

# MEASURING THE SUSTAINABILITY OF OPIOID AGONIST THERAPY (OAT)

A GUIDE FOR ASSESSMENT IN THE CONTEXT OF DONOR TRANSITION

## ANNEX 5: Key Informant Interview Guide

Please feel free to shorten the list of questions if you consider it necessary — exclude those for which you have a sufficient amount of information and include those where you have information gaps.

Based on the table instruments, you could extract the unscored components as a table/checklist for scoring by key informants either in writing or orally. Please also include already scored components which might have different perspectives from stakeholders (e.g. possibility to report side effects of medicines and lack of interruption in supply might be seen differently by expert clients, OAT managers, and procurement experts). If you orally score the tables, please ensure it is sent in advance and printed for a face-to-face meeting. Doing so would constitute the first part of the interview.

In addition, in the second part of the interview, you could prioritise 3–10 qualitative questions per stakeholder from the list below, depending on the individual's competence. For example, service providers and clients would be focused on Services; Government officials on the Issue Areas of Policy and Governance, and on Finance and Resources; Procurement and pharmaceutical experts would focus on Medicines; Civil society on Policy and Governance and Finance, and maybe also to clarify aspect of Services. Feel free to ask follow-up, or more specific, questions as needed and keep a conversational style. Before starting questions about a new

indicator, you could summarise 1–2 high level findings from the field as your prompt.

These qualitative questions are largely falling into the last part of the indicator table from *Annex 4*, called ‘*General matters concerning this indicator*’. If you are limited in time, and the desk review answered most of the questions about the current status, your second part of the interview would focus on: 1) effects of transition, including which elements are at most risk; and, 2) key opportunities and ways forward to increase sustainability based on identified aspects under each Indicator.

## Template for the interview:

### Cover page

Start time \_\_: \_\_ / End time \_\_: \_\_ / Total time \_\_\_\_ minutes

Date: \_\_/\_\_/\_\_

Participant Name: \_\_\_\_\_

Position \_\_\_\_\_

Institution \_\_\_\_\_

Email/phone \_\_\_\_\_

City/region (if relevant) \_\_\_\_\_

Type of stakeholder  
(*underline all relevant*)

government official  
practitioner  
civil society or client advocate  
technical partner or donor

Consent received \_\_\_\_\_

What is their expertise/involvement in OAT? \_\_\_\_\_

\_\_\_\_\_

## Introduction used at the beginning of the interview:

Hello, my name is [Insert Name]. I am an assessor conducting an assessment to measure the sustainability of opioid agonist therapy in [Insert Country] in the context of donor transition. This assessment aims at understanding the current status of various aspects of sustainability — political, resources and access to services including good practices and progress, challenges, the impact of the transition process and opportunities to improve. We seek a range of perspectives, and I appreciate you speaking to me today. I will be using the information you provide today, along with information that I collect from other key informant interviews and from a desk review, to develop a country report with the results of this sustainability assessment. We expect the report to be drafted by [Insert Month/Year] and presented to [Insert a Body or Meeting].

Before starting, I want to inform you that this interview will be confidential. However, I also would like to ask in advance for your written permission to potentially use some of the information you provide during the conversation as direct quotes in the report that will be published. These quotes will be anonymised (i.e. indicated by the type of informant but depersonalised) unless you explicitly agree that we can use your name. I will be recording and taking notes of our interview. If you do not want your name to be connected with anything said in this interview, please let me know; in this case, I will put in place measures to protect your confidentiality.

You can stop this interview at any time if you feel you do not want to continue the conversation.

## A set of guiding questions for the interview

### *Political commitment*

- 1 What are 1–2 indicators of **real progress** in the country's policy-making and governance commitment to OAT (i.e. so OAT is seen by the state as an essential component of drug policy and as the main

option of opioid drug dependence treatment in the country)?

