



**Georgia: Benchmarking sustainability of the HIV response  
among Key Populations in the context of transition from  
Global Fund support to domestic funding  
2021  
Through financial and technical support from EHRA**

National Stakeholders Dissemination Workshop

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# Presentation structure

- HIV country context
- HIV funding landscape
- Overview of HIV services for KPs and key challenges to transition
- Transition monitoring assessment methodological approach
- Acknowledgements
- Findings by health domains and programmatic areas
- Recommendations

# HIV Country context

- Georgia - 0.3% HIV prevalence in the adult population
- HIV infection is concentrated mainly among key populations, particularly among men-who-have-sex-with-men (MSM) –(21.5% in Tbilisi, 15.6% in Batumi)
- HIV prevalence among sex workers - <2%;
- HIV prevalence among PWIDs – 2.3%
- An annual number of newly detected HIV cases has ranged between 600 and 700 during the last few years but it decreased to 530 in 2020
- Per SPECTRUM modelling, the estimated number of people living with HIV (PLHIV) in Georgia by the end of 2020 was set at 8,300.
- 76% of PLHIV know their HIV-positive status
- Out of all registered HIV cases, 86% were on antiretroviral (ARV) treatment
- 94% of those on treatment achieved viral suppression.

# HIV Funding landscape

- **HIV funding landscape:**
  - Government of Georgia -78% of all HIV spending
  - The Global Fund -18%
  - Other sources (UNDP, UNFPA, WHO and other international partners) – 4%
- The Global Fund has provided 5 HIV grants to Georgia with disbursements reaching USD 88,341,418
- Per the Global Fund's Eligibility Policy revised in 2018, upper lower-middle-income countries are only eligible for support if the disease burden is classified as high
- Georgia is still considered eligible to receive funding
- The Global Fund Allocation Letter issued on December 12, 2019, - USD17,556,486 for HIV, tuberculosis and for building resilient and sustainable systems for health (RSSH) for 2022-2025.

# AIDS Spending by major financial sources: 3 year summary\*

Total of all spending categories: HIV prevention, treatment, care and support			
	Public (USD)	The Global Fund (USD)	Total all financial sources (USD)
2020	12,449,435	2,812,934	15,892,206
	78%	18%	
2019	14 159 868 USD	1 699 060 USD	15,897,791
	89%	11%	
2018	34 414 163 USD	12 799 294 USD	52,564,589
	65%	24%	

\* Source: GAM Reporting. AIDS Spending data by MOH

# The Global Fund funding allocations

## Funding cycles: 2019-2022 vs. 2023-2025

Eligible disease component	Allocation (USD)	Allocation Utilisation Period
HIV	8,412,986	July 2019 - June 2022
	12,076,771	July 2022 - Dec 2025
TB	7,175,076	Jan 2020 - Dec 2022
	5,479,715	Jan 2023 - Dec 2025

# The assessment of the fulfillment of key public commitments

## Methodological approach

### *Per the EHRA Methodological Guidance*

A national reviewer /local expert

National Reference Group - of 22 members

- 4 – from the governmental sector (NCDC; Ministry of Finance; Ministry of Justice; National AIDS Centre)
- 4 from NGOs (Tanadgoma; Curatio International