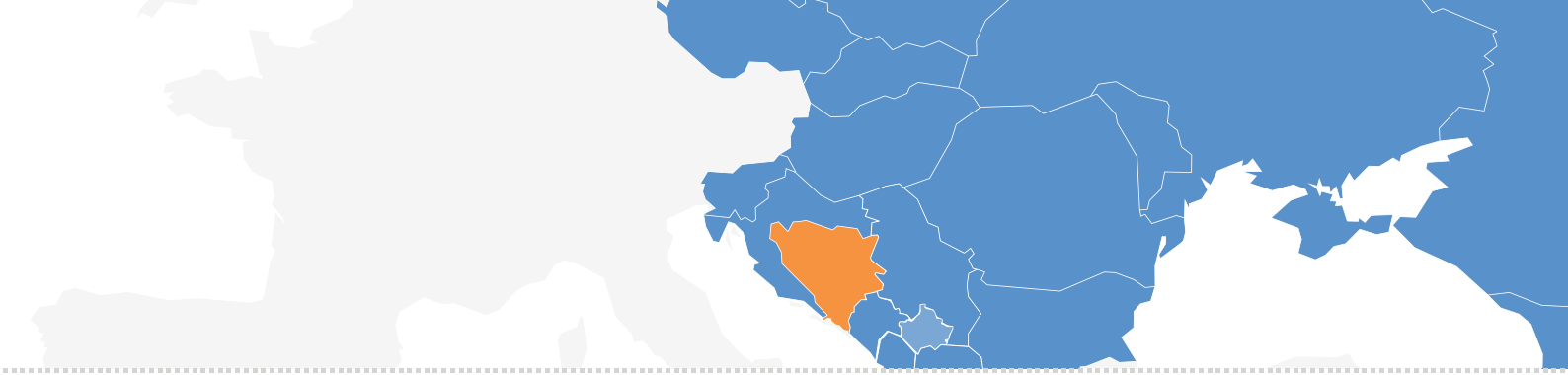


Executive Summary

Since 2006, Bosnia and Herzegovina (BiH) has been a recipient of Global Fund to Fight AIDS, Tuberculosis, and Malaria Round 5 and Round 9 grants to support the country's HIV and TB programs. However, as BiH has been classified as an upper-middle income country by the World Bank and as a low HIV prevalence country, it will not be supported by Global Fund resources after September 2016.

33%
Bosnia and Herzegovina
readiness to sustain harm reduction interventions

Nowadays, BiH is going through a transition process guided by a transition plan to transfer ownership of the HIV program from the Global Fund to domestic structures. As BiH was one of the first countries to develop a transition plan, there were no guidelines, which made this a difficult task for all the actors involved. Consequently, this case study analyzes the readiness and risks of the BiH transition from donor to domestic funding, identifying the challenges and recommendations.

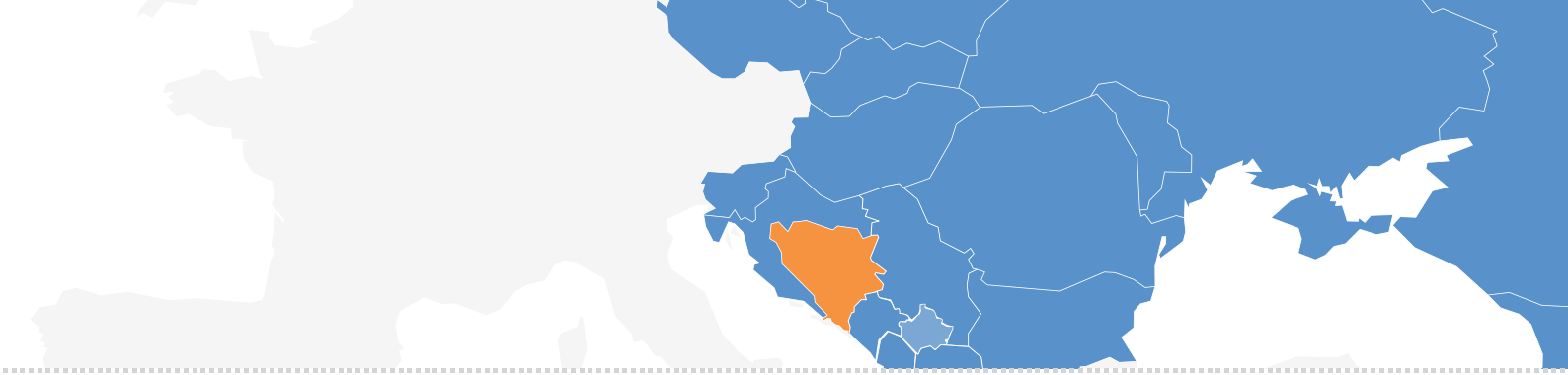
BiH achieves a Transition Readiness Assessment score of 33% as of April 2016. In 10 of the 12 indicators predefined in the tool matrix, BiH has reached the first out of three stages while two indicators progressed to the second stage. Stage three was not reached in the case of any indicators. The most significant progress was achieved in the areas of Policy and Program with four points scored out of nine, mostly thanks to NGO involvement in the preparation of relevant policy documentation and HR and HIV prevention program implementation.

Governance remains the weakest transition area with only one indicator achieving the first stage. All three indicators in the Finance area have reached the first stage. Such a score indicates a significant achievement and a good start which requires further work to progress.

Defragmentation of the government and institutions involved in the transition process remain the greatest obstacles to the successful implementation of the transition. Transfer of procurement of medicines, health products and health equipment from UNDP, as the primary recipient of the funds, to the national institutions is proved to be costlier and harder to implement due to many levels of government. This situation affects the financial framework and practical continuation of the Harm Reduction (HR) programs. Moreover, the conservative public, still driven by prejudice, stigma and discrimination, is not willing to endorse solving of problems in Key Affected Populations (KAP) and is more concerned about issues present in BiH society remaining as the legacy of war such as return of displaced persons, reconstruction work and reconciliation among conflicted party.

Although there is evidence that shows the success of the HR programs and the government has expressed its verbal commitment, it is unlikely that the country will achieve full transition until September 2016 when the Global Fund will complete implementation of agreed grant. If the transition is not successful soon after the deadline, there will a substantial decrease in HR services which will furthermore result in an increase in the incidence of HIV, HCV and TB.

However, with proper action taken by all stakeholders, the success of the transition process in BiH can be significantly improved. The Global Fund should remain present in BiH as a technical support to ensure that issues during the transition are resolved and to provide the financial backup in case of disruption to the HR program due to a lack of government commitment. Overall, the government should show greater involvement in the transition of the HR program through the allocation of funds and take responsibility for policy development in order to enable a positive



environment for the transition. Civil society should continue to participate in all transition processes as an actor in decision-making with local and national government actors, in reaching KAPs, in providing and scaling-up of services, and they should continue to assess BiH's readiness for transition. UNDP should maintain its role in procurement until the procurement system used under the Global Fund financed grant is integrated into the national system. Lastly, all stakeholders should strive to create partnerships at the regional level across Southeast Europe and the Balkan region to continue advocacy and in finding resources to sustain the HR and HIV prevention programs.

Hope remains that through the resolution of the identified gaps and initiatives, Bosnia and Herzegovina will successfully implement the transition and not face a backlash of HIV prevalence as has happened in some other countries of the region.

Introduction

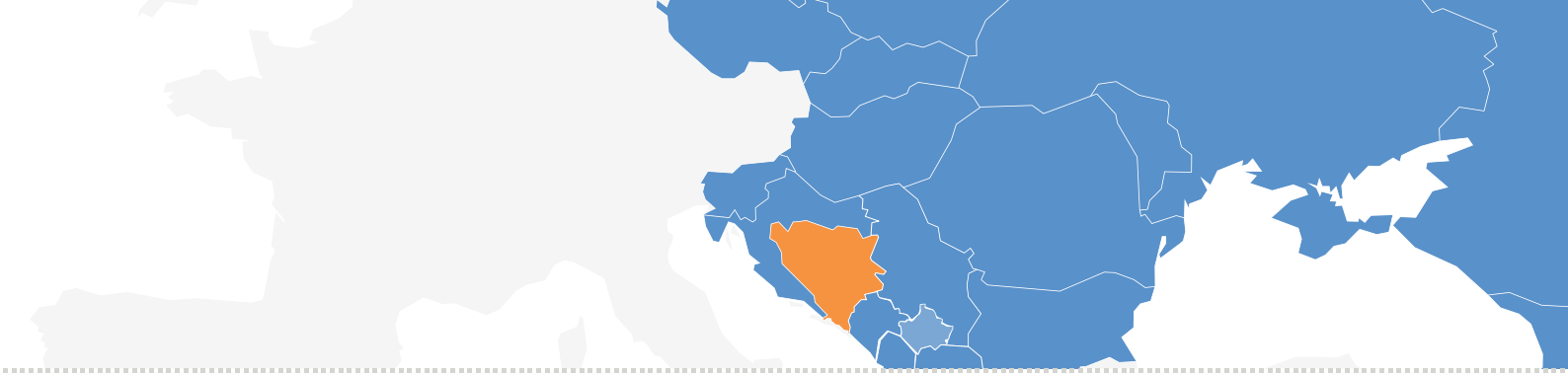
Rapid economic growth over the last decade in large parts of the Eastern Europe and Central Asia, including the Balkan area, has coincided with important economic and public health shifts that have rendered countries of the region ineligible for development assistance, in particular support from the Global Fund concerning HIV/AIDS. The exponential growth in international aid for health that was previously seen followed by the economic crisis has resulted in a decrease in donor funding available, including for HIV and tuberculosis programs.

In 2014, the Global Fund introduced the New Funding Model (NFM), a new approach to resource allocation that has transformed financing for the three diseases. In upper-middle income countries (UMICs), Global Fund invests 100% of its financing to support key and vulnerable populations. According to World Bank classification, there are no longer low income countries in Eastern Europe and Central Asia (EECA), including the countries of the Balkans in Southeast Europe. Although pledges by donors to the Global Fund increased from $10.08 bn for the period 2011-2013 to $12.23 bn for 2014-2016[1], the EECA region saw an overall reduction of 15.1% as a result of the NFM allocation methodology.[2] Furthermore, the recent UN Secretary-General's report includes a table that calls for a significant pullout of international funding from UMICs by 2020 that could lead to dramatic consequences in terms of the spread of the HIV epidemic among KAP in these countries.[3]

Consequently, there is widespread concern as to how to ensure the successful transition from Global Fund supported HIV and TB programs to national funding and the sustainability of such programs, especially those programs targeted at KAP. As a result, EHRN decided to conduct a number of case studies in 2016 to evaluate the processes and the consequences of the transition from the Global Fund financing of the HIV response among KAP with the sustainability of harm reduction services used as an example in five Balkan countries: Albania, Bosnia, Macedonia, Montenegro and Romania.

Methodology

A desk review of relevant documents (both available in English and Bosnian/Croatian/Serbian languages) was undertaken to analyze the availability of internal and external funding for HR projects in Bosnia and Herzegovina (BiH), as well as the processes around transitioning from the Global Fund to national or other donor funding, together with sustainability planning for HR and related services. This has included, for example: a Transition Plan for the continuation of HIV and AIDS prevention and care in BiH, 2015-2017; a Round 9 Proposal Form; the BiH HIV Strategic Investment Framework and Roadmap to Transition and Sustainability, 2014 by APMGlobal Health; Estimating Population Sizes Report in BiH, 2013 by APMGlobal Health; the Strategic Response to HIV/AIDS in BiH, 2011-2016, by the Council of Ministers of BiH; and the Advocacy plan for HIV/Sexually Transmitted Infections prevention in BiH,

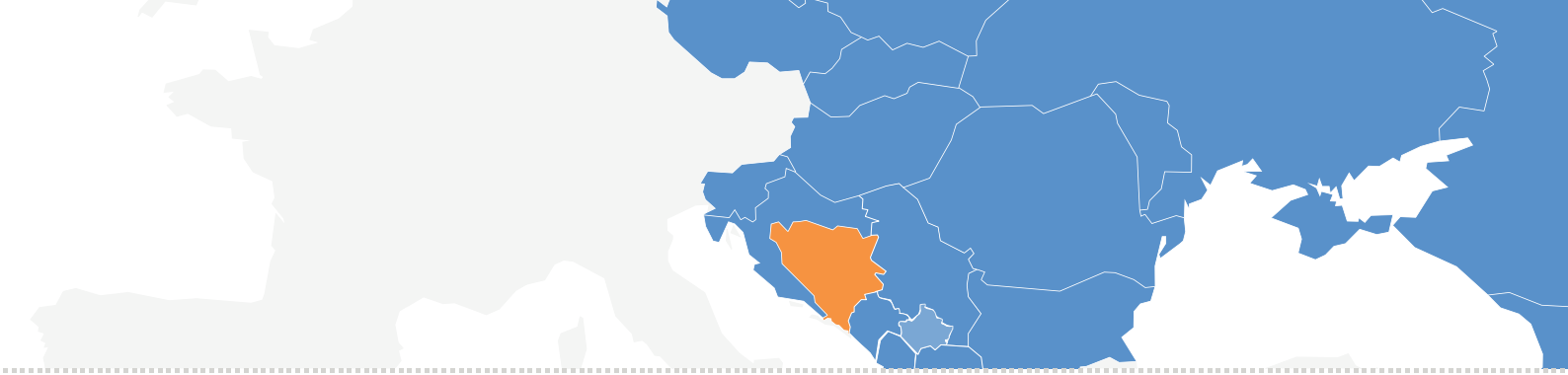


2015-2017, by the CCM of BiH, amongst others.

A case study interview guide developed by EHRN was adapted to the BiH situation. Key informants were identified and then interviewed during one-to-one meetings, phone calls, and Skype calls. A total of seven key informant interviews were conducted with the Chair of the BiH CCM; the HIV Coordinator for the Federation of BiH; the Global Fund portfolio manager for BiH; the Head of the UNDP HIV program in BiH; representatives from each of two local NGOs implementing HR services; and, the director of the Institute for Addiction Diseases in Sarajevo Canton. Taking into consideration multiple levels of government in BiH as a possible limitation of the study, not all potential key informants were interviewed. Feedback on the draft case study was provided by the Global Fund Secretariat as well as by representatives of the NGO, Action Against AIDS, and the UNDP office in BiH.

Information and data obtained through this process was then entered into a "Transition Readiness Assessment Tool" developed by EHRN and APMGlobal Health to analyze the readiness and risks of transition from donor funding to sustainable domestic financing, identifying key barriers that must be addressed before sustainable transition is possible with a particular emphasis on assessing the sustainability of HR services through and beyond the transition period.

Background



Country context

Bosnia and Herzegovina (BiH) is a country with an estimated population of 3.825,000 people[4], located in the western part of the Balkan Peninsula. The population has declined from 4.4 million due to the 1991-1995 war that devastated the country. The Dayton peace agreement ended the war in 1995 and established a complex political structure that provided governments at State, Federation of Bosnia and Herzegovina (FBiH), and the Republic of Srpska (RS) so called Entities, Brcko District (BD) and cantonal levels. The FBiH is administratively divided into 10 cantons.

BiH is built on a highly decentralized and very costly structure with divided competences and, as such, it struggles with functional coordination and policy-making mechanisms and processes. Consequently, public health in BiH is also fragmented. In the Republic of Srpska (RS), it falls under the competency of the Public Health Institute of RS together with five regional centers. In the FBiH, besides the Federal Institute of Public Health (IPH), there are ten cantonal IPHs, while Brcko District (BD) has the Department of Public Health. Since 2003, the Ministry of Civil Affairs (MOCA)[5] is responsible for the overall coordination of the health sector in BiH as well as issues related to international obligations, European integration, and international cooperation in the health field. In 2013, total health expenditure was 9.6% of Gross Domestic Product (GDP) while the total expenditure on health per capita was USD928[6]. According to World Bank[7] classification, BiH is an upper-middle income country with GNI per capita of $4,840 in 2014. In February 2016, BiH applied for European Union membership.

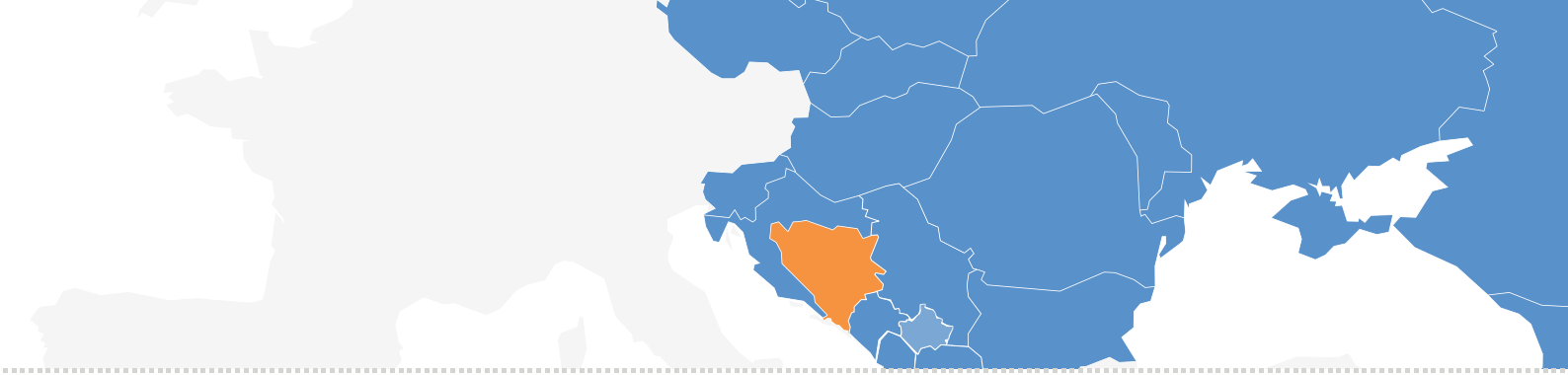
The Council of Ministries[8] at the state level in 2002 established the National Advisory Board (NAB) for HIV/AIDS and the CCM that leads the national response to HIV in close cooperation with the MOH Entities, the IPH Entity, the Clinics for Infectious Diseases, international partners and Civil Society Organizations (CSOs). Each Entity and the BD has HIV/AIDS Coordinators for the activities on the Entity and District level.

The national population size of KAPs has been estimated as follows: for MSM, 6,900 – 9,500 persons; for PWID, 9,500 – 15,500 persons; and for SW, 2,500 – 5,500 persons[9].

Epidemiological situation with HIV\TB and current trends

With a HIV prevalence of less than 0.1% in the general population and less than 5% among identified KAPs (PWID, MSM and W)[10], BiH falls among the low prevalence countries. Since 1986, when the first HIV case was detected, and by the end of 2015, there were 287 persons registered with HIV status in the country[11]. During the last five years, approximately 20-25 new HIV cases have been registered on an annual basis. The predominant route of transmission in 2015 was heterosexual (45%), followed by homosexual/bisexual (39%) and injection drug use (8%) (see Figures 1 and 2)

A Bio-behavioral Surveillance Surveys (BBSS) conducted in 2012 among PWID (n=997) [12], MSM (n=333) and SW (n=122) revealed a HIV prevalence rate of 0.2% (n=2) among PWID, 1.2% (n=4) among MSM and 0.5% (n=1) amongst SW[13]. Trends among these populations show a change from risky to safer behaviors.



