

Transition Monitoring:

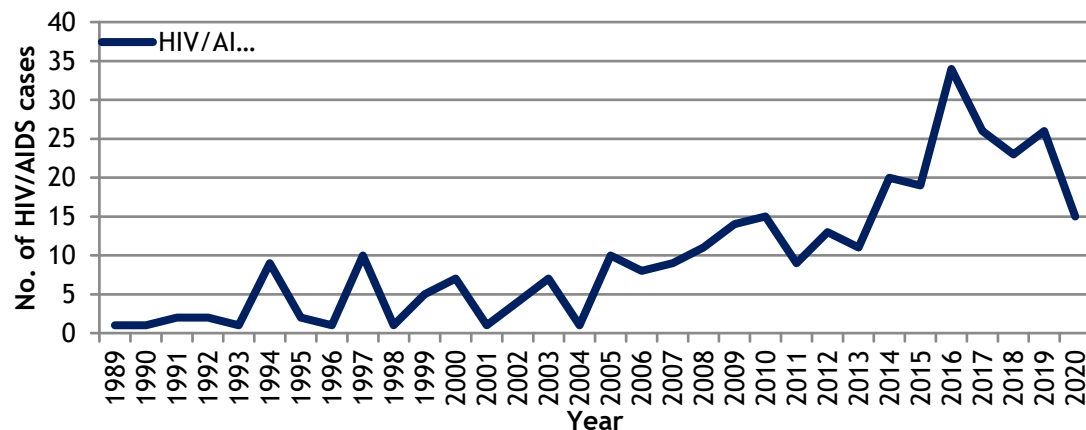
Assessing the fulfillment of commitments taken by the government to ensure the sustainability of HIV response among key populations in Montenegro in the context of transition from the Global Fund's support

Global Fund transition related context



Context I

- ▶ Montenegro - est. population 620,000 citizens
- ▶ Low-level, concentrated HIV epidemic (in 2020, HIV prevalence was <0.1% and HIV incidence was 0.05)
- ▶ From 1989 till the end of 2020: 318 HIV reported cases - 149 had AIDS at the time of diagnosis (47% of all registered HIV-positive persons), 169 were at the asymptomatic or in symptomatic non-AIDS phase of HIV infection; 61 AIDS related deaths
- ▶ The leading mode of HIV transmission in Montenegro is sexual (87%), out of which 58% are MSM.
- ▶ The national HIV strategic documents for the period between 2005 and 2020 have recognized five key affected populations: PLHIV, MSM, PWID, SW and prisoners
- ▶ 2020 - Total of 257 PLHIV, out of which 195 were receiving ART



Context II

- ▶ The HIV epidemic in Montenegro is concentrated among key populations (KPs).
- ▶ According to available data, HIV prevalence was:
 - ▶ among PWID 0.5% (2020 IBBS);
 - ▶ among female sex workers (FSW) 0.5% (2015 IBBS) and
 - ▶ among MSM it was estimated at 12.5% (2014 IBBS).
- ▶ IBBS results are quite outdated due to the lack of national funding
- ▶ GF provided support to Montenegro through a so-called portfolio optimization for the national HIV/AIDS programme for implementation of IBBS among KPs (PWID, MSM, SW and prisoners) in 2020 and 2021. Most of the planned IBBS were postponed to 2021 due to the COVID-19 pandemic, except the IBBS survey among PWID which was conducted by the IPH in November-December 2020 and its report is finalized, while during November-December 2021 IBBSs among SW and prisoners were conducted (reports are expected to be finalized by April '22).

Context III

- ▶ According to the latest IBBS, a very high proportion (93.5%) of PWID used sterile equipment during the last injection.
- ▶ Condom use among FSW was 82.8% and among MSM it was 62%.
- ▶ HIV testing and status awareness was highest among MSM at 65% and 35% were tested in the last 12 months; 61.2% of PWID were ever tested for HIV and 21.2% of them were tested in last 12 months; 50.2% of FSW have ever been tested for HIV and only 2.9% of them were tested in the last 12 months.
- ▶ In 2020, according to programmatic data, 71 MSM (out of 695 reached with a basic prevention package, 10.2% coverage), 5 FSW (out of 100 reached with a basic prevention package, 5% coverage) and 486 PWID (out of 1,212 reached with a basic prevention package, 40.1% coverage, including those covered through IBBS) were tested for HIV.
- ▶ Basic prevention package in Montenegro does not include HIV testing and that is the reason why these percentages, especially for MSM and FSW, are quite low, as well as that this data is collected mainly from NGO programmatic reports and from VCT centers.
- ▶ No KP size estimations are available, with an exception of PWID (1,282 in Podgorica, and between 5,000-10,000 in the whole country)