- 2 What are 1–2 **key gaps and weaknesses** in sustainable political commitment? What are their underlying causes?
- 3 How does **donor funding and other international support** impact the political commitment? What are the risks and opportunities of donor transition for political commitment?
- 4 What needs to happen in the next 2 years in order to sustain and increase the political commitment to OAT and to ensure that OAT is no longer a pilot programme? What and who will specifically enable this in the next 2 years?
- 5 What are your 2 **priorities to improve and support national dialogue** and advocacy for OAT at the political level? How could your sector be **more effective in advocacy**?

### *Transition management*

- 6 How can **national processes** related to donor transition of HIV and TB be used for OAT sustainability in the next two years? This includes transition assessments, plans, their monitoring and updating, donor involvement in these discussions and donor conditionality, prioritisation of OAT in these discussions, etc.

### *Medications*

- 7 What are **donor transition-related risks** for ensuring sustainable access to methadone and buprenorphine? How similar, or different, are they to the issues faced by HIV and TB medicines and diagnostics?
- 8 What needs to be specifically done to ensure that medications are registered, procured, supplied and accessed at good prices and good quality after 2–5 years?

## Finance

- 9 How to ensure that **OAT is funded by the state in full**, including if there was a significant scale up to reach the WHO coverage indicators, without co-payments for OAT clients, and without exclusion of people without health insurance?
- A What should be the domestic funding **mechanism and source(s)** for OAT services?
- B Is there clarity as to what **amount of state funding is needed**, including medications, staff time, opening of new sites, etc.?
- C What is the **procedure/criteria for OAT services** to be funded from the identified public health funding sources and inclusion in universal health coverage packages? Is there a need for some special costing or in proving its public health value, or for meeting other criteria for decision-making? Who decides on the inclusion of OAT for funding?
- D What will be the **greatest challenges** to include OAT in these funding mechanisms to secure an allocation, funding provision and in ensuring that funding reaches the OAT services?
- E Are there **NGO services** involved in OAT services, as OAT providers, or as a support service for OAT clients? Is it clear how they would be funded in terms of financial source and the funding mechanism when there is no international funding? What needs to happen to make such national funding available?
- F How could the **donor transition process** support efforts to secure stable, sufficient funding?
- G In addition to service provision, what are the **other components of the development of OAT** that are supported by international partners, including donors? How to ensure that these aspects continue to receive the necessary financial resources? (*this could be equipping new sites, capacity building, co-payments for staff, research, etc.*)

### *Human resources*

- 10 To what extent do the existing human resource systems, including TORs, salaries, and capacity building, **depend on international partners and donors**?
- 11 What are the **1–2 key challenges for ensuring adequate human resources** are in place to deliver good quality and accessible support for their clients, if any? Could the transition process, or donors, mitigate these challenges in some way? How?
- 12 What could be the **priority steps** in the next 3–5 years to **both overcome the challenges related to adequate human resources and to increase national ownership** and independence from donors for adequate human resources?

### *Information systems*

- 13 How much do the existing information systems and generation of evidence **depend on international partners and donors**?
- 14 What could be the **steps to ensure** that these systems and generation of evidence become a **part of national systems, nationally owned and resourced** in the next 3–5 years?

### *Services*

- 15 What would be the **2 current aspects of services**, the improvement of which would have a major impact on advancing access in the country in the next 2 years? (i.e. demand and/or uptake for the service and the service supply).
- 16 Specifically, **how** can these aspects be **improved** and what could help to make these improvements in the next two years?
  - A What could the health community and academia do?
  - B What could be the role of donors?
  - C What about service providers?

- D What civil society and service clients could do?
- E How could the donor transition process be used?

### *General*

- 17 Any other insights or recommendations on ensuring the sustainability of OAT you would like to share before we end the interview?

### *Closure*

As you close the interview, please thank the respondent for their valuable time and insights shared. Please remind them how the interview will be used. You should leave your contact details with the respondent in case they have additional thoughts. Agree on follow-up data or documents to be provided if any were discussed during the interview.