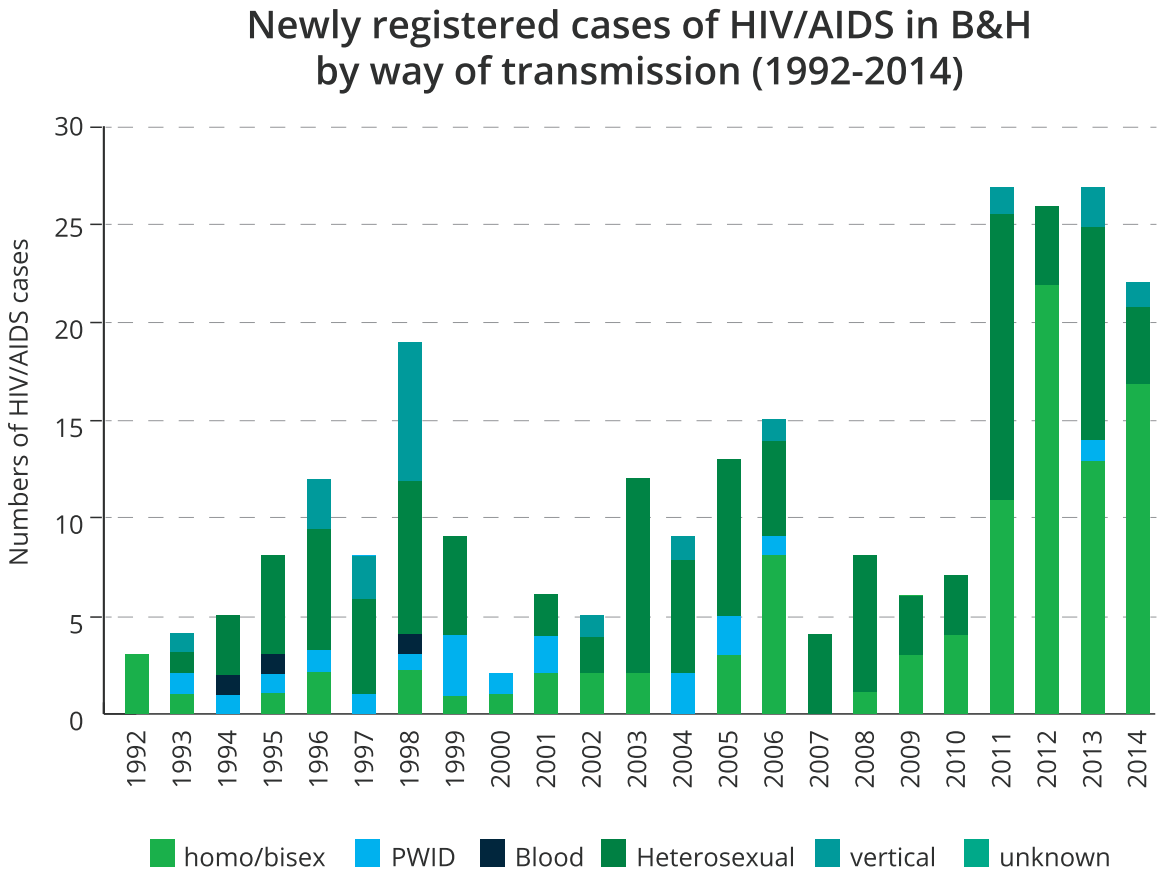
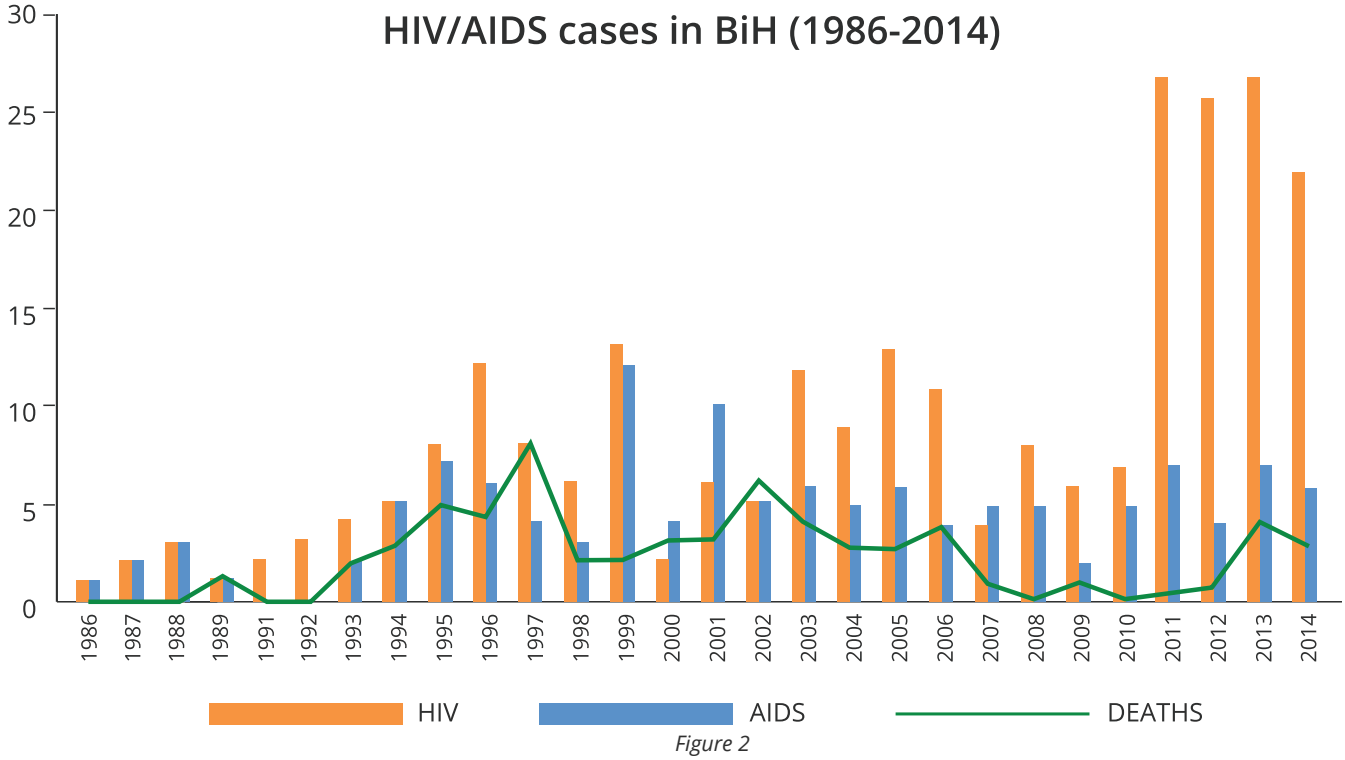


Figure 1



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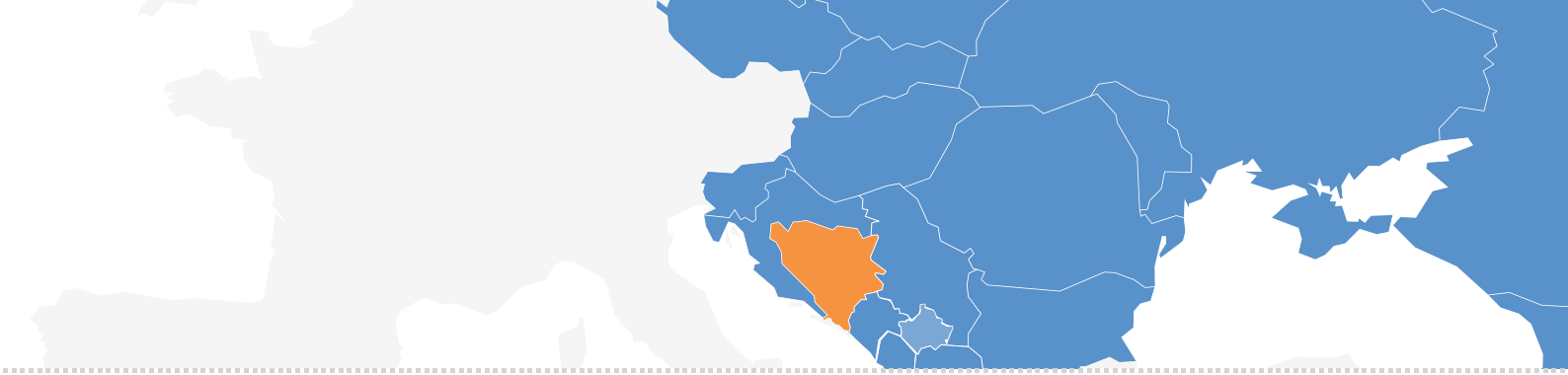


Despite a history of an effective public health program and interventions, TB is still common in BiH. TB re-emerged as a public health problem in the aftermath of the 1992-95 armed conflict and the estimated burden is among the highest in the Balkan region. The estimated incidence rate in 2014 was 42 (31–55) cases per 100,000 population (Figure 3). The TB-related mortality rate in 2014 was 3.8% and the percentage of Multi-Drug Resistant (MDR) TB in the total number of new cases in the same year was 1.6% while the treatment success rate in 2014 was 82%[14].

The identified vulnerable populations in term of TB in BiH are internally displaced persons, asylum-seekers, ethnic minorities and other marginalized people (such as persons living in poverty, people who use drugs, prisoners and ex-prisoners) and there is a general trend of decreasing TB cases in BiH (Figure 3).

It has been estimated that in BiH the sero-prevalence rate of the Hepatitis C Virus (HCV) is 1–2.5%, which accounts for approximately 40,000 people[15]. This situation is mostly inherited from the wartime period when untested blood transfusions were given to the wounded. Comparative BBSS studies conducted in 2007, 2009 and 2012 among PWID in three cities (Sarajevo, Zenica, and Banja Luka), and in 2012 in Mostar and Bijeljina, show HCV infection among approximately 50% of participants (Figure 4). HCV treatment is financed by the health insurance fund of each entity since 2005.

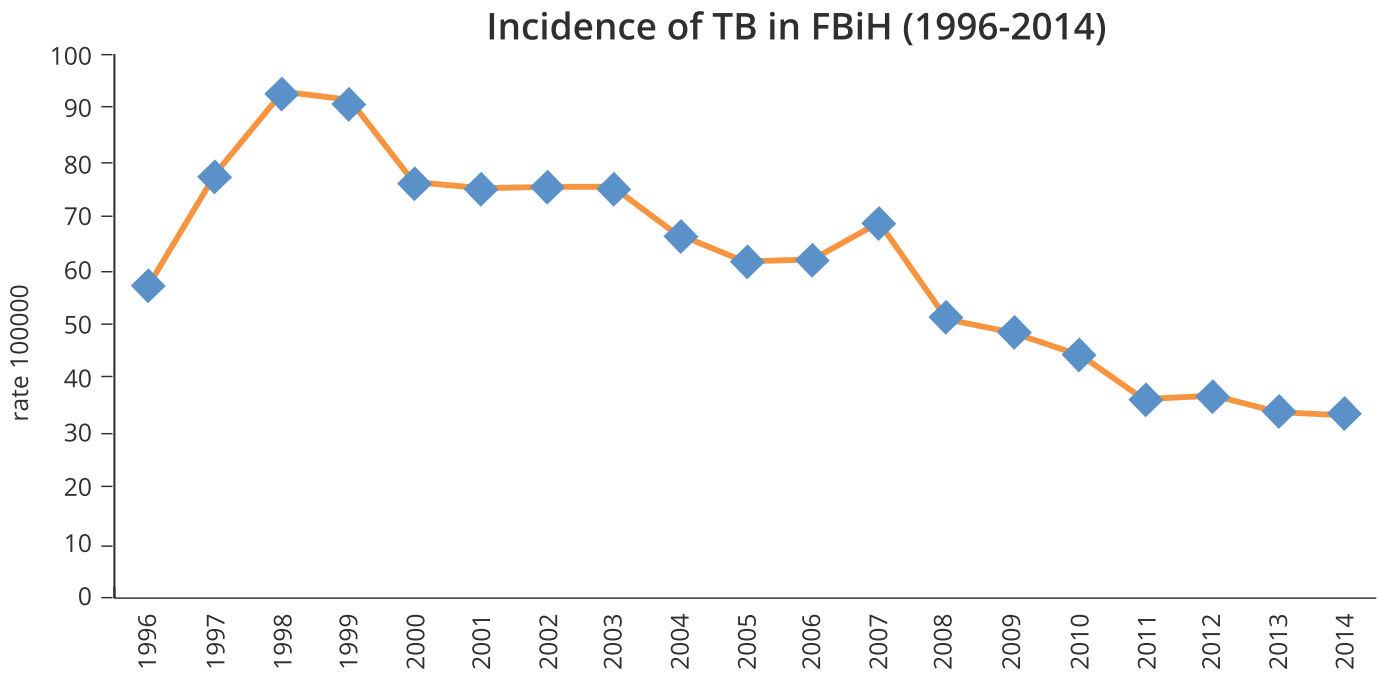
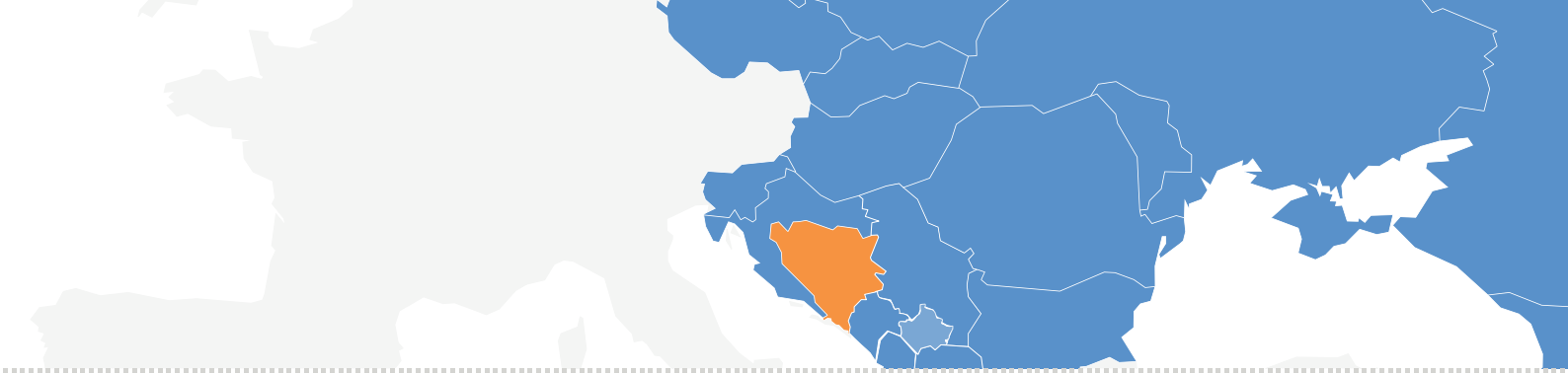


Figure 3



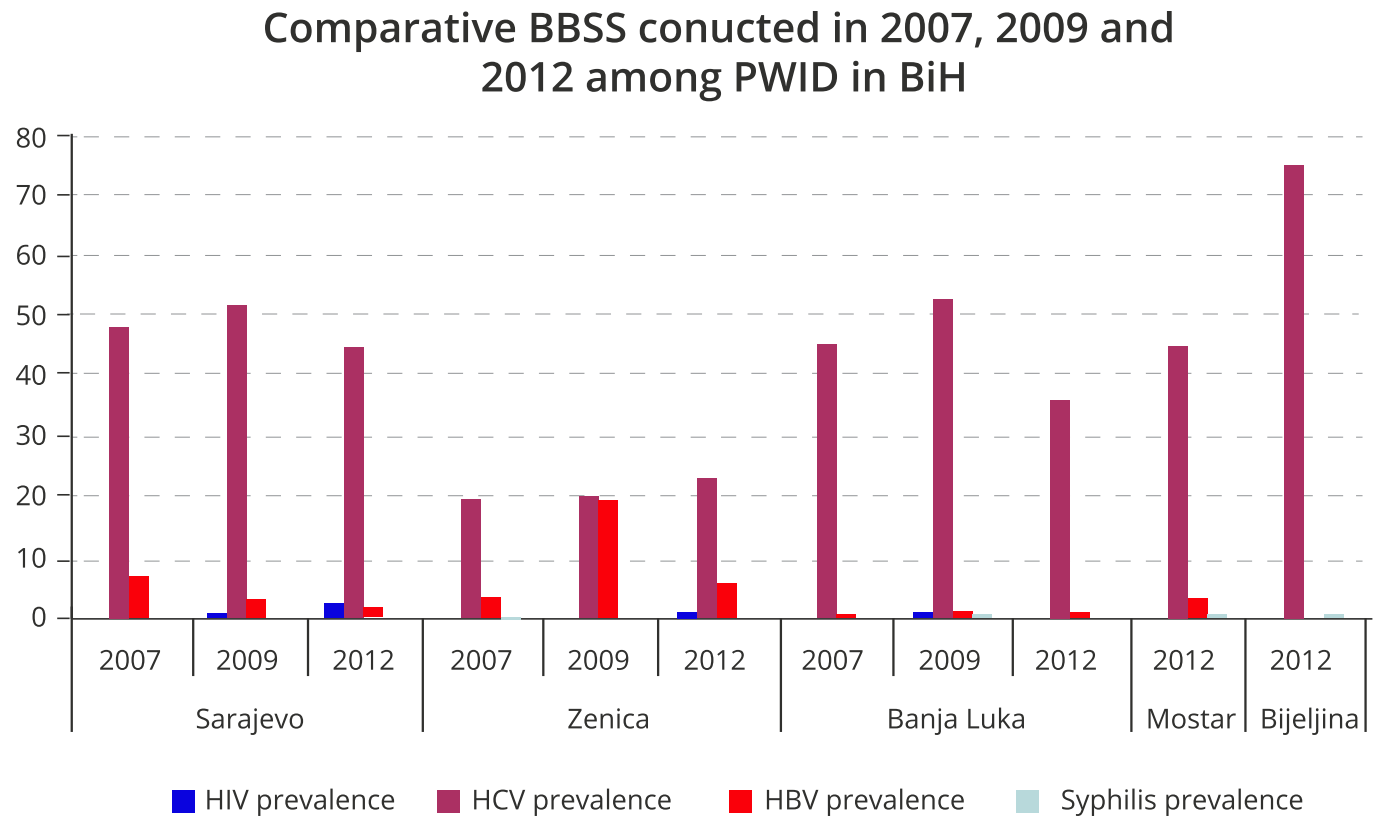


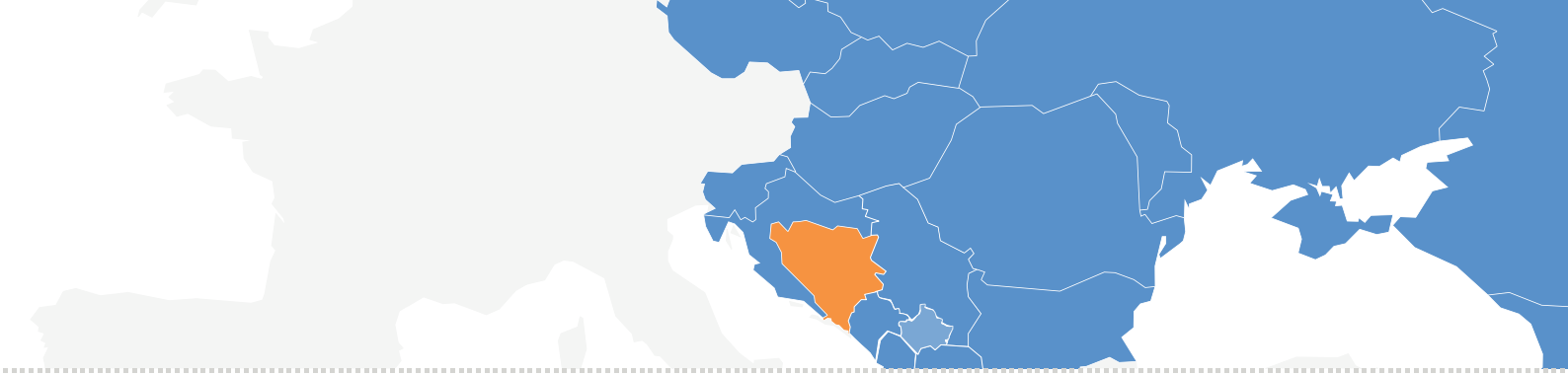
Figure 4

Global Fund eligibility

Since 2006, the Global Fund - through Round 5 and Round 9 - financially supported the implementation of two projects related to HIV/AIDS prevention in BiH (approx. $40m.in total[16]); namely, the Coordinated National Response to HIV/AIDS and TB in a War-torn and Highly Stigmatized Setting (November 2006 – October 2011); and, the Scaling-Up of Universal Access for Most at-Risk Populations in BiH (December 2010 - November 2015). For both rounds, UNDP BiH was chosen by the CCM as the principal recipient of the funds.