Key challenges for services for KPs I

- ▶ Although Montenegro showed substantial progress regarding an increase of domestic financing of the CSO-led HIV prevention and support services, it still did not reach the required level of national support to these services.
- ▶ Government fully covers ART (\approx €1,300,000 annually), opioid agonist therapy (OAT) and VCT (\approx €63,500 annually) as public health services
- ▶ In 2018 and 2019 increased its investments (€208,000 in 2018 and €170,000 in 2019) in NGO-led prevention and support services; however, CSO-led HIV prevention and support programmes remain underfunded from domestic sources
- ▶ Significant level of coverage (approximately 51% in 2020 and 62% in 2021) by NGO-led services from the Global Fund compared to 2019 when this level was approximately 46% (54% from the MoH funding envelope)
- ▶ Certain administrative and legal barriers still represent a challenge and, thus, special efforts are needed to identify the mechanisms to channel the funding and address actual barriers.

Key challenges for services for KPs II

- ▶ Developed social contracting mechanism that still needs to be officially adopted by the Ministry of Health and implemented in practice, relying on the relevant legislative, normative and institutional frameworks.
- ▶ Several provisions in the Law on NGOs, or arising in the practice of its implementation (by the MoH in particular), put certain restrictions on funding from the State budget which may put at risk the sustainability of HIV prevention and support services (e.g. total amount of funds that can be allocated to an NGO for financing a project or programme on the basis of a public competition may not exceed 20% of the total allocated funds that are distributed on the basis of that competition (call for proposals)).
- ▶ NGOs are still not recognised by the Law on Health Care as health service providers.
- ▶ Although within the framework of Global Fund implementation instruments have been developed that regulate HIV service packages and unit costs, there are no such mechanisms approved at the national level by the MoH which would improve the situation with access to the funding of NGOs which have necessary expertise, quality control and competencies, etc.

Key challenges for services for KPs III

- ▶ NGOs are still not recognised by the Law on Health Care as health service providers - identified as a legal barrier for the sustainability of services in relevant action plans.
- ▶ Within the framework of Global Fund implementation, instruments have been developed that regulate HIV service packages and unit costs. At the same time, there are no such mechanisms approved at the national level by the MoH which would improve the situation with access to the funding of NGOs which have necessary expertise, quality control and competencies, etc.
- ▶ For the new Grant 2022-2024 the MoH proposed to include the Institute for Public Health as the main implementer within the MoH (the IPH to announce public tenders for a selection of NGOs according to the Law on Public Procurement).
- ▶ One of the main obstacles in access to comprehensive interventions and towards achieving a higher level of human rights in the area of HIV prevention are stigma and discrimination by the general population and health professionals working in the public health care system towards the majority of most at-risk populations, as well as the lack of trust in health and other relevant services.

NGO service providers

- ▶ Several sound and prominent CSO HIV service providers for KPs in Montenegro, recognised and well networked regionally and Europe-wide:
 - ▶ Juventas (MSM, SW, PWID, prisoners and youth),
 - ▶ CAZAS (PWID, youth, Roma, PLHIV),
 - ▶ the Montenegrin HIV and Viral Hepatitis Foundation (PLHIV and members of their families and partners, as well as MSM) and
 - ▶ Queer Montenegro (LGBTIQ).

Description and range of services - MSM

- ▶ Activities are carried out in one drop-in centre in Podgorica, where the majority of clients reside, and through outreach in several cities which are recognised hotspots in the country. MSM receive a basic service package consisting of condoms, lubricant, counselling on HIV or other sexual/reproductive health-related subjects and IEC (online or hard copy) material. Activities conducted are outreach work, drop-in centre, online outreach, distribution of the basic package, community strengthening, organisational capacity building, human rights advocacy and campaigns and community testing.
- ▶ Through drop-in and outreach work, MSM are also offered referral to testing; provision or referral to other medical, social and psychological services; legal support and legal literacy; crisis response; awareness raising on human rights; and prevention and responses to sexual, physical, emotional and gender-based violence, etc.

Description and range of services - PWID

- ▶ For PWID, activities are carried out in two drop-in centres in Podgorica and one drop-in center in Bar, and through outreach across Montenegro.
- ▶ PWID receive a basic service package consisting of sterile injecting equipment , HIV counselling, safe injection or other harm reduction/sexual/reproductive health-related subjects, IEC (online or hard copy) material, condoms and lubricant, with the existing services being user-friendly.

Description and range of services - SWs

- ▶ For SW, activities are carried out in a drop-in centre in Podgorica and through outreach work in several cities.
- ▶ SW receive a basic service package consisting of condoms, lubricant, sterile injecting equipment (in the case of PWID), counselling on HIV or other sexual/reproductive health-related subjects and IEC (online or hard copy) material.

Description and range of services - PLHIV

- ▶ PLHIV are provided with individual and group counselling and self-support groups, therapeutic literacy and psychosocial support sessions.
- ▶ All PLHIV are offered these services and those who accept part, or all, of this package are involved and enabled to access these interventions.
- ▶ Besides PLHIV, members of their family and partners may also benefit from them. PLHIV are provided with skill building in therapeutic literacy which ultimately influences the epidemiological trends and testing in a positive way.

Description and range of services - Prisoners

- ▶ Prisoners are provided with individual and group counselling in only two prisons in the country.
- ▶ They receive a basic service package consisting of counselling on HIV or other harm reduction/sexual/reproductive health-related subjects and IEC material.

Funding of HIV services and transition I

- ▶ The Global Fund supported Montenegro between 2007 and 2015 with approximately €10 million for HIV and TB interventions, supporting both governmental and nongovernmental institutions and organizations.
- ▶ The Global Fund ceased its support to Montenegro as of July 2015 due to ineligibility of Montenegro to continue to use these funds for the national response.
- ▶ The funding needs for the HIV response for the 2018-2020 period was estimated at €8.5 million. For 2019 and 2020, the figures are projections based on the current national strategic action plan budget with foreseen increases for activities covered by the Health Insurance Fund. Domestic resources cover 78% of the need, external sources 3% and the Global Fund 7%, which leaves a gap of 12%, or around €1 million.

Funding of HIV services and transition II

- ▶ However, in December 2016, The Global Fund Board has re-assessed the eligibility criteria and due to significant underfunding allocated to Montenegro €556,938 for HIV prevention and support services among KPs within NGO service providers for the three-year period 2019-2021. This means that there was a gap in support from the Global Fund from July 2015 until the end of December 2018 (a gap of three-and-a-half years).
- ▶ The Global Fund Board exceptionally approved an allocation for Montenegro conditional on functionality of a “social contracting mechanism for engagement of non-governmental organizations, through which [...] governmental institution(s) and the Global Fund will finance HIV prevention, care and support activities”. The Grant 2019-2021 was therefore designed to fully leverage government human resources, processes and assurances and to further institutionalize and strengthen the contracting mechanism for NGOs to deliver health services.
- ▶ The CCM approved a Sustainability Plan for implementation parallel to the grant, including key supporting activities toward this goal.

Funding of HIV services and transition III

- ▶ Through a so-called Portfolio Optimization Mechanism, the Global Fund also approved support to the implementation of IBBS among KPs (PWID, MSM, SW and prisoners) in the amount of €179,905 until the end of 2021.
- ▶ In August 2021 the CCM submitted a new Global Fund HIV Funding Request for the period 2022-2024 in the amount of €562,123 for HIV and building resilient and sustainable systems for health (RSSH), thus increasing the impact of the efforts already invested by relevant authorities. In October 2021, the MoH and the CCM received a notification letter fully recommending the Main Funding Request in the amount of €562,123 and partially recommending the Prioritised Above Allocation Request (PAAR) in the amount of €1,347,910 for funding, subject to meeting the recommendations of the Technical Review Panel (TRP) for the main Funding Request and availability of funds (for PAAR).
- ▶ In October and November, the CCM and the MoH successfully responded to the TRP recommendations, and the new Grant was signed.