Ratings for implementation of both grants have been oscillating between A1 ("Exceeds expectations") and A2 ("Meets expectation") and almost all program targets were exceeded. The Global Fund financial contribution accounted for approximately 30 to 35% of the overall cost of the HIV program in BiH (2006-2015).[17]

In accordance with the NFM introduced by the Global Fund in 2014, as an upper-middle income country with a low HIV prevalence rate in both the general and high-risk populations, BiH was declared ineligible for Global Fund support under the eligibility criteria based on a combination of income level and burden of disease[18]. This means that after September 2016, no more Global Fund support will be available for BiH to support HIV counteraction in the country with the exception of continued funding for the CCM Secretariat. Following the savings occurred in the budget for Round 9 in amount of Eur 1,200,000, the CCM requested use of the saved funds for an extension period from December 2015 to September 2016. Funds were used for transitional advocacy activities envisaged in the Advocacy plan, the Needle and Syringe Program (NSP), the Drop-in Centre (DIC), and Opioid Substitution Therapy (OST) for PWID and related procurement.



Overview of the HR status in-country

Historically, pharmacies in BiH were the only source of supply for sterile injection equipment as a point of sale to the customers who need it such as diabetics and PWID. Due to the stigma, this service is often denied to PWID and based on the personal decision of the pharmacist. From 2000-2004, there were some occasional and non-coordinated NSPs in Tuzla, Zenica, and Sarajevo without available data about the coverage. With the start of the Round 5 Global Fund grant in 2006, HR services for PWID were provided through a network of outreach workers, DICs, and pharmacy-based NSP managed by four local NGOs (PROI and Margina in FBiH, and Viktorija and Poenta in RS). The minimum package of services included the distribution of needles and syringes, condoms, informative educational materials and motivational consultations about VCT, safe injecting practice, overdose prevention. Additional services included HIV/STI/HCV testing, referral to OST and other medical services such as HCV treatment and treatment of abscess. Though almost half of PWID[19] in the country have experienced overdose with the loss of consciousness, Naloxone is not provided to the NSP clients due to legal barriers. Naloxone in BiH is available only in ambulances and hospitals. There is no evidence that medical doctors prescribe it for patient's personal use. In BiH, there is no laboratory which can confirm death caused by overdose; therefore, there are no statistics on overdose-related deaths (Figure 5).

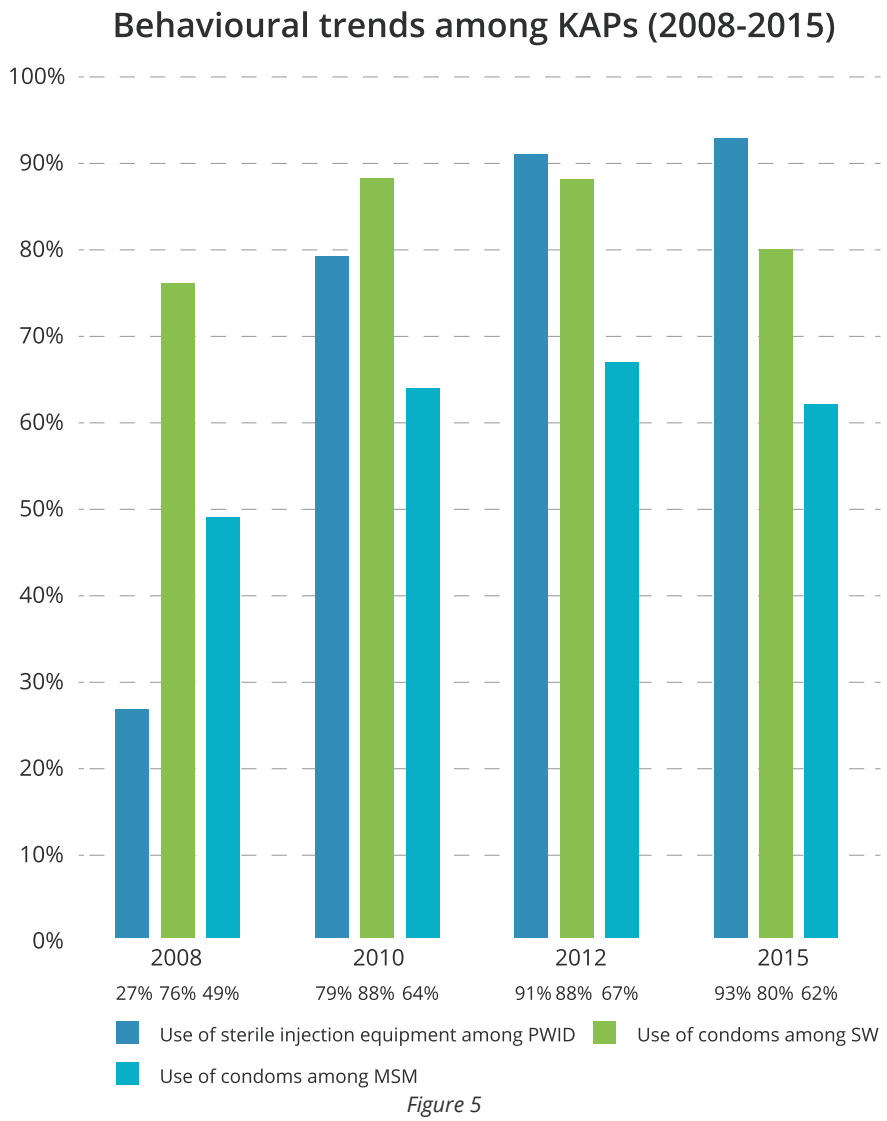
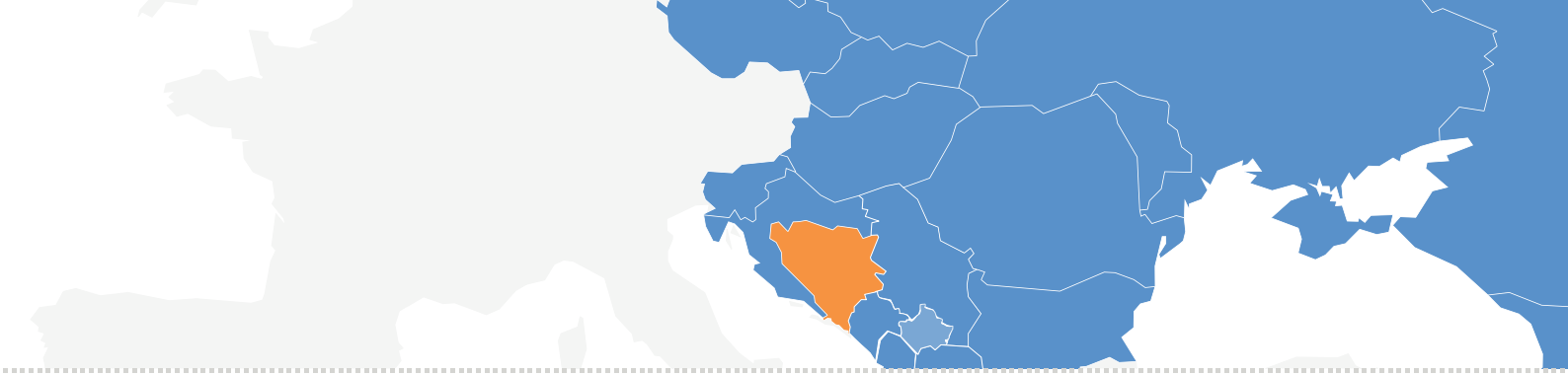


Figure 5



During implementation of Round 9, HR services were expanded to a total of 11 DICs, six in FBiH and five in RS, while outreach workers were employed at 63 different locations across the country. The same NGOs were engaged as in R5. Except for Eur 5,000 allocated by the MOH in Sarajevo Canton to the DIC located in Sarajevo in 2015, all funds for these activities were provided by the Global Fund. In the same year, NSP services reached 6,932 PWID (Figure 6), which is 55% of the average estimated number of PWID in BiH. A total of 1,012,774 syringes and 1,015,492 needles were distributed to clients in 2015[20].

A Methadone Maintenance Program (MMP) was introduced to BiH in 1989 for the first time and 50 PWID were treated before the outbreak of the war. MMP was restored in 2002 and until 2006 was financed only by governmental funds[21]. As of 2016, OST is provided by 9 governmental centers using Methadone, Buprenorphine and Suboxone and it is mainly financed by the Global Fund. OST is also available in 6 prisons in FBiH. In 2015, 1,395 clients received OST (Figure 7) which is 11% of the average estimated number of PWID in BiH.

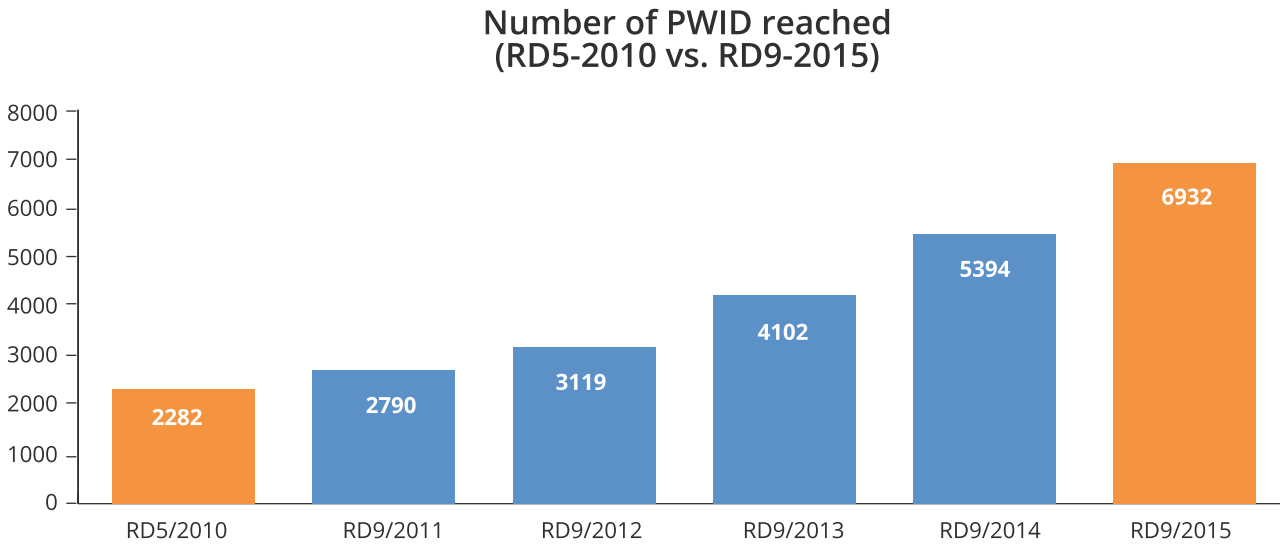
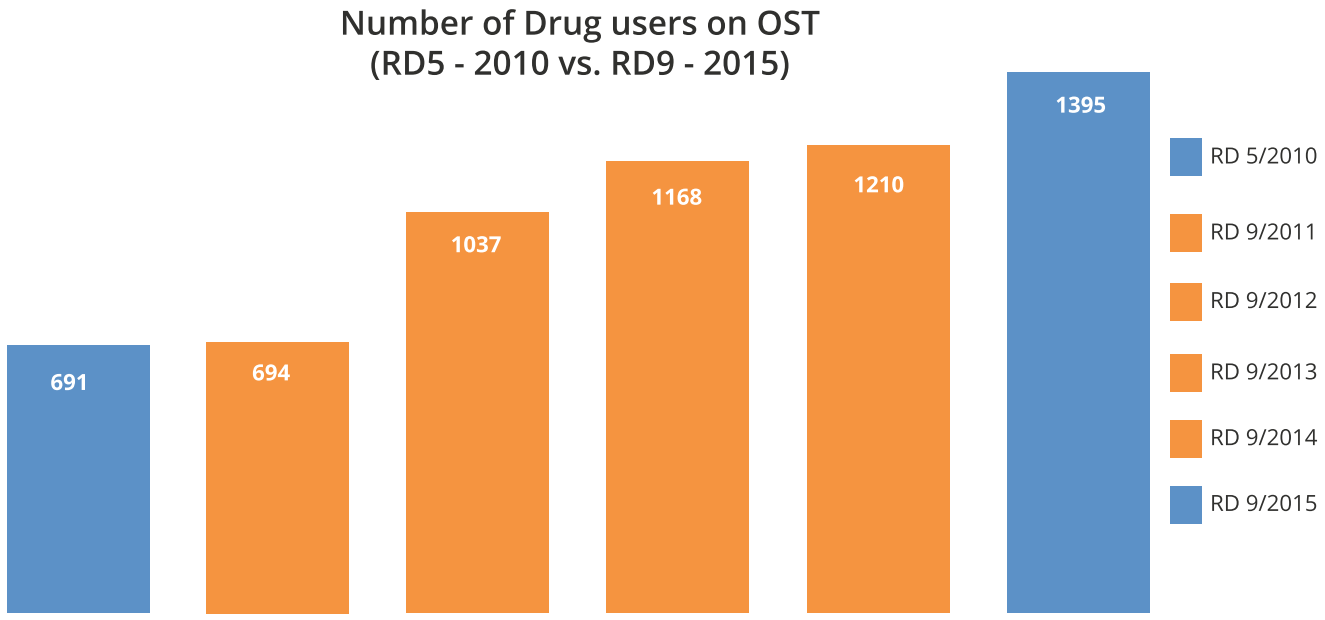


Figure 6



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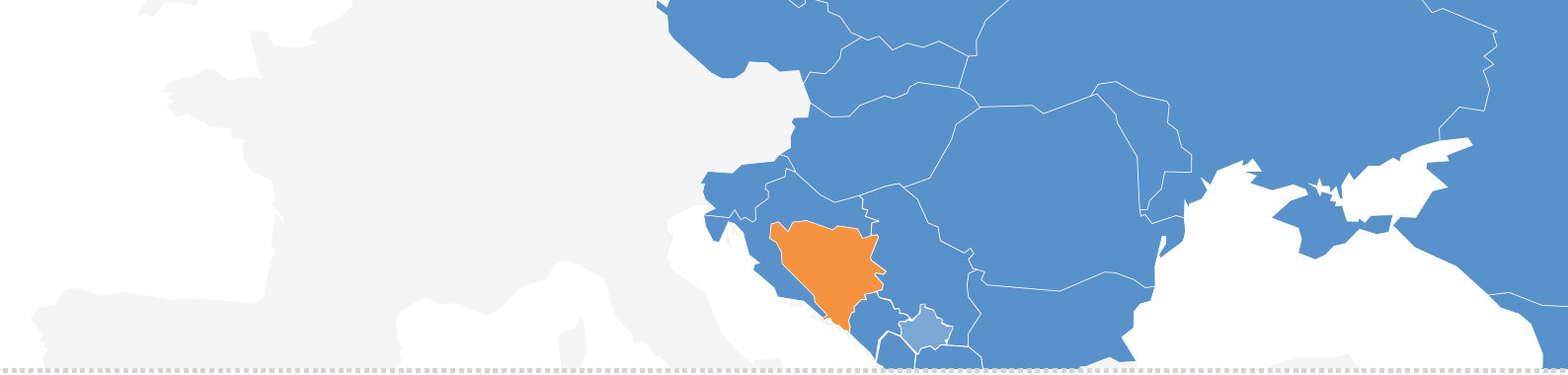


As a result of the Global Fund support, a success in HR activities was observed in BiH with the most significant increases seen in NSP [22]. There has been increase in the number of PWID enrolled in OST (more than 50% for the period 2010-2015)[23]. Studies have also shown the cost effectiveness of the HR program in BiH and worldwide[24].

Analysis of the Transition Process

Policy

In the CCM BiH proposal for the Second Phase of the Round 9 Global Fund grant (2012-2015), there was a requirement for the development of a national plan for the sustainable transition away from reliance on the Global Fund financing. The first attempt to meet such a requirement was in early 2014 when the UNDP contracted a consulting agency for the development of a Strategic Investment Framework and Sustainability Plan for the National HIV and AIDS Prevention Program. Among other stakeholders, CSO representatives were interviewed by the contracted consultants in order to provide insight on actual engagement and projection of core activities and costs for the period 2016-2019. The requested document was presented to the CCM and the Global Fund in September 2014. The product of the consultancy was not in-line with the Terms of References (TORs) and deemed insufficient to meet program needs.

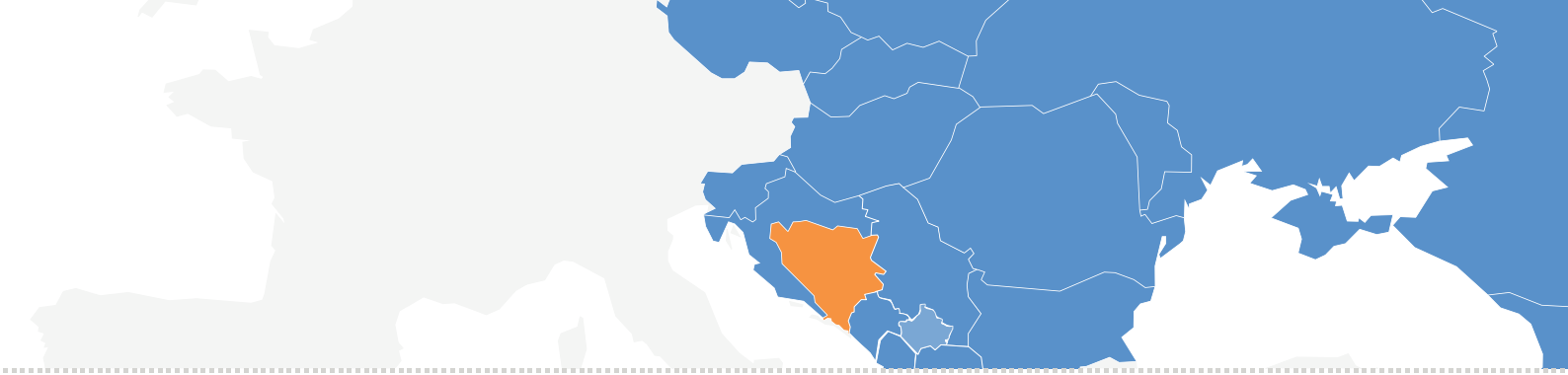
Considering such circumstances, the CCM constituted a HIV Transition Planning Working Group (WG) composed of 13 members, six of whom were NGO representatives from PROI, Association Margina, Viktorija, Partnerships in Health, Association XY, and Action Against AIDS, while others included representatives of MOH, MOCA, and infection clinics. The complete UNDP HIV team also joined in providing technical expertise, procurement and cost estimations, disease burden and targets and other relevant sources of data. The role of NGOs in the WG reflected their previous experience and expert opinion in the sustainability of work with KAPs in HR and Voluntary and Confidential Counseling and Testing (VCCT) with a particular emphasis on advocacy. Government representatives were in charge of providing analysis regarding structural and budgetary solutions to transitioning and implementation of the plan. The same process was applied with the WG for the preparation of the TB plan of transition for BiH[25].