Funding of HIV services and transition IV

Government/MoH budget allocations for CSO-led prevention and support services

Table 5. Government/MoH budget allocations for CSO-led prevention and support services

Budget Allocations for CSO-led prevention and support services (in Thousand Euros) from 2017-2021

2017	2018	2019	2020	2021
100	208	170	130	130

Source: 2017/2018-Health Care System Report (MoH); 2019/2020 Budget and Programmatic Documents (MoF and MoH)

Findings and Recommendations

Legend with description of scoring definitions

<i>Definition of Sustainability</i>	<i>Description</i>	<i>Achievement Percentile</i>		<i>Colour code</i>
Significant progress	A high degree of progress in fulfilling the commitments regarding planned indicators and / or baseline	85%	100%	Green
Substantial progress	A significant degree of progress in fulfilling the commitments regarding the planned indicators and / or baseline	70%	84%	Light green
Average progress	The average degree of progress in fulfilling the commitments regarding planned indicators and / or baseline	50%	69%	Yellow
Moderate progress	Moderate progress in fulfilling the commitments regarding planned indicators and / or baseline	36%	49%	Orange
Fairly low progress	A fairly low degree of progress in fulfilling the commitments regarding planned indicators and / or baseline	26%	35%	Light red
Low progress	Low degree of progress in fulfilling the commitments regarding planned indicators and / or baseline	0%	25%	Red

Results, impact and outcomes

Indicator	Baseline/Year	Target/ Actual Data 2019	Target/ Actual data 2020	Achievement / Progress status
Number of new HIV infections per year	0.004% (2017)	0.004% / 0.004%	0.004% / 0.004%	100% / Significant progress
Percentage of MSM who are living with HIV	12.5% (2014)	N/A	N/A	N/A
Percentage of SW who are living with HIV	0 (2015)	N/A	N/A	N/A
Percentage of PWID who are living with HIV	1.1% (2013)	1% / 1%	1% / 0.5%	100% / Significant progress
Percentage of PLHIV who are on ART	45% (2018)	46% / 49%	48% / 50%	105% / Significant progress
Percentage of PLHIV on ART who are virally suppressed	90% (2017)	92% / 94%	94% / 96%	102% / Significant Progress

Analyzed commitments by health system domains: Financing

№	Commitments	Action	Indicator	Baseline (year)	Final target (year)	Targets / Data collected*		Overall achievement
						2019	2020	
1.1.	Ensure increased national funding to sustain HIV prevention programmes for KPs	Budget allocated	Budget allocation	\$150,000 (2018)	\$350,000 (2021)	\$250,000/ \$200,000	\$300,000/ \$153,000	64%
1.2.	Ensure adequate funding for HIV treatment	Budget allocated	Budget allocation	\$1,700,000 (2018)	\$1,900,000 (2021)	\$1,700,000/ \$1,700,000	\$1,800,000/ \$1,800,000	79%
1.3	Develop and adopt legal and/or bylaw provisions to ensure long-term and sustainable financing of HIV prevention programmes among KPs managed by CSOs	Adopted legal amendments and/or bylaws	Legal amendments/ by-laws adopted	0 (2017)	1 (2021)	0/0	0/0	0%
1.4	Ensure increased funding for programmes of support for PLHIV	Funding allocated	Funding allocation	\$10,000 (2017)	\$30,000 (2021)	\$12,000/ \$30,000	\$13,000/ \$30,000	42%

*Note: Targets are presented unbold and Data collected are presented bold.

Analyzed commitments by health system domains: Drugs, supplies and equipment

№	Commitments	Action	Indicator	Baseline (year)	Final target (year)	Targets / Data collected		Overall achievement
						2019	2020	
2.1.	Ensure access to essential ARVs for PLHIV by regularly maintaining the positive list of medicaments with essential ARVs, as well as ensure access to newly registered ARV drugs	Include essential ARVs into the positive reimbursement list of the NHIF	Allocation of funds for ARVs included into the positive reimbursement list	\$1,700,000 (2018)	\$1,900,000 (2021)	\$1,700,000 / \$1,700,000	\$1,800,000 / \$1,800,000	100%
2.2	Ensure regular procurement of quality assured needles and syringes and prevention of stock-outs	Allocation of budget, quality assured products procured	No stock-outs identified	No (2017)	No (2021)	No/ No	No/ No	100%
2.3	Ensure regular procurements of quality assured condoms and lubricants and prevention of stock outs	Allocation of budget, quality assured products procured	No stock-outs identified	No (2017)	No (2021)	No/ No	No/ No	100%
2.4	With technical assistance by the CCM, MoH to conduct consultations and to coordinate with relevant health authorities (IPH, CINMED and NHIF), as well as with relevant CSOs and patients' associations, in order to discuss potential inclusion of new ARVs/medicines into the positive medicines list, including PEP and PrEP	Conduct consultation and coordination between relevant institutions	Consultations and coordination conducted and decision made	0 (2018)	2 (2021)	0/ 0	2/ 1	50%

Analyzed commitments by health system domains: Service provision I

№	Commitments	Indicator	Baseline (year)	Final target (year)	Targets / Data collected		Overall achievement
					2019	2020	
3.1.	Increase coverage and quality of basic HIV prevention services among MSM	Number of MSM reached with HIV prevention programmes/defined package of services (condoms, lubricant, counselling on HIV or other sexual and reproductive health-related topics and IEC (online or hard copy) material)	380 (2018)	682 (2020)	455/ 367	682/ 285	57%
3.2.	Increase coverage and quality of basic HIV prevention and harm reduction services among PWID	Number of PWID reached with HIV prevention programmes/defined package of services (sterile equipment for injecting, counselling on HIV, safe injection or other harm reduction/sexual and reproductive health-related subjects, IEC (online or hard copy) material, condoms, and lubricant).	780 (2018)	1,200 (2021)	800/ 535	960/ 497	59%
3.3.	Maintain high coverage and quality of basic HIV and STI prevention services for SW	Number of SW reached with HIV prevention programmes /defined package of services (sterile equipment for injecting available for SW who are PWID, condoms, lubricant, counselling on HIV or other sexual and reproductive health-related subjects and IEC (online or hard copy) material)	75 (2017)	200 (2021)	130/ 47	160/ 41	30%

Analyzed commitments by health system domains: Service provision II

№	Commitments	Indicator	Baseline (year)	Final target (year)	Targets / Data collected		Overall achievement
					2019	2020	
3.4.	Maintain the coverage and quality of HIV prevention in prisons	Number of prisoners reached with HIV prevention programmes / defined package of activities (education on prevention of HIV, STI and harm reduction, plus OAT as relevant)	100 (2018)	120 (2021)	100/ 80	110/ 47	60%
3.5.	Ensure affordable and equal treatment, care and assistance for all PLHIV	Number of PLHIV covered with individual and group/peer counselling and self-support groups, therapeutic literacy sessions and psychosocial support sessions	70 (2018)	120 (2021)	90/ 44	100/ 50	49,5%
3.6.	Ensure affordable and equal treatment, care and assistance for all PLHIV	Percentage of PLHIV adults and children known to be on treatment 12 months after initiation of ART	86% (2018)	90% (2021)	86%/ 86%	86%/ 86%	100%

Analyzed commitments by health system domains: Governance I

№	Commitments	Action	Indicator	Baseline (year)	Final target (year)	Targets / Data collected		Overall achievement
						2019	2020	
4.1.	Establish a fully functional and long-term funding mechanism for HIV activities targeting KPs implemented by CSOs within the National HIV Programme for contracting CSOs as implementors of the National HIV Programme that will guarantee a transparent and open process of selection of CSOs with experience and expertise in service-delivery for HIV prevention, care and support	Officially establish a fully functional and long-term funding mechanism with clear criteria, rules and procedures for the contracting of CSOs as implementors of the National HIV/AIDS Programme in the form of a by-law	Adopted mechanism	0 (2018)	1 (2021)	0/ 0	0/ 0	0%
4.2.	Develop proposals for amendments to the relevant laws and by-laws, or for new by-laws and procedures, related to the establishment of a fully functional and long-term funding mechanism for HIV activities	Develop proposals for amendments to the relevant laws and by-laws or for new by-laws and procedures	Developed proposals for the legislative framework	0 (2018)	2 (2021)	N/A	2/ 2	100%