After several TB and HIV WG meetings, the transition plans were sent to the CCM for comment and endorsement. The drafts were endorsed by all CCM members and submitted on March 30 and April 1 2015, respectively, to the Global Fund for feedback.

In order to provide adequate feedback, the Global Fund engaged a broad range of specialists in the review of the plan, including a Senior Specialist for Health Product Management, a Monitoring and Evaluation and Public Health Specialist, Finance and Health Financing Specialists, as well as members of a strategic division working on sustainability and transition issues.

After being endorsed by the CCM and the National Advisory Board (NAB) on June 1 2015, the final version of the TP was submitted to the Global Fund for approval including Annex 1: Advocacy Plan[26] and Budget; and, Annex 2: Transition/Extension Work Plan, Budget & Country Contribution. The most important activities prioritized in the TP are:

- Uninterrupted continuation of prevention, care and support services among key populations, including people who inject drugs, men who have sex with men, and prisoners;
- Uninterrupted supply of OST;



— Continued availability of voluntary counseling and testing services; and,
— Uninterrupted supply of health products (such as urine, HIV and HCV tests, needles and syringes).

The TP was approved by the Global Fund on July 9, 2015, and used as the basis for negotiating the ten-month no-cost extension. The NAB submitted the plan to the Council of Ministries on the state level for official endorsement and remains there under evaluation.

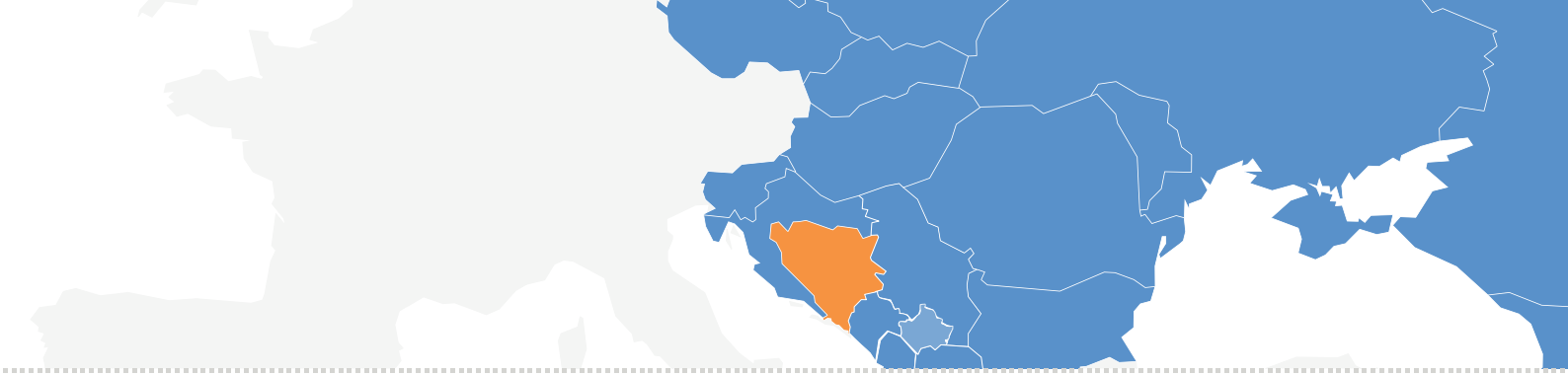
With the TP development, Policy **Indicator 1**: 'A fully-resourced Transition Plan including harm reduction is proactively guiding transition', of the transition readiness assessment tool is reached at the first stage ('A costed transition plan has been developed via a multi-stakeholder consultative process, and has been endorsed and appropriately resourced by the government and major donors').

PWID are identified as one of the most at-risk populations in the 'Response to HIV/AIDS in Bosnia and Herzegovina, 2011-2016[27] Strategy' within which the need of preventive activities for this population are highlighted. However, there is no direct mention in the strategic goals of NSP, OST, or HR. The HIV Strategy and Action plan[28] have no explicit cost calculation required for implementation of HR related activities and does not specify mechanisms for government funding for NGOs that provide such services. At the moment, there is no official initiative for the development of a new HIV strategy and Action plan for the period after 2016.

The Drug Strategy for BiH (2009-2013)[29] states that HR programs should be carried out by persons trained in the field of substance abuse, particularly on the harmful consequences of drug use and HIV, the Hepatitis B Virus (HBV) and HCV infection. At the same time, consulting activities, information and training on harmful consequences of drug use and safer ways of use should be carried out among people who use drugs, especially among women and pregnant women. The Entity, Cantonal and BD Ministries responsible for health care issues should define, in accordance with their respective capacities, the composition of NSPs and the safe removal of used equipment. Health care institutions and NGOs involved in these programs must be certified by the competent ministries. The ministries are responsible for regulating the form of the certificate for participation in NSPs, the ways in which such programs are implemented and controlled, and other issues of importance for the program. The competent Ministry of Security issues permits for individuals who implement the program in the field.

On the initiative of the HIV/AIDS coordinator for FBiH, the MOH of FBiH and representatives of NGOs, the HR Policy was adopted by the Parliament of FBiH in February 2014[30]. The basic principles outlined in the text are based on the principles set in the Health Care Act of the FBiH, and the European Centre for Disease Prevention and Control (ECDC), and The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) guidelines for the prevention and control of infectious diseases among PWID, 2011. The Policy's main goal is reducing the frequency of occurrence of impairment of health among PWID while also reducing the possibility for the emergence of infections conditioned by blood transmitted pathogens through the sharing of non-sterile injecting equipment. The Policy explicitly recognizes HR, including OST and syringe/needle exchange, as one of the priority issues as well as the role of NGOs in the HR program.

The Agency for quality and accreditation in health care in the FBiH (AKAZ) is the competent authority in the field of improving the quality and safety of health services and accreditation of health facilities. AKAZ has developed standards for DIC in FBiH[31] on the basis of which the evaluation and accreditation of DICs in FBiH should be carried out in order to implement the HR Policy in FBiH. The RS government did not consider any similar standards for the operation of DICs in the RS.



Among the main barriers to the implementation of HR program in BiH is that the Criminal Code of FBiH[32] defines punishment for the possession of drugs but does not specify the minimum quantity allowed. Practically, this means that findings of microscopic traces of drugs in FBiH constitute a criminal act. At the same time, the last Action plan to fight drug abuse in FBiH (2012-2013)[33], and the last Strategy for monitoring and fighting off drug abuse in the RS (2008-2012)[34], do not specifically employ HR approaches or activities. A new initiative to update these documents is not planned. Therefore, Policy **Indicator 2**: "There are no legal or policy barriers to the implementation of harm reduction programs" of the transition readiness assessment tool is reached at stage 2 ('Actions have been taken to amend problematic legislation and policies, but some barriers still exist').

Provision of grants to NGOs by the government is addressed in policies and laws related to the establishment and functioning of NGOs[35] and there is a functional procedure for this type of grant. Once or twice per year, municipalities and ministries at different levels publicize calls for proposals with a predefined set of themes and eligibility criteria. The political establishment at the given moment is responsible for a definition as to what themes are going to be funded. Considering that there are Bosnian conservative nationalistic parties in power and religious influences, target groups such as PWID, MSM and SW have never been a focus for available grants as well as activities such as the distribution of condoms and NSP. These topics were taboo for government grants before the the Global Fund engagement in BiH. From 2006 through to 2015, NSP, PWID, SW and MSM outreach was solely funded by the R5 and R9 Global Fund grants. Thus, Policy **Indicator 3**, 'Policy or legislation is in place to state and/or municipal governments to contract or grant NGOs for the delivery of harm reduction and other HIV prevention services' of the transition readiness assessment tool is reached at stage 1 ('There is policy or legislation that supports a mechanism for the government to fund NGOs (grant or contract) for some activities, but it does not currently include provision of harm reduction services').

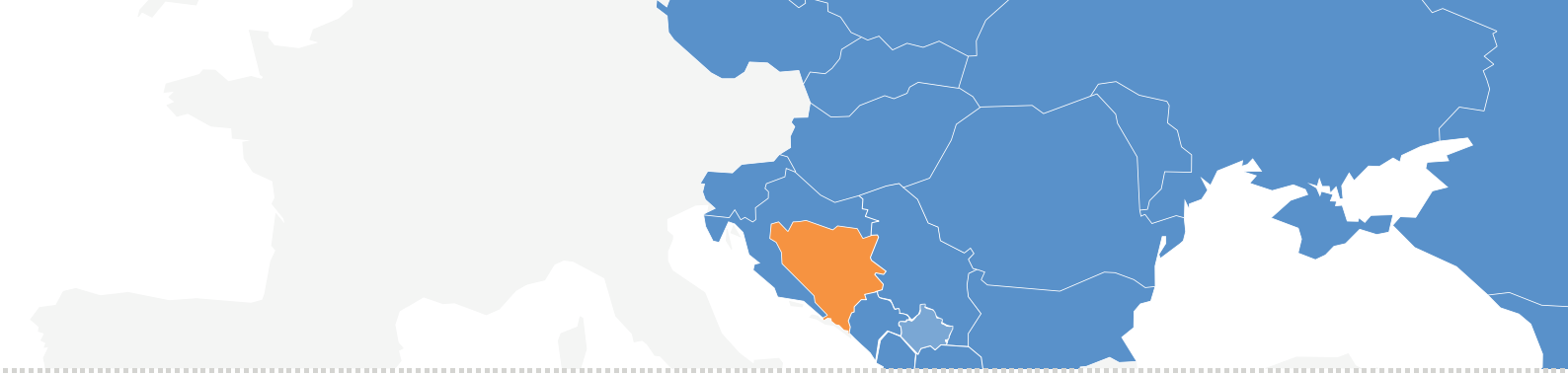
Governance

The NAB on HIV/AIDS in BiH is an advisory body to the Council of Ministers on issues of HIV and AIDS[36]. The NAB was formed by a Decision of the Council of Ministers in 2002 ("Official Gazette" No. VM 27/02 and No. 288/05) in which Article 7, inter alia, gives the possibility to the NAB to form a WG or body for the purpose of easier and more efficient implementation of its duties. Article 9 of the same Decision determines the MOCA as administrative and technical support to the work of the NAB.

The NAB consists of representatives from the Ministry of Human Rights and Refugees, the Ministry of Foreign Affairs, UNDP, UNFPA, Entities and the BD HIV/AIDS Coordinators and two representatives from CSOs. It has a number of consultative functions including coordination of HIV/AIDS related activities at the national level with relevant regional initiatives; ensuring HIV/AIDS programs are designed in accordance with international standards and the needs of BiH; the mobilizing of available government resources and those of international donors; to advocate for new social policies and to keep track of HIV/AIDS related data.

The CCM was established by the NAB in 2003 after the GFATM requested the formation of this body as a condition for approval of grants intended for the implementation of the program of prevention of HIV/AIDS and TB in BiH. The actual CCM consists of 23 members including government, civil society, and technical partners. The CCM for BiH has administrative support of a CCM secretariat, currently hosted by the NGO "Action against AIDS" in Banja Luka. The mandate of the secretariat ends in June 2016.

The NAB formed a working group in 2012 to coordinate, monitor and evaluate the implementation of the HIV Strategy and to develop an Action Plan. In 2013, the Action Plan was officially adopted but without a financial plan. Since



there were no funds planned and committed to the implementation of the action plan, there was no monitoring of expenditures against the planned budget. The BD Health Department and MoH Entity's and IPH are in charge of its implementation on the ground. Harm reduction/PWID outcomes are not measured and neither exist as a distinct program area nor as a distinct track of expenditure.

From the beginning of 2016, efforts have been underway to assist the NAB in aligning the CCM strategy with the transition needs and to re-profile the CCM Secretariat to support the transition efforts. The CCM and its secretariat should evolve and be incorporated into a governance entity with consultative capacity for HIV programming. The CCM will be supported for the 2016-2018 period by the Global Fund and USD 60,000 is programmed for the two persons (CCM coordinators) to be employed in the MOHs/IPHs entity.

The related 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') of the transition readiness assessment tool is fulfilled at stage 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'). **Indicator 5** ('The mutli-stakeholder national governance body has an oversight function to monitor implementation of the National HIV Program, and harm reduction/PWID outcomes are measured as a distinct program area') and **Indicator 6** ('The new governance body has an oversight function to monitor expenditure against the planned budget, and harm reduction/PWID expenditure is measured as a distinct track of expenditure') which envisage a multi-stakeholder national governance body with an oversight function to monitor budgetary and programmatic implementation of harm reduction as distinct programmatic and budget areas in the National HIV program are scored '0' because the program, as such, still does not exist in BiH.

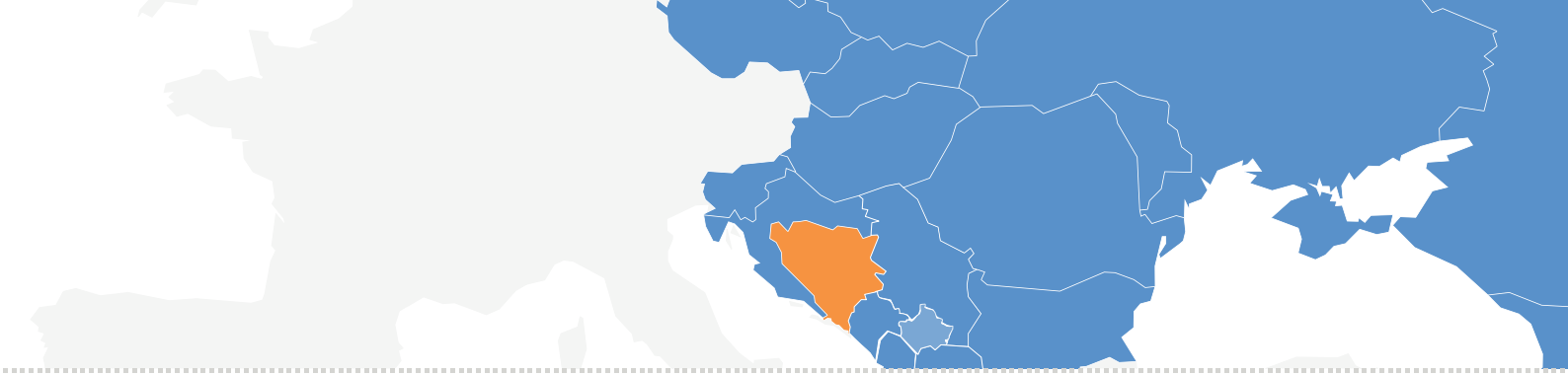
In the field of drug control, the Council of Ministers has established a Commission for the Suppression of the Abuse of Narcotic Drugs in order to harmonize activities of the Ministries and autonomous administrative organizations in BiH and of other agencies involved in the implementation of the Strategy on Supervision over Narcotic Drugs, Prevention and Suppression of the Abuse of Narcotic Drugs in BiH for the period 2009–2013, and for the purpose of promotion and control of its implementation. In February 2007, the Ministry of Security established the Department for the Suppression of the Abuse of Narcotic Drugs to systematically monitor and coordinate the drug situation.[37]

Finance

In the working group that drafted the TP, there was active collaboration of all sectors in order to provide reliable data for the costing exercise and budget optimization which was performed during the development of the budget for the plan. As a part of the TP budget, the Round 9 extension period was also included. Funding for HR, OST, and relevant procurement is secured until September 2016 with Global Fund support and minor cantonal funding for OST. In addition, UNDP as a primary recipient approached the Cantonal governments in Tuzla, Zenica-Doboj, Middle Bosnia, Sarajevo, Mostar and Orasje to better understand funding availability for prevention and HR activities and VCT.

At the 'entity' level, the HIV coordinator for FBiH advocated for the inclusion of Eur 100,000 in the budget line for HR activities in 2016-2017 of the MOH budget plan. These funds should be allocated for human resources and other needs in the NGO sector. It is expected that the FBiH government will give its final opinion on the proposed amount by September 2016[38].

The TP contains a budget projection (Figure 8) for the total needs for PWID which envisages a decrease from Eur



1,048,756 (secured funds financed by the Global Fund in 2015) to Eur 654,263 in 2017 (financial gap supposed to be funded from local and international sources). The decrease is a result of restricting the expansion of program activities to the provision of the basic package of services to beneficiaries and a decrease in overheads, procurement of health products and equipment etc. Services such as psychological and social support and legal counseling will not be available for PWID from 2016. Therefore, **Indicator 7**, 'Funds for harm reduction are allocated according to an optimized budget scenario', of the transition readiness assessment tool is reached at stage 1 ('There has been a needs projection and costing process to develop a budget for the transition period and/or beyond').

Resource Availability 2015-2017	2015		2016			2017
	Global Fund	Funded by other local and international sources	Global Fund	Funded by other local and international sources	Global Fund	Funded by other local and international sources
	EUR	EUR	EUR	EUR		EUR
PWID	**1.048.756**	**0**	**640.906**	**122.180**	**0**	**654.263**
Communication Materials	3.335		-	-		-
Health Products and Health Equipment	77.880		7.490			7.490
Human Resources	439.533		232.846	101.969		307.858
Infrastructure and Other Equipment	-		-			-
Living Support to Clients/Target Population	7.579		31.373	-		-
Monitoring and Evaluation (M&E)	5.300		-	-		-
Overheads	205.274		81.949	15.296		46.752
Pharmaceutical Products (Medicines)	208.882		238.022			238.022
Planning and Administration	29.115		9.285	4.915		14.200
Procurement and Supply Management Costs (PSM)	59.098		39.941			39.941
Technical and Management Assistance	7.500		-	-		-
Training	5.259		-	-		-

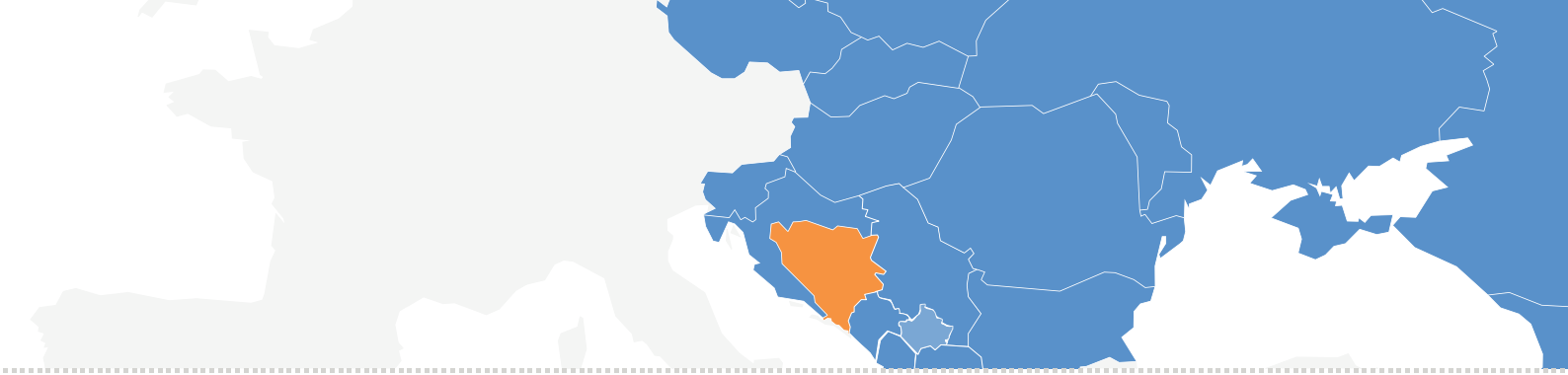
Figure 8

NSP services are not budgeted as part of the health programs at national/entity/cantonal levels due to the full financing from the Global Fund grants for almost ten years including a number of capacity development activities dealing with administrative, programmatic as well as procurement activities.