Analyzed commitments by health system domains: Governance II

№	Commitments	Action	Indicator	Baseline (year)	Final target (year)	Targets / Data collected		Overall achievement
						2019	2020	
4.3.	Amend legislation to enable screening for HIV and STIs, SRH services and needle and syringe exchange within CSOs	Adopt proposals for legal amendments	Adopted proposals for legal amendments	0 (2018)	1 (2021)	0 / 0	0 / 0	0%
4.4.	Conduct preparations, national consultations and discussions for improvement/introduction of biomedical prevention (PEP/PrEP) in line with WHO recommendations with a primary focus on MSM	Conduct an analysis of the regulatory and institutional framework with recommendations for improvement of existing guidelines on PEP and the introduction of PrEP in line with relevant international standards	Conducted and relevant recommendations prepared and disseminated amongst decision makers	0 (2018)	2 (2021)	1 / 0 (0%)	1 / 1 (100%)	50%

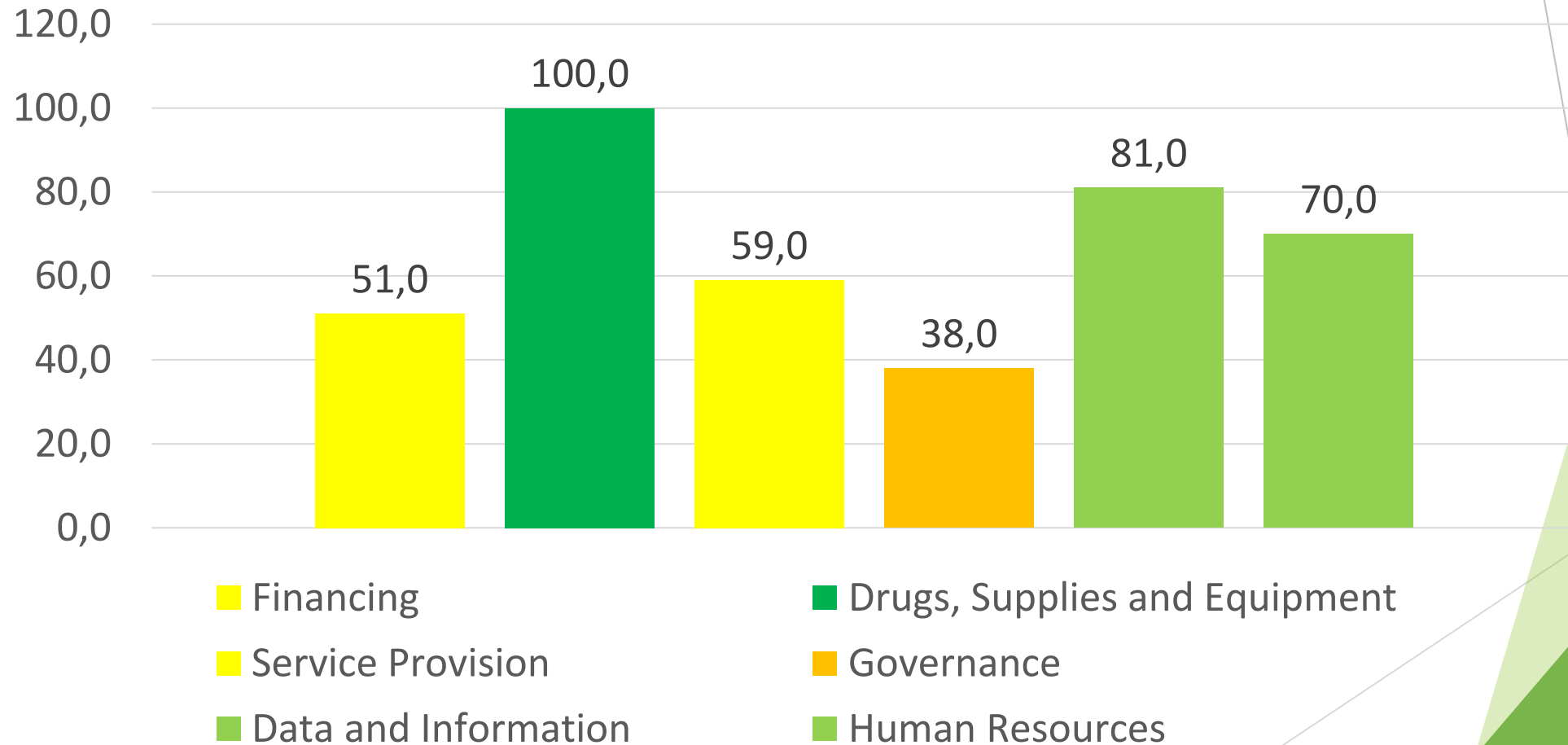
Analyzed commitments by health system domains: Data and information