On the other hand, OST financing includes domestic funds. Since 1989, when the MMP was introduced in BiH, until the beginning of funding by the Global Fund in 2006, cantonal governments had fully covered costs for MMP which was available in Sarajevo, Mostar, and Zenica. During the implementation of R5 and R9, OST was expanded from three to nine centers across BiH and in six prisons in FBiH. Currently, OST centers and health insurance funds are conducting procurement of Methadone and Naloxone/Buprenorphine treatment using local procurement processes, while Global Fund support is covering the largest portion of the total need of OST. **Indicator 8,** 'Core harm reduction services are funded by the government and delivered by NGOs via grants or contracting mechanism' of the transition readiness assessment tool is reached at stage 1 ('Either needles and syringes for harm reduction OR opioid substitution therapy medications (not both) are included in the domestic budget') since OST is included in domestic policy and finance.

The OST center in Sarajevo Canton has been receiving financial support for its work from the cantonal government over the period 2002-2013. Despite the fact that this activity was originally budgeted and endorsed by the cantonal government, from 2014 no funding was provided by the relevant ministry or any other institution.

In the context of the current scheme of program implementation and funding of its activities, the country gives a



partial contribution to the financing of OST. For example, the country contribution for the procurement of Methadone and Suboxone in 2010 was Eur 351,592, in 2011 Eur 303,805, and in 2012 Eur 304,020[39]. OST as a part of cantonal budgets in FBiH and Entity level in the RS has declined since 2008 and in 2015 was reliant for 90% of its costs on Global Fund support.

Naloxone/Buprenorphine therapy is funded by Health insurance funds in Sarajevo, Tuzla, and Zenica cantons up to 65% of the total costs needed for such therapy. At the same, time, this type of OST is not funded in the RS because Naloxone/Buprenorphine is not on the Essential Medicines List. Arrangements have been made for Naloxone/Buprenorphine to be included in the Essential Medicine List in the RS and supported by health insurance funds in 2017.

Pharmaceuticals and health products procured within the Global Fund programs that are not likely to be used/consumed before 30 September 2016 will be sufficient for the period September 2016 - March 2017. Also, health products and commodities provided through the grant will be used for the continuation of the services provided by NGOs to KAPs (especially harm reduction programs) until fully consumed. In this way, the program aims to secure continuity of services for the transition period.

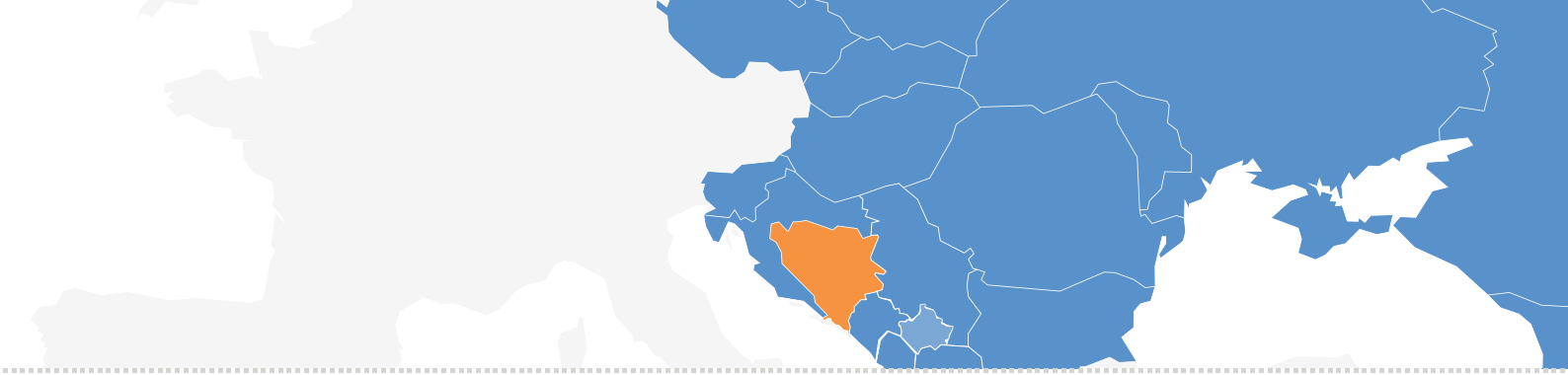
Procurement and supply management at the country level is regulated by the Law on Public Procurement. Actual procurement in FBiH is largely decentralized and it has been undertaken by health facilities directly or by canton/entity level structures, while the supply to medical institutions in the RS is centralized and has been implemented by the Health RS Insurance Fund. The TP envisaged procurement of medicines for the OST program is conducted through health systems in accordance with the proper procedures. In particular, it is expected that starting from 2017, OST centers (Centers for addiction, Community Health centers/mental health centers and Clinical centers where OST is provided) will become responsible for procurement of all therapy using local procurement processes. The lack of financial allocations can impact such procurement and, thus, it is consideration is being given to the continud use of existing procurement procedures implement by UNDP systems. Accordingly, **Indicator 9**, "Donor procurement systems are integrated into national systems and assuring reasonable price controls', of the transition readiness assessment tool, is scored at the first stage ('A plan exists to integrate Global Fund procurement systems into national systems') as there is a definite plan as to how to integrate the procurement system used under the Global Fund financed grant into national systems.

There was no registered attempt from the government or civil society to receive and use funding available from the EU for HIV prevention, and particularly for HR purposes.

Program

Establishment and operation of DICs for PWID was regulated in 2014 by the AKAZ which enacted the Accreditation Standards for DICs in FBiH. These include 13 standards and 87 criteria addressing accessibility, safety procedures, adequate premises and equipment, qualifications of staff, reporting procedures, age-sensitiveness, medical-psychological evaluation of the clients and other aspects. Accreditation Standards for DICs were created as a part of the "Package of HR services in BiH" within the Round 9 Global Fund program implementation. These standards rely on policies and programs and good practices to reduce the social, health and economic consequences of the use of legal and illegal psychoactive substances. Outreach work with PWID is also addressed in the documentation as a part of the work of DICs. In 2015, three DICs were accredited in FBiH.

The general provision standards for NSPs or guidelines approved by MOH or other governmental institution do not exist in BiH.



OST clinics are integral part of the national health system. OST criteria in 'Entity's' are based on EuroMethwork (European Methadone Guidelines) and locally developed guidelines. According to these guidelines, inclusion criteria for clients are: adult; experience of opiate use for more than two years; symptoms of addiction according to the International Classification of Diseases (ICD)-10; and, experience of previous treatment at hospital-based institutions (at least twice). The procedure foresees that OST can be provided only through certified governmental health institutions. **Indicator 10**, 'Provision of core harm reduction services is monitored according to defined standards', of the transition readiness assessment tool, is reached at stage 1 ('Defined service provision standards exist for at least needle/syringe programs and opioid substitution therapy') because service provision standards exist for the work of DICs and OST, respectively.

In 2015, core harm reduction services were available across the country and covered around 55% of all PWID with NSP and 11% with OST. Taking into account NSP coverage, which is very close to the level recommended by WHO, **Indicator 11**, 'Core harm reduction services are available at levels of coverage recommended by the World Health Organization', has reached stage 2 ('Coverage of either needle/syringe programs or opioid substitution therapy has reached the set target'). However, it should be noted that after the Global Fund leaves the country in September 2016, the NSP coverage level could dramatically reduce.

The MOH of Sarajevo Canton in 2015 granted Eur 5,000 to the 'Association PROI' for human resources and administrative costs of DICs for PWID in Sarajevo. This was the only allocation of funds for HR activities by the government for 2015-2016. By taking this factor into consideration, **Indicator 12**, 'NGOs are critical partners in the delivery of harm reduction and other HIV prevention service financed by domestic resources', is reached at stage 1 ('A limited number of NGOs receive grants or contracts for providing harm reduction services').

Due to the fragmented system of government, it is not possible to put in place a centralized national-level system of monitoring and evaluation. During program implementation, monitoring of HR and other HIV prevention activities is performed by UNDP as the PR of the Global Fund grant, and the CCM and other stakeholders are regularly informed of progress. UNDP has been in charge for the centralized grant MEsystem database that collects all indicators achieved in the HIV program. After the termination of the grant, Monitoring and Evaluation Units in the PHI entities, together with the Sector for Health of the Ministry of Civil Affairs of BiH, are tasked with setting up a system to ensure the collection of relevant monitoring and evaluation data where the MEsystem database is already integrated.

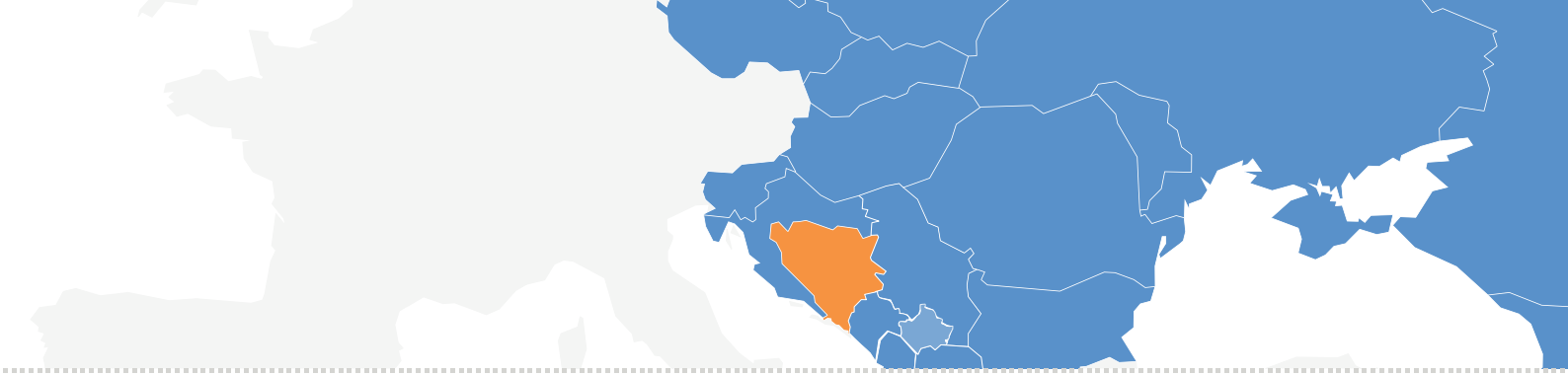
Identified challenges and barriers

Although there is evidence of the success and achieved results of the HR programs, and the country's verbal commitment to undertake the future funding of the program activities, the further implementation of the program is in question due to policy gaps that regulate harm reduction and HIV prevention, poor government endorsement of the TP, the financial crisis and resulting lack of domestic funds.

Transition plan development and implementation

In order to achieve sustainability after the completion of the Global Fund program in BiH, and to fulfill grant requirements, the TP development and implementation was envisaged in the country's grant proposal for the second phase of HIV R9.

After unsuccessful attempts at drafting the TP with help of external consultants in 2014, it was obvious that a



comprehensive transition would require significant work by local stakeholders in a minimal amount of time. Transition planning, including advocacy and policy dialogue, requires technical resources and broad stakeholder support including NGOs, the Health Insurance Funds, the MOH and the Ministry of Social Welfare and municipalities, in close cooperation with the Global Fund, UN agencies, including WHO, etc. But more than that, the TP requires enough time for full implementation. All evidence and opinions show that having a TP completed a year before completion of the Global Fund program in September 2016 will not be sufficient time to perform all advocacy activities and to get funds in place according to the planned budget.

Regulatory framework

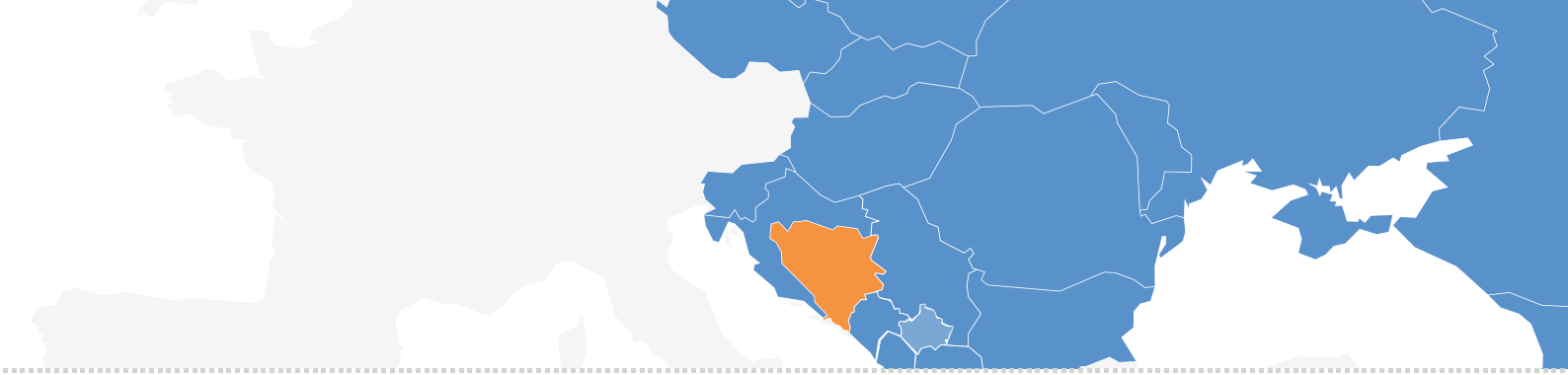
HIV and Drug strategies in BiH exist only as a coordination platform among FBiH, the RS and BD because real national Drugs and HIV programs and associated expenditure could not be created due to the complexity of the county's constitution. At the moment, these documents are outdated and not developed for the future. There is a verbal commitment from the deputy minister of the MOCA at the state level that he is going to push forward the development of the HIV strategy and coordinate amongst different ministries. For the Drug Strategy, which expired in 2013, initiatives of that kind have not been seen yet. In terms of HR, there are barriers in the regulatory framework, particularly when it comes to outreach work with PWID, as there are no accepted and implemented guidelines for NSP in the country.

Due to the fragmented state structures and national legislation, models within the existing legal framework related to drug use and ways of sanctioning are often different which further complicates the revision of the existing, and adoption of new, measures.

According to the Law on the Execution of Criminal Sanctions in the FBiH, possession of drugs is a criminal offense while the Law on the Execution of Criminal Sanctions in the RS[40], and The Criminal Code of BD[41], treat drug possession is a misdemeanor. These varying legislative approaches challenge NGOs participating in the HR program and create an obstacle to outreach workers in collecting and transporting used needles and syringes because traces of drugs can be found inside of used injection materials and police can interprete this as the possession of drugs. In addition, as a result of such legal restrictions, PWID are less likely to bring used needles and syringes to the DICs where the used material can be safely disposed of. Furthermore, according to current legislation, it is prohibited to dispose of used needles and syringes in places that are not specifically designated and approved in accordance with the requirements for the disposal of hazardous and infectious waste. Obtaining such permission is a costly and complicated process and almost unachievable for NGOs. Instead, NGOs contracted local hospitals for transport and safe destruction of used injection equipment.

Financial mechanism for HR

Considering the population size and disease burden, BiH funding in R9 was significant in enabling the implementation of services supplementing the basic NSP package. The budget calculated in the TP envisages a significant reduction of funds for harm reduction compared to those in Round 9 and, consequently, a reduction in services is expected as a result. The number of drop-in centers and outreach workers has reduced and no funds are planned for pharmacy-based NSP, training programs, provision of social and legal support, gender-sensitive services and similar interventions. Such a financial gap will impact harm reduction programs in BiH in terms of their effectiveness, quality, and coverage.



Although the current funding for HR programs will come to the end in September 2016, there was an ongoing debate among stakeholders in April 2016 on how and where to find funds for implementation of the country's transition plan. No funds are budgeted and committed at the government level to ensure the continuation of the provision of these services after the end of the Global Fund support. Involvement, and expectation, of other international funding will be a long term process since all major donors in the HIV sector have already left BiH and other countries where the Global Fund was present.

Existing policy and practice is not in favor of giving grants to NGOs for the delivery of harm reduction and other HIV prevention services. Social contracting and the hiring of services from NGOs by the government is not available and NGOs profiled in HR and HIV prevention have the same status as any other NGO in the country. The accreditation process is developed for DICs in FBiH but it has not been incorporate as a requirement in any grant.

Transferring program ownership

Fragmented and complex local governance is a system of shared financial responsibility. Practically, 12 MOH (ten cantonal and two entities) plus the BD Health Department are responsible for the planning, financing and implementation of activities in HIV prevention at the local level.

Incorporation of the transition plan into local policy is essential and all decision makers should be aware of these plans and should understand their role and be willing to accept what is stated in the transition documentation.

Procurement

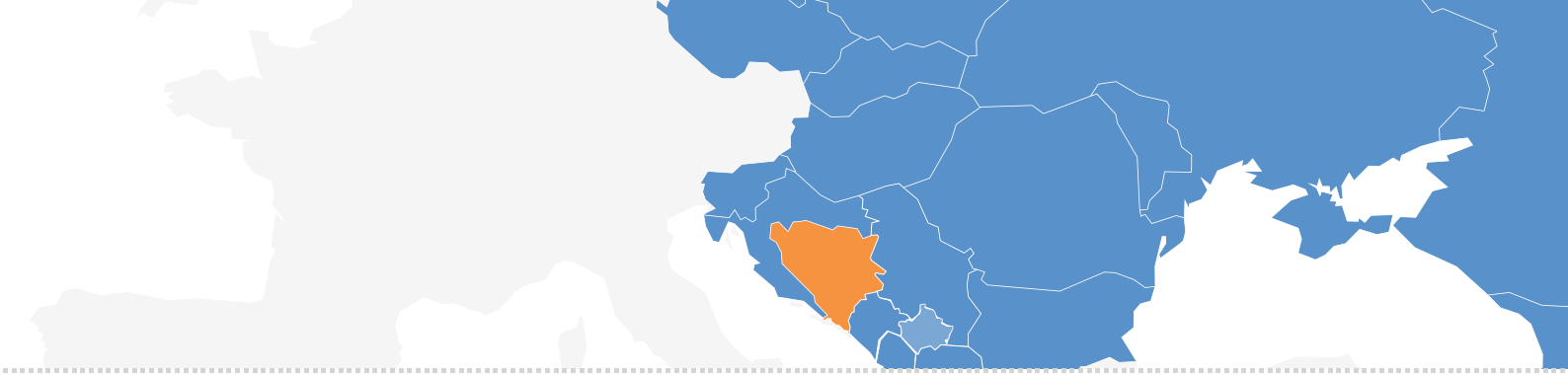
One of the identified challenges will be the transfer of the Global Fund procurement procedures to the local governments. During ten years that UNDP was the PR, it played the central role of procurer for the entire country. The PR was able to achieve the most cost-effective prices worldwide when it comes to the procurement of medications, commodities, and tests. Cantonal and government 'entities' would pay significantly higherprices if they were to obtain such items under public procurement regulations. Until governments suffer financial obstacles, there will be no likelihood of agreement to continue with the existing procedures in order to avoid discontinuation of feasible and valid procurement.

Stigma and discrimination

Stigma and discrimination towards PWID and other KAPs is still present in BiH and shapes public and stakeholder opinion. While the HR program was promoted and funded by the Global Fund, opponents were less active and visible as the funds were coming from abroad. It is expected that during the transition period, such voices will be much stronger in supporting the opinion that other priorities in the country are more important such as unemployment, the return of refugees, physical reconstruction after the war, reconciliation among the conflicting parties, and so on. The broader public is much more sensitive to such issues than to HIV and it will be a real challenge to properly promote scientific and empirical evidence gathering on the effectiveness of HIV prevention approaches such as HR.

Availability of EU funding in the health field

In comparison with other European countries, BiH does not have a national health strategy as it is addressed at the level of 'entity'. Such a situation prevents the country's access to EU health funds because a national health strategy is one of the eligibility criteria to obtain funding.



Lessons learnt

The development of the BiH HIV and TB transition plans was an unprecedented effort by all involved stakeholders: the Global Fund, NAB, CCM, UNDP, NGOs, government institutions and professionals in HIV/AIDS and TB prevention and treatment. The process was not an easy one, either from the country's side or from the Global Fund perspective. BiH is one of the first countries to prepare a TP and it was difficult to give detailed guidance from any level. The Global Fund was advocating within institutions that the development of a TP does not have to be a complicated process. Key elements that need to be addressed are: the current situation; what is funded by the Global Fund; future expectations; efficiencies that need to be achieved and the expected sources of funding for these efficiencies; and the enabling factors for TP implementation. It was a learning experience and a big challenge for both sides.

After the initial idea to hire a consulting agency for this purpose did not yield tangible results, the CCM working group initiative, together with the UNDP program implementation unit, had limited time remaining to meet the deadline and requirements that were also connected with obtaining the final Global Fund grant installment. Time pressure for the WG members - who do not represent the executive and decision-making institutions - led to the development of a technically-sound transition plan but without much guarantee of political endorsement.

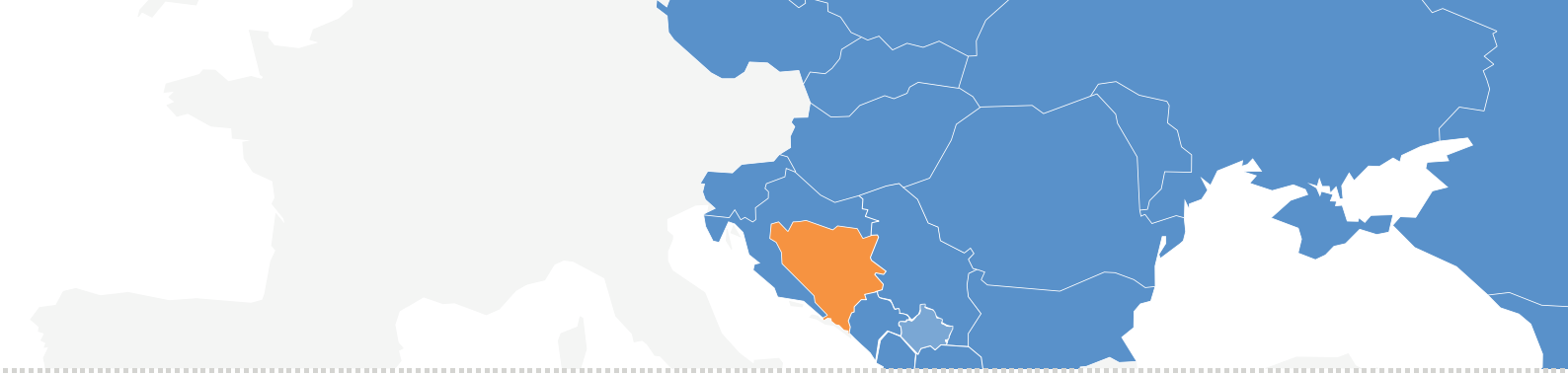
All sources of information used in this study indicated that UNDP as the PR, together with MOCA, played the most active role in the process of drafting the plan, including programmatic and financial data collection and analysis. Participation of NGO representatives was mainly related to the identification of KAP needs and the provision of a framework for maintaining and scaling-up coverage through cost-effective solutions which guaranteed low HIV prevalence.

Since the finalisation of the TPs, there has been a great deal of effort on the part of the Global Fund Country Team, the CCM leadership, and UNDP towards relevant ministries and PHI to advocate for an increased government allocation to the HIV program.

The letters sent by the Global Fund Regional Manager/UNDP to the MOCA Deputy Minister and 'Entity' Ministers in the period October 2015 – March 2016 indicated transition priorities such as the continuation of HIV prevention, care and support services among key populations; human resources and incentive issues; the development of a social contracting mechanism; and the continuation of monitoring, supervision and evaluation. In the short term, commitments of state institutions were obtained in setting up a system to ensure the collection of relevant monitoring and evaluation data and to continue rendering services without additional incentives and as part of their regular work (for example, M&E-related deliverables). In the present TORs of these stakeholders, it is envisaged the performance, monitoring and reporting of such activities without additional financial incentives.

The Transition Readiness Tool shows overall a 33% preparedness of the country as of April 2016. Out of 12 indicators predefined in the tool matrix, ten transition readiness indicators for BiH have reached the first out of three stages while two indicators progressed to the second stage. Stage three was not reached in the case of any of the indicators. The most significant progress was achieved in the areas of Policy and Program with four points scored out of nine, mostly thanks to NGO involvement in the preparation of relevant policy documentation and program implementation. Governance remains the weakest transition area with only one indicator achieved on the first stage. This balance is not unexpected, taking into consideration the BiH constitution with so many levels of government. It is less likely that any tangible progress will occur in the near future in this area.

In the finance area, the level of achievement is three points out of nine. Such a score indicates achievement of the first stage and a good start which requires further effort to progress.



Besides the financial commitment of the government, one of the conditions to be met is to establish an effective local mechanism to ensure the procurement of all core harm reduction commodities at reasonable international prices and standards. At the moment, the procurement system used under the Global Fund financed grant has not been integrated into the national system mainly because of its lack of feasibility. Procurement procedures related to health issues is the responsibility of different levels of government that has often experienced delays in procuring the necessary medicines and a lack of sufficient external financing. Mitigating these obstacles remains essential if HR activities are to be sustained. The UNDP approach to cantonal and 'entity' MOHs is to extend procurement services under the current arrangements until the best local option for integrating procurement and supply chain systems for harm reduction commodities is defined. This would also allow an extended period to transfer the capacities and access to medicines at the price under the UN procurement system.

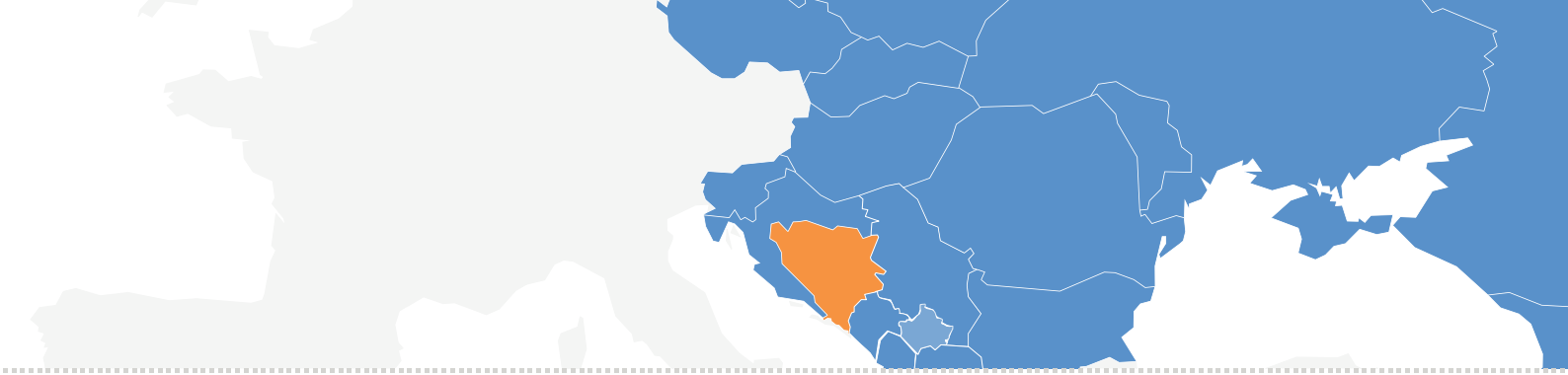
Recommendations for key stakeholders

The Global Fund should:

- Before September 2016, conduct a closing assessment of the readiness and ability to transition and to extend the transition funding in the case of BiH not being ready for transition;
- Develop emergency mechanisms for funding that allows the Global Fund to provide support after the transition period for HR programs at risk of disruption due to the lack of government will and/or the capacity to maintain them;
- Stay engaged until existing HR programs are sustained without Global Fund support and provide technical assistance to the government and CSOs in terms of resolving possible transitional issues and gaps, implementation of HR programs, monitoring and evaluation, procurement of harm reduction commodities, etc.;
- Provide technical support for the development of a new HIV Strategy 2017-2022 and costed action plan with the appropriate integration of HR and key populations as central to community systems;
- Support advocacy initiatives at the highest international and political levels for engaging international stakeholders and donors (including the EU) for backing HR programs in BiH; and,
- Review the Global Fund eligibility policy in terms of its expansion, adding criteria that take into account the challenging operating environment including ineffectual, corrupt and complicated government systems that threaten HR program implementation.

The Government should:

- Endorse the HIV and TB transition plans at the state level of government and perform a budget optimization exercise together with lower levels of government to guide the efficient allocation of funds;
- Urgently initiate the development of drugs and HIV strategies led by the Ministry of Security and the Ministry of Civil Affairs/NAB, and costed action plans, including scaled-up indicators with a clear role for harm reduction. The HIV strategy should include a national monitoring and evaluation strategy that includes the monitoring of both government-provided and NGO-delivered services;
- The CCM should request from the Global Fund the provision of technical support for the development of a new HIV Strategy 2017-2022 and costed action plan with the appropriate integration of HR and key

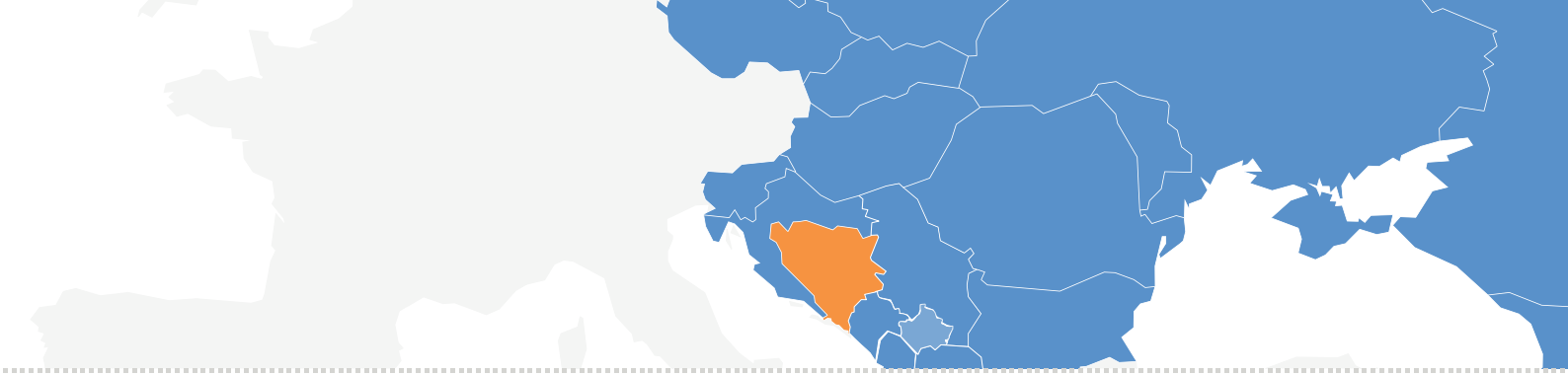


populations as central to community systems;

- The NAB/CCM should adjust their competencies to perform oversight functions in the monitoring of the budgetary and programmatic implementation of harm reduction as distinct programmatic and budget areas in the National HIV program;
- The Ministries of social welfare in both 'entities' should be included in the transition process, taking into consideration the social dimension of HIV;
- Existing Criminal Laws in FBiH, the RS and BD should be amended regarding the possession of drugs with the decriminalization of an agreed quantity of each type of drug for personal use;
- The Ministry of Security of the RS should consider the integration of OST programs in prisons due to the lack of such interventions in the prisons of the RS;
- To allocate sufficient funds for harm reduction services (especially OST and NSP) in cantonal and 'entity' budgets. Specific grants should be allocated for NGOs as the primary service providers for HR covering an expanded package of harm reduction services. Funding for harm reduction must be made available for comprehensive service delivery, advocacy and research;
- In order to provide sustainable financing to NGOs providing HR and HIV prevention services, a Law on the contracting of social services should be enacted at the level of 'entity'. The Ministry of social welfare, and new budget lines, should be open in the 'entities' Health Insurance Fund and committed to such social contracting;
- In the FBiH, those cantonal MOH's that have funded OST in the past have to restore their responsibility and take charge of financing and oversight for OST and NSP as complementary programs of HIV prevention;
- According to their competency, municipalities in BiH who had benefited from the services provided in DICs during the Global Fund program should be involved, at least, in allocating sufficient office space for NGOs to continue their work;
- Accreditation of service providers should be a part of the HR policy in the RS;
- Special regulations regarding outreach work should be adopted by 'entity' MOH's/government's and allow CSOs to implement the testing and distribution of medication for the prevention of opioid overdose;
- The NAB should initiate the development of a plan for the integration of the Global Fund procurement system into the national system. While integrating the Global Fund procurement system into the national system, 'entity' and cantonal MOH's should urgently address the effective procurement of HR commodities and accept the proposed continuation of the UNDP's procurement role in parliamentarian procedures;
- The NAB should initiate the development of optimized budget scenarios for HIV/AIDS programs that consider the maximum achievable impact with the budgeted funds, and recommend appropriate allocations for programming. Special attention should be given to the harm reduction portion of the budget; and,
- Actively involve members of the PWID community and CSOs in the development of policies, monitoring and evaluation, and planning related to harm reduction programs.

Civil society should:

- Immediately start bilateral meetings, presentations and site visits between NGO service providers and the cantonal MOH, ‚entity' Ministry's of social welfare, health insurance funds and IPH in order to make a

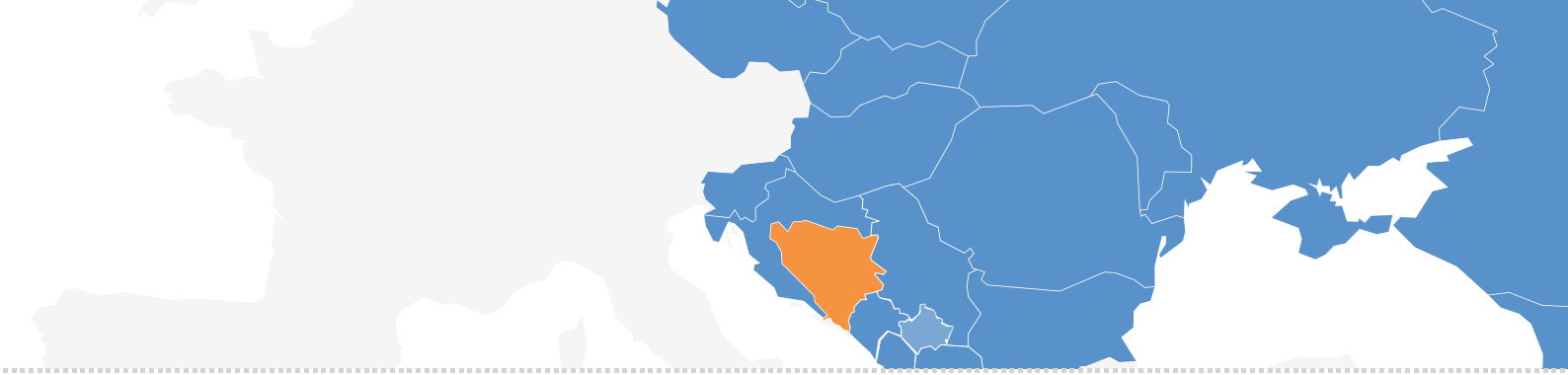


partnership with parties that were less, or only partially, involved with the HIV programming and financing in the past;

- Advocacy should be performed in order to convince governments and parliamentarians to adopt the 2017 budget for MOHs that includes grants with sufficient funding for expanded harm reduction services and HIV prevention among KAPs;
- Continue the development of management skills and human resources;
- Continue engagement in advocacy and fundraising through networking and coalition building with similar organizations, particularly in the Balkans/South-East Europe;
- Expand existing FBiH standards for DICs to the RS and develop standards and guidelines for NSP outreach work in both entities;
- Continue to participate in all transition processes as key partners in reaching KAPs and in the delivery of harm reduction and other HIV prevention services;
- Balance advocacy with service delivery more effectively so as to ensure that a correct mix of responses is sustained in the long term and to maximize the impact of quality HR interventions;
- Actively participate in local and national decision-making processes to ensure CSOs are the driving force in the transition process;
- Actively participate in the assessment processes of BiH readiness for transition; and,
- Advocate for strong governance mechanisms that ensure coordination of HIV responses and transition processes and the inclusion of CSOs and members of PWID communities.

UNDP as technical partner:

- Advocate for the endorsement of HIV and TB transition plans by the state-level government;
- Cooperate in the initiatives on the integration of the Global Fund procurement mechanisms into the national system;
- Assist in setting up a system to ensure the collection of relevant monitoring and evaluation data of the grant database into Monitoring and Evaluation Units in the 'entity' PHI's together with the Sector for Health of the Ministry of Civil Affairs of BiH, and the integration of the grant MEsystem database into the country's system;
- The UNDP HIV team should closely work with NGOs and public institutions in FBiH and the RS in the development of local competencies until full absorption of the Global Fund financed activities in terms of procurement, monitoring and evaluation and program management;
- After the close of the Global Fund grant in September 2016, UNDP as a technical partner should continue to carry out the organization of procurement until the Global Fund procurement system is integrated into the national system;
- Advocate at the international level for the engaging of other international stakeholders and donors for backing HR in BiH;
- Continue advising and supporting the Global Fund on how best to manage risks and getting results in the HIV/AIDS programs in the most challenging operating environments, including BiH; and,
- Provide technical assistance to NGOs implementing HR within their advocacy and fundraising activities.



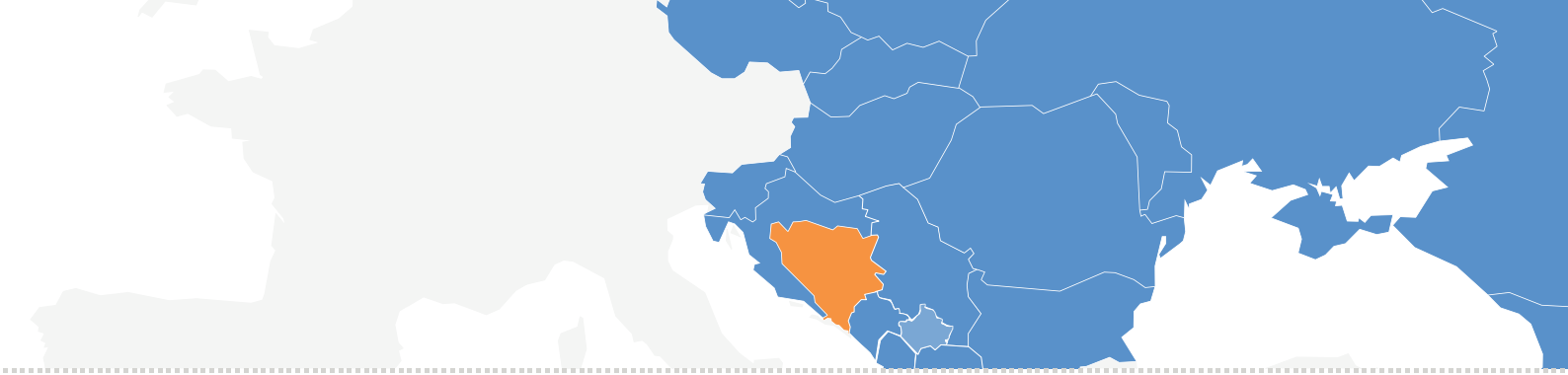
Attachment 1
The Transition Readiness Assessment Tool

This case study was guided by a Transition Readiness Assessment Tool (TRAT), which provides a quantitative framework for measuring a country's progress towards readiness for sustainable transition of harm reduction services from external donor funding to domestic resources.