№	Commitments	Action	Indicator	Baseline (year)	Final target (year)	Targets / Data collected		Overall achievement
						2019	2020	
5.1	Develop and adopt National HIV/AIDS M&E Plan	Development and adoption	M&E Plan developed and adopted	No (2018)	Yes (2021)	100%/ 100%	100%/ 100%	100%
5.2	Ensure implementation of periodic IBBS among KPs in order to collect data on prevalence of HIV and STIs, knowledge, risk factors and to estimate the size of these populations	Develop relevant protocols and conduct studies	IBBS carried out among MSM, PWID, SW and persons serving prison sentences	0 (2016)	4 (2021)	1/ 0 (0%)	2/ 1 (50%)	25%
5.3	Conduct annual assessments of the number of individuals living with HIV by using relevant modelling tools (ECDC, UNAIDS, etc.).	Collect data on coverage	Assessment carried out and report developed	1 (2018)	1 (2021)	1/ 1	1/ 1	100%
5.4	Collect data on the coverage with activities for HIV prevention within KPs (VCT, minimal service package)	Collect data on coverage	Developed reports on activities implemented and coverage	1 (2018)	1 (2021)	1/ 1	1/ 1	100%

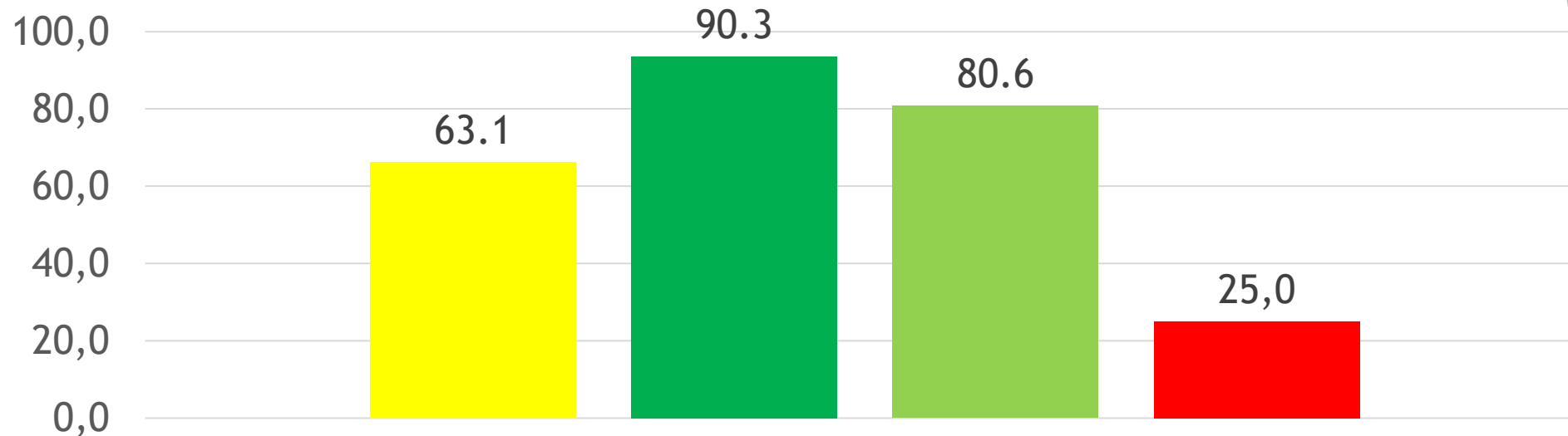
Analyzed commitments by health system domains: Human resources