The TRAT is based on **four thematic areas** of transition, as previously defined by the Global Fund Secretariat and the Eurasian Harm Reduction Network[1]: policy, governance, finance and program. The TRAT was designed with the underlying assumption that in order for a country to be prepared for a sustainable transition, it must make progress on specific indicators in each of these thematic areas. Under each thematic area, three indicators help measure this progress.

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

1 Eurasian Harm Reduction Network. *Transition and Sustainability of HIV and TB Responses in Eastern Europe and Central Asia: A Regional Consultation Report and Draft Transition Framework.* (2015)
http://www.harm-reduction.org/library/transition-and-sustainability-hiv-and-tb-responses-eastern-europe-and-central-asia



For the purpose of standardizing measurement of progress against each indicator, the TRAT also assumes that there are three stages of readiness for countries actively preparing for transition:

- Stage I indicates that a country has made some progress towards preparing for a sustainable transition, but significant barriers remain.
- Stage II indicates that a country is actively in the process of making positive changes, but some time is still needed before systems will be prepared for a sustainable transition to domestic financing.
- Stage III indicates a country that is imminently ready to transition, with all core mechanism in place to sustain programming after external donor funding ceases.

Each indicator has three benchmarks corresponding to the stages, to aid assessors in judging progress against the indicator. In order to quantify this progress, each benchmark achieved under each indicator is valued at one point, leading to a maximum possible score of 36 points.

[4 Thematic Areas] x [3 Indicators] x [3 Stages of Readiness] = [Max. 36 Readiness Points]

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

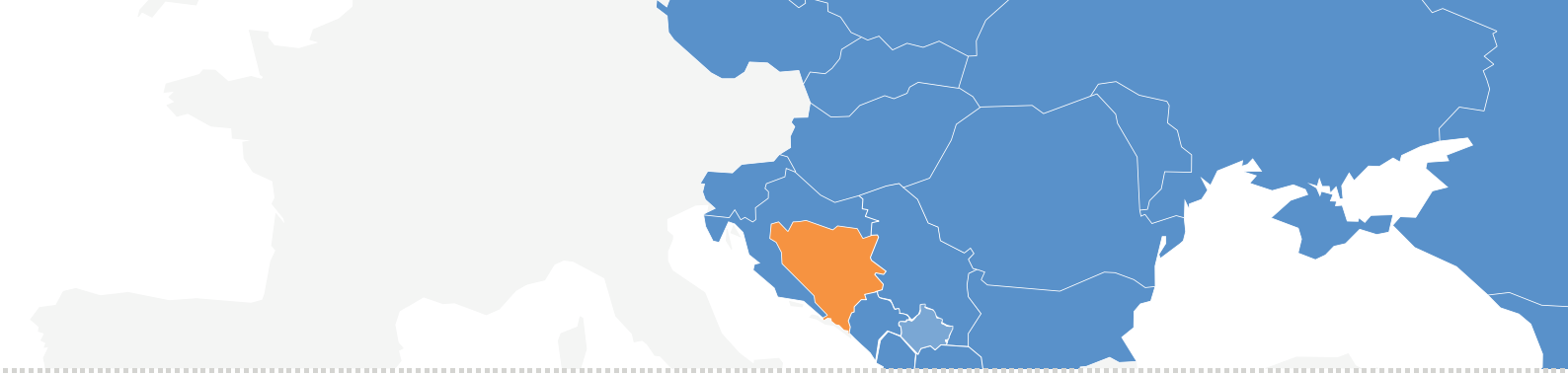
Bosnia and Herzegovina's Transition Readiness Profile

The Transition Readiness Tool shows overall a 33% preparedness of the country as of April 2016. Out of 12 indicators predefined in the tool matrix, ten transition readiness indicators for BiH have reached the first out of three stages while two indicators progressed to the second stage. Stage three was not reached in the case of any of the indicators. The most significant progress was achieved in the areas of Policy and Program with four points scored out of nine, mostly thanks to NGO involvement in the preparation of relevant policy documentation and HR and HIV prevention program implementation.

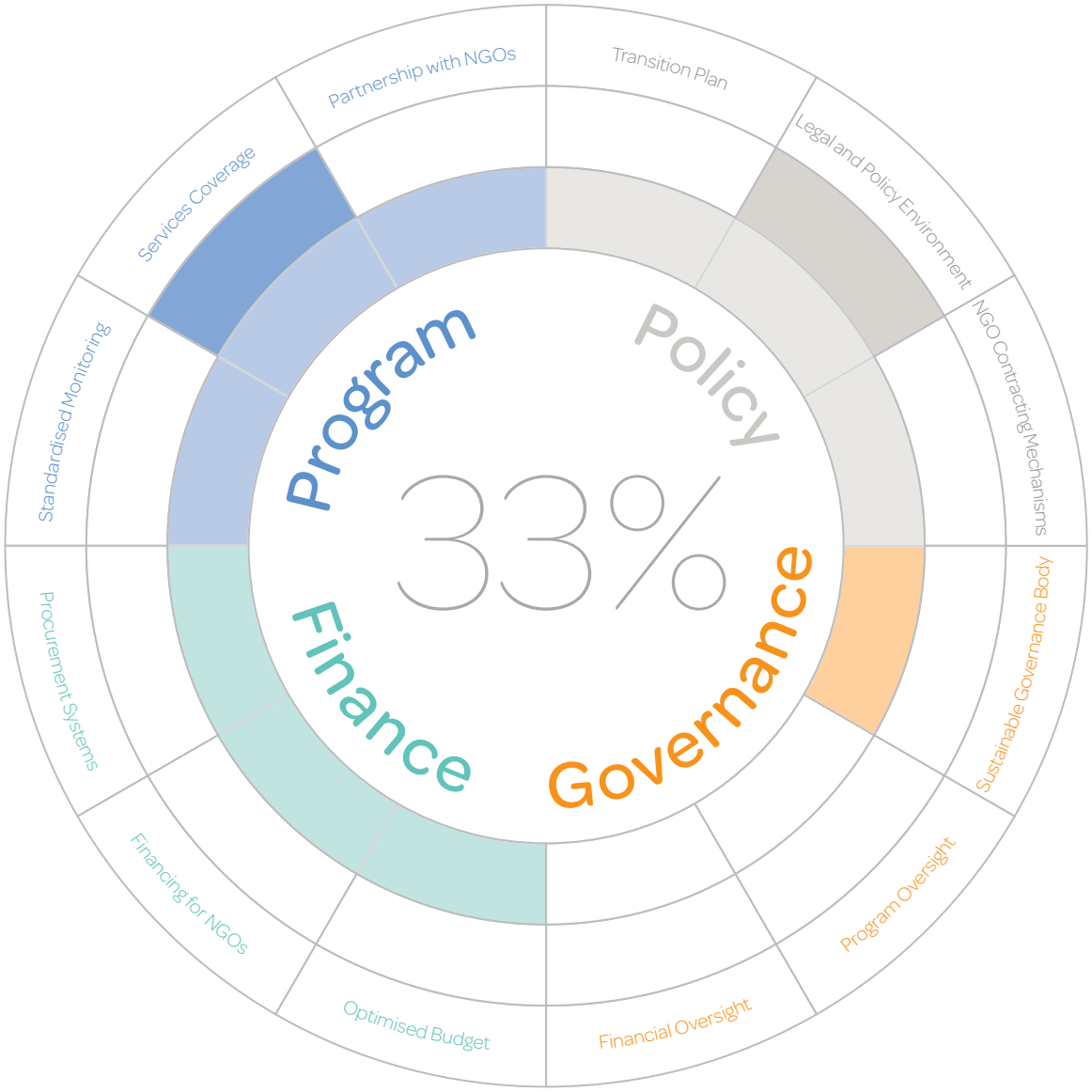
Governance remains the weakest transition area with only one indicator achieved on the first stage. The other two indicators that envisaged the multi-stakeholder national governance body with an oversight function to monitor budgetary and programmatic implementation of harm reduction as distinct programmatic and budget areas in the National HIV program are scored with '0' because the program as such still does not exist in BiH. Multilevel government responsibility remains the key barrier for coordinated national programmatic and financial monitoring. It is less likely that any tangible progress will occur in the near future in this area.

Indicators 7, 8 and 9 in the Finance area have reached the first stage. Such a score indicates a significant achievement and a good start that requires further effort to progress.

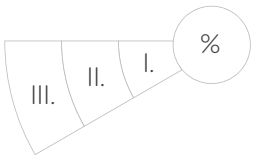
The figures below depict Bosnia and Herzegovina's readiness by indicator in each of the four thematic areas. In the chart, the lighter, innermost ring represents achievement of Stage I benchmarks for each indicator; the middle-level ring indicates achievement of Stage II benchmarks; and the darkest, outermost ring represents achievement of Stage III benchmarks.



Transition Readiness Profile – Bosnia and Herzegovina

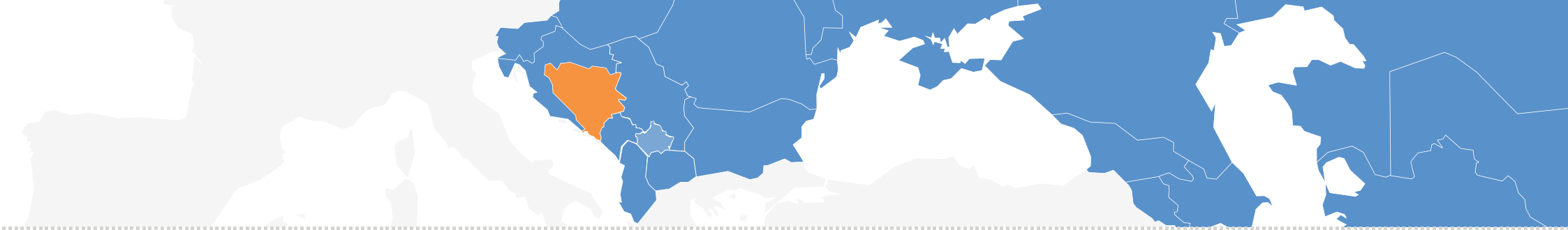


Stages of readiness



Bosnia and Herzegovina

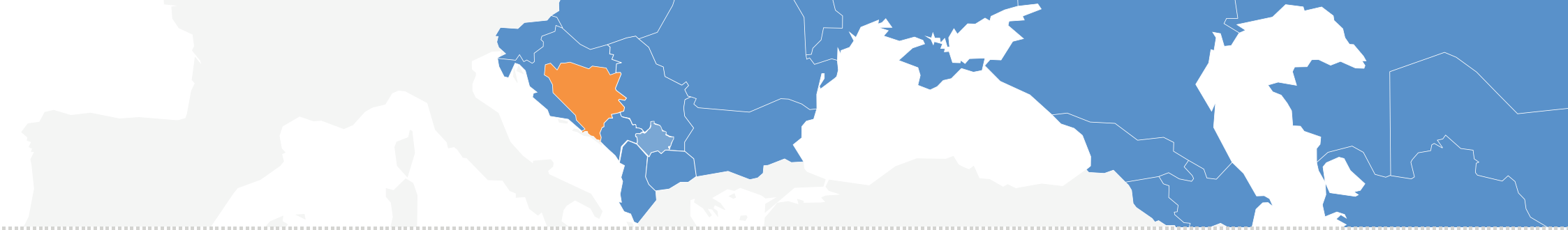
33% readiness to sustain harm reduction interventions



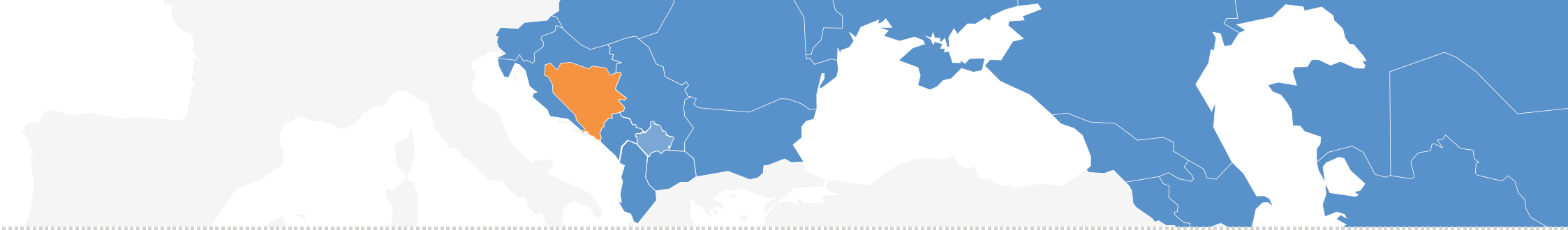
Attachment 2

Budgetary and epidemiological characteristics of harm reduction programs in Bosnia and Herzegovina

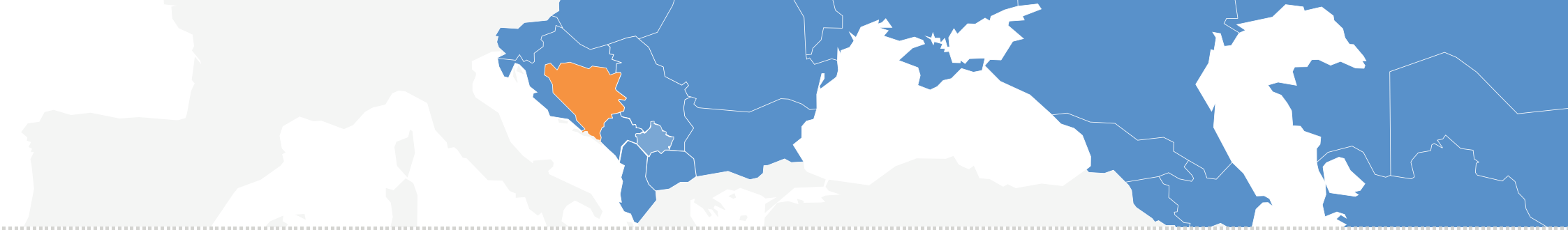
Budget Details		2013	2014	2015	2016	2017	Source(s)	Notes
Budget designated for harm reduction per national strategies, plans, etc.	NSP	N/A*	N/A	EUR 77,880*	EUR 7,490**	EUR 7,490***	Transition Plan for the Continuation of HIV and AIDS Prevention, Treatment and Care in BiH, 2015-2017	** Eur 77,880 budget is designated for procurement of NSP equipment and materials ** In 2016, Eur 7,490 is the budget designated from the Global Fund for the procurement of NSP materials *** In 2017, Eur 7,490 is the designated budget from local and external sources for the procurement of NSP equipment and materials as stated in the Transition Plan In documents such as Response to HIV/AIDS, HIV in BiH, action plan and other documents in 2013 and 2014 there was no budget designated for NSP and OST. The budget is designated only in the HIV transition plan from 2015-2017.
	OST	N/A	N/A	EUR 208,882*	EUR 238,022**	EUR 238,022***	Transition Plan for continuation of HIV and AIDS prevention and care 2015-2017	*Eur 208,882 is the budget designated for the procurement of pharmaceutical products (medicines: methadone, suboxone, buprenorphine, naloxone) ** In 2016, Eur 238,022 is the budget designated from the Global Fund for the procurement of pharmaceutical products *** In 2017, Eur 238,022 is the designated budget from local and external sources as stated in the transition plan
	Other (please specify)			761,994*	517,574**	408,751***	Transition Plan for continuation of HIV and AIDS prevention and care 2015-2017	*Eur 761,994 – budget designated for overheads, communication materials, human resources, infrastructure, M&E, planning and administration, PSM, training, etc., both for NSP and OST. Total amount of the budget realized for HR = Eur 1,048,756 ** Eur 517,574 is the designated budget from local and external sources and the Global Fund for human resources, overheads and planning and administration both for NSP and OST as stated in the transition plan *** Eur 408,751 is the budget designated from local and external sources for human resources, overheads and planning and administration both for NSP and OST as stated in the transition plan



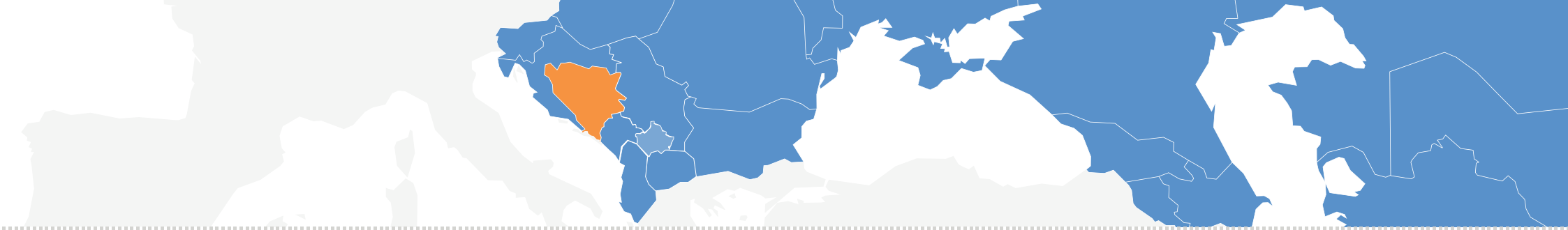
Budget Details		2013	2014	2015	2016	2017	Source(s)	Notes
Actual budget realized for harm reduction	NSP	EUR 480,126*	EUR 529,782*	EUR 82,880**	N/A	N/A	*UNDP program documentation on the implementation of the Global Fund grant **Transition Plan for the Continuation of HIV and AIDS Prevention, Treatment and Care in BiH 2015-2017 **PROI project proposal towards Cantonal Ministry of Health, Sarajevo Canton	** Eur 77,880 + 5,000 = 82,800 Eur 77,880 is the budget realized for procurement of NSP equipment; Eur 5,000 is the budget realized for drop-in centers in Sarajevo (operator of drop-in center and renting space for 6 months)
	OST	EUR 214,378*	EUR 305,306*	EUR 208,882**	N/A	N/A	*UNDP program documentation on implementation of Global Fund grant ** Transition Plan for the Continuation of HIV and AIDS Prevention, Treatment and Care in BiH 2015-2017	Budgets realized for the procurement of pharmaceutical products (medicines: methadone, suboxone, buprenorphine, naloxone)
	Other (please specify)			761,994*			* Transition Plan for the Continuation of HIV and AIDS Prevention, Treatment and Care in BiH 2015-2017	*Eur 761,994 – budget realized for overheads, communication material, human resources, infrastructure, M&E, planning and administration, PSM, training, etc., both for NSP and OST. Total amount of the budget realized for HR = Eur 1,048,756
Amount from domestic funding	NSP	0	0	EUR 5,000*	N/A	N/A	*Cantonal Ministry of Health of Sarajevo Canton	6 months budget for renting space for PWID drop-in centre in Sarajevo and operator of drop-in centre
	OST	0	0	0	N/A	N/A		
	Other (please specify)	N/A	N/A	N/A	N/A	N/A		



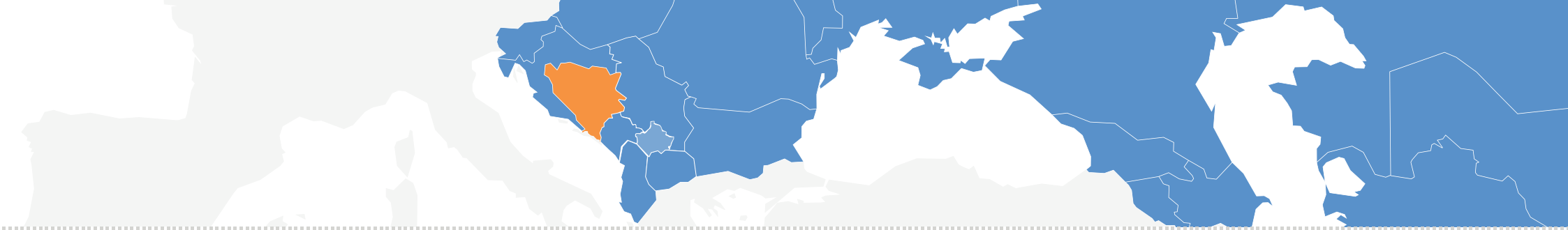
Budget Details		2013	2014	2015	2016	2017	Source(s)	Notes
Amount from GF funding	NSP	EUR 480,126*	EUR 529,.782*	EUR 77,880**	N/A	N/A	*UNDP program documentation on the implementation of the Global Fund grant **Transition Plan for continuation of HIV and AIDS prevention and care in B&H	*Budget realized for NSP ** Eur 77,880 is the budget realized for procurement of NSP equipment and materials.
	OST	EUR 214,378*	EUR 305,365*	EUR 208,882**	N/A	N/A	*UNDP program documentation on the implementation of the Global Fund grant **UNDP presentation, June 09 2015, The needs of OST services and funding opportunities in Bosnia and Herzegovina after the termination of funding by the Global Fund	Budgets realized for the procurement of pharmaceutical products (medicines: methadone, suboxone, buprenorphine, naloxone).
	Other (please specify)	N/A	N/A	EUR 761,994*	N/A	N/A	* Transition Plan for the Continuation of HIV and AIDS Prevention, Treatment and Care in BiH 2015-2017	*Eur 761,994 – budget realized for overheads, communication material, human resources, infrastructure, M&E, planning and administration, PSM, training, etc., both for NSP and OST.
Amount from other external/ donor funding	NSP	0	0	0	0	N/A		
	OST	0	0	0	0	N/A		
	Other (please specify)	0	0	0	0	N/A		
Calculated need for harm reduction		N/A	N/A	N/A	EUR 763,086*	EUR 654,263*	* Transition Plan for the Continuation of HIV and AIDS Prevention, Treatment and Care in BiH 2015-2017	Calculated both for NSP and OST



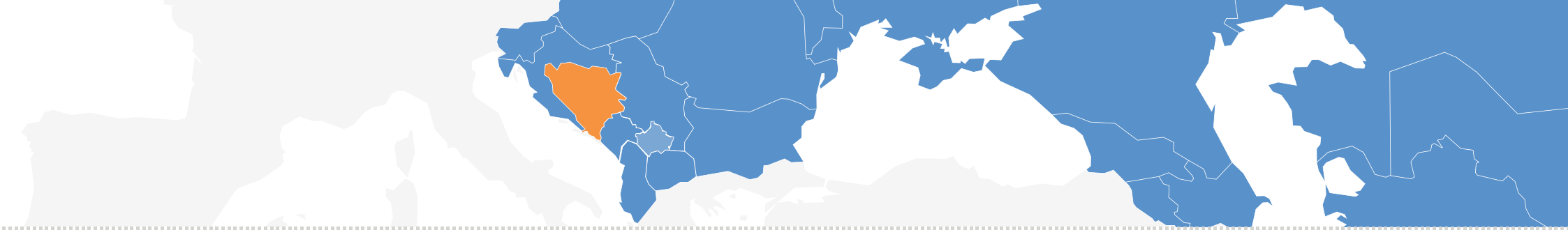
NSP related data	2013	2014	2015	Source	Notes
Number of government-based needle/syringe exchanges	0	0	0		
Number of NGO-based needle/ syringe exchanges	11	11	11	EMCDDA 2014, Bosnia and Herzegovina, National Report. Available from http://www.emcdda.europa.eu/html.cfm/index233187EN.html	Drop-in centers (6 in Federation of BiH, 5 in Republika Srpska)
Number of drug users enrolled in NSP	4,102	5,394	6,932	UNDP presentation from the Workshop: Sustainable funding of HIV programs in Sarajevo, April 5-6, 2016	Number of PWID reached in RD9 of the Global Fund harm reduction program
Number of clients receiving minimum package of services*	4,102	5,394	6,932	UNDP presentation from the Workshop: Sustainable funding of HIV programs in Sarajevo, April 5-6, 2016	*The minimum package of services: distribution of needles and syringes, distribution of condoms, information materials, counseling
Number of clients receiving expanded or comprehensive package of services	60%*	60%*	60%*	Author estimation based on number of clients reached through DICs.	*Approx. 60% of reached PWID received expanded package of services which includes: testing for HIV, STI, HCV, reference to substitution therapy, legal, psychosocial and medical services, snack and hot drinks, clothes washing, internet use – all offered in DICs across the country
Coverage of NSP among drug users nationwide (Numerator: the number of drug users enrolled in NSP; Denominator: the estimated size of drug users)	N = 4,102 D=12,500 33%	N=5,394 D=12,500 43%	N=6,932 D=12,500 55%	APMGlobal Health , 2013: Size estimation report of MSM, PWID, SW population in Bosnia and Herzegovina. Available from http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2014countries/BIH_narrative_report_2014.pdf	*12,500 – estimated number of PWID in the country. An official size estimation of PWID population was conducted only in 2013. Until the next size estimation, these estimates are used. Official estimation of drug users in general has never been conducted.



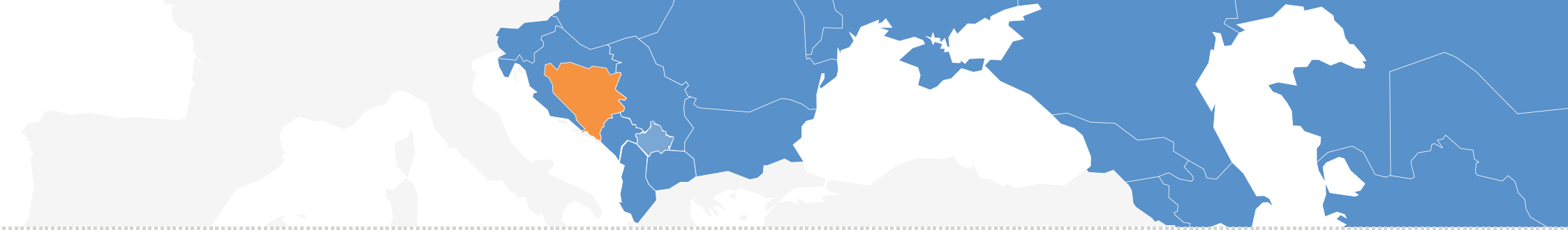
OST related data	2013	2014	2015	Source	Notes
Number of OST clinics nationwide	9	9+6*	9+6*	UNDP presentation for the Workshop: Sustainable funding of HIV programs in Sarajevo, April 5-6, 2016	*There are 9 OST clinics countrywide plus OST is introduced in 6 prisons in the Federation of Bosnia and Herzegovina
Number of clients on methadone	757*	1,210*	848**	*UNDP presentation for the Workshop: Sustainable funding of HIV programs in Sarajevo, April 5-6, 2016 **UNDP programmatic data	Number of clients on methadone covered both through the OST clinics and in prisons.
Number of clients on other substitutions therapies	411**	430**	547**	*UNDP presentation for the Workshop: Sustainable funding of HIV programs in Sarajevo, April 5-6, 2016 **UNDP programmatic data	
Coverage of OST among drug users nationwide (Numerator: the number of drug users enrolled in OST; Denominator: the estimated size of drug users)	N=1,168 D=12,500* 9%	N=1,210 D=12,500 10%	N=1,395 D=12,500 11%	APMGlobal Health, 2013: Size estimation report of MSM, PWID, SW population in Bosnia and Herzegovina.	*12.500 – official estimated number of PWID in the country without mentioning type of drug. It is assumed these are all opioid users as heroin and methadone are the most injected substance in BiH. An official size estimation of the PWID population was conducted only in 2013. Until the next size estimation, these estimates are used. Estimation on number of people who use drugs has never been conducted.



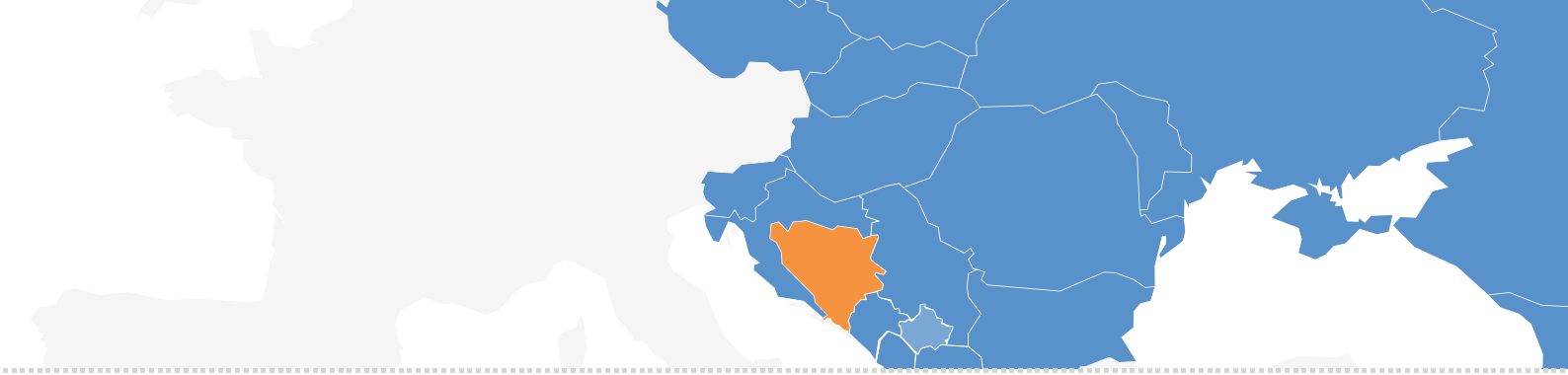
PWID	2013	2014	2015	Source	Notes
Tested for HIV (by year)	946	3,394	4,258	Partnerships in Health program data from data collection sheets and database. http://www.partnershipsinhealth.ba/	
Newly diagnosed with HIV (by year)	1	1	1	Institute for public health of the Federation BiH. Available from http://www.zzjzfbih.ba/danas-je-svjetski-dan-borbe-protiv-hivaids-a/ APMG, 2014: Bosnia and Herzegovina HIV Strategic Investment Framework and Roadmap to Transition and Sustainability	**2013** (total 22 registered HIV cases - 8.9% PWID); **2014** (21 total - 7.8% PWID); **2015** (total 13 - 8% PWID)
On ART (cumulative)	4*	6*	6*	Latest data from 2015 (Federation B&H). Source: Dr. Vesna Hadziosmanovic, Head of the Department of HIV and AIDS Clinic for Infectious Diseases of the Clinical Center University of Sarajevo; Dr. Sana Sabovic, Head of the Department for respiratory diseases and AIDS of the Clinic for Infectious Diseases, Clinical Center University of Tuzla. Data from Republic Srpska (Clinical Centar Banja Luka) is missing.	Data only for the Federation of BiH.
Living with HIV but not on ART (cumulative)	N/A	N/A	N/A		
Screened for TB (by year)	N/A	N/A	N/A	Latest data from 2015 (Federation B&H). Source: Dr. VesnaHadziosmanovic, Head of the Department of HIV and AIDS Clinic for Infectious Diseases of the Clinical Center University of Sarajevo; Dr. Sana Sabovic, Head of the Department for respiratory diseases and AIDS of Clinic for Infectious Diseases, Clinical Center University of Tuzla.Data from Republic Srpska (Clinical Centar Banja Luka) is missing.	



PWID	2013	2014	2015	Source	Notes
Tested for HIV (by year)	946	3,394	4,258	Partnerships in Health program data from data collection sheets and database. http://www.partnershipsinhealth.ba/	
Diagnosed with active TB (by year)	0	0	0	Latest data from 2015 (Federation B&H). Source: Dr. VesnaHadziosmanovic, Head of the Department of HIV and AIDS Clinic for Infectious Diseases of the Clinical Center University of Sarajevo; Dr. Sana Sabovic, Head of the Department for respiratory diseases and AIDS of Clinic for Infectious Diseases, Clinical Center University of Tuzla.Data from Republic Srpska (Clinical Centar Banja Luka) is missing.	
Treated for TB (by year)	0	0	0	Latest data from 2015 (Federation B&H). Source: Dr. Vesna Hadziosmanovic, Head of the Department of HIV and AIDS Clinic for Infectious Diseases of the Clinical Center University of Sarajevo; Dr. Sana Sabovic, Head of the Department for respiratory diseases and AIDS of Clinic for Infectious Diseases, Clinical Center University of Tuzla. Data from Republic Srpska (Clinical Center Banja Luka) is missing.	
OST clients	**2013**	**2014**	**2015**	**Source**	**Notes**
Tested for HIV (by year)	380	410	450	Documentation of the Institute for the addiction diseases of Sarajevo Canton	Data available only for Sarajevo Canton. All patients on OST and in detoxification unit in Sarajevo Canton are tested for HIV.
Diagnosed with HIV (by year)	0	0	0	Documentation of the Institute for the addiction diseases of Sarajevo Canton	Data available only for Sarajevo Canton. From 2005, 5 OST patients were diagnosed HIV-positive.



PWID	2013	2014	2015	Source	Notes
Tested for HIV (by year)	946	3,394	4,258	Partnerships in Health program data from data collection sheets and database. http://www.partnershipsinhealth.ba/	
On ART (cumulative)	3	4	4	Documentation of the Institute for the addiction diseases of Sarajevo Canton	Data available only for Sarajevo Canton. From 2005, 5 PWID were diagnosed with HIV. Out of 5 PWID diagnosed with HIV from 2005, by the end of 2013 there were 3 PWID on ART in Sarajevo Canton. In 2014, new PWID were linked to care and started using ART.
Living with HIV but not on ART (cumulative)	2	4	4	Documentation of the Institute for the addiction diseases of Sarajevo Canton	Data available only for Sarajevo Canton. Diagnosed and treated with ART at the Clinic for Infectious Diseases Clinical Centre of Sarajevo
Screened for TB (by year)	30	20	50	Documentation of the Institute for the addiction diseases of Sarajevo Canton	Data available only for Sarajevo Canton. About 10% of patients each year are being tested for TB where indicated.
Diagnosed with active TB (by year)	1	1	1	Documentation of the Institute for the addiction diseases of Sarajevo Canton	Data available only for Sarajevo Canton. Diagnosed and treated at the University Hospital for Pulmonary Diseases Sarajevo
Treated for TB (by year)	1	1	1	Documentation of the Institute for the addiction diseases of Sarajevo Canton	Data available only for Sarajevo Canton. Diagnosed and treated at the University Hospital for Pulmonary Diseases Sarajevo



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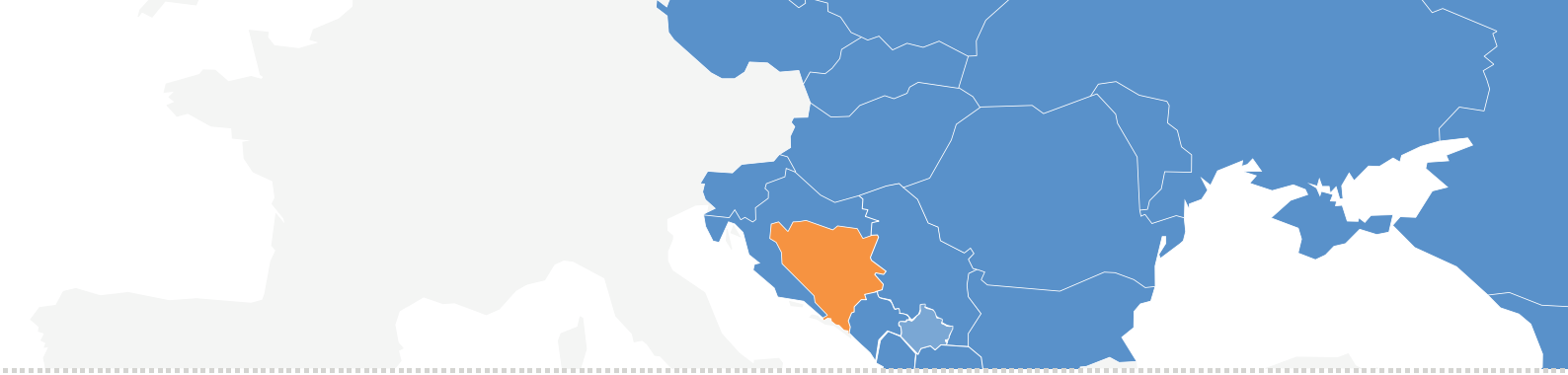

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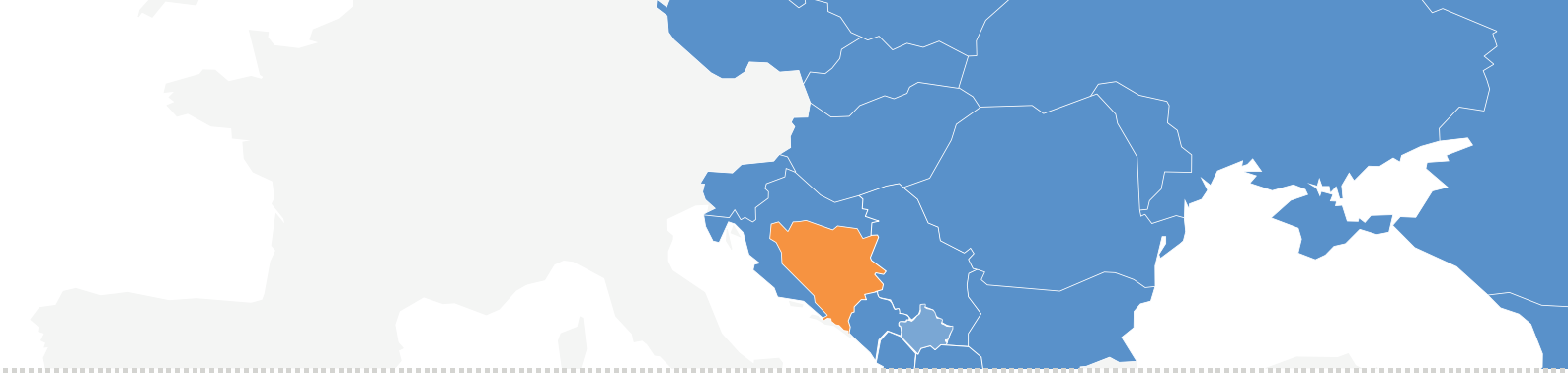

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EURASIAN
HARM REDUCTION NETWORK

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

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

BECOME AN EHRN MEMBER:

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

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