№	Commitments	Action	Indicator	Baseline (year)	Final target (year)	Targets / Data collected		Overall achievement
						2019	2020	
6.1.	Increase the capacity of HCW and CSO staff in HIV programmatic issues	Organise and conduct trainings	Number of trainings performed	4 (2018)	8 (2021)	2/ 3 (150%)	3/ 4 (133%)	142%
6.2.	Employ human resources for National HIV/AIDS Programme monitoring and evaluation	Hire and employ human resources for National HIV/AIDS Programme M&E	Number of newly employed persons for National HIV/AIDS Programme M&E	0 (2018)	2 (2021)	0/ 0	2/ 0	0%

Progress in transition-related commitments by health system domains



Progress in transition-related commitments by programmatic areas



■ HIV Prevention

■ HIV Diagnostics, Treatment, Care and Support to PLHIV

■ Community systems strengthening components and advocacy components (CSS/Advocacy)

■ Human rights (HR) and overcoming legal barriers.

Key observations

- ▶ Average progress can be classified as average
- ▶ Further attention and additional efforts are required under the health domains Governance, Financing and Service provision
- ▶ Further attention and additional efforts are particularly required under the programmatic area Human Rights and Overcoming Legal Barriers, as well as under HIV Prevention
- ▶ Lack of population size estimations among KPs require urgent attention and action

Recommendations

- ▶ The Ministry of Health should enhance efforts to further increase domestic investments in the national HIV response in the next three years, especially for CSO-led prevention and support services
- ▶ The Ministry of Health should prioritise improvements and adjustments to the necessary legal, administrative and institutional mechanisms to improve legal and institutional environment for the sustainability of CSO-led HIV prevention and support services among KPs
- ▶ The Ministry of Health should intensify efforts on establishing a fully functional long-term funding mechanism for CSO-led HIV prevention and support services targeting KPs for the contracting of CSOs as implementors of the National HIV Programme as soon as possible
- ▶ The Ministry of Health and the Institute for Public Health should prioritise regular implementation of IBBS among KPs according to the relevant work plans to generate fresh and reliable official data, including population size estimations

Recommendations

- ▶ The Ministry of Health should plan for, and secure, an increase in investments from domestic sources for the procurement of necessary health and non-health commodities (needles and syringes, condoms, lubricant, etc.) for CSO-led HIV prevention and support services to avoid stock-outs of these commodities
- ▶ The Ministry of Health should strengthen and improve the monitoring and evaluation (M&E) of the national HIV/AIDS response in terms of formulation, documentation and data collection related
- ▶ CSO HIV service providers, in close cooperation with the CCM, should continue their advocacy activities and pursue further advocacy efforts, especially regarding budget advocacy and necessary legal, administrative and institutional improvements and adjustments to the HIV sustainability commitments

Recommendations

- ▶ CSOs, in close cooperation with the Ministry of Health and the Institute for Public Health, should intensify activities and efforts in the scaling-up of HIV testing rates among KPs (MSM, PWID and SW)
- ▶ The Global Fund should continue supporting CSO-led HIV prevention and support services in Montenegro at least until the end of 2024 and possibly even beyond this period if the Government is unable to fully take over funding of these services as of 2025.
- ▶ The Global Fund should continue to act as one of the most important partners of the Government of Montenegro and the Ministry of Health, at least until the Government and the MoH are able to fully take over funding of CSO-led HIV prevention and support services.

Recommendations

- ▶ Technical partners (the UN, EU, etc.) should provide support to the Ministry of Health with regards to conducting necessary policy, administrative and institutional improvements and adjustments, as well as to enhance its leadership capacity in planning, implementation and monitoring of the relevant national strategic documents, its coordination and partnership capacity
- ▶ Provide capacity building for the CCM/NAC, as the relevant advisory, coordination and governing bodies of the overall national HIV response

THANK YOU!

Q&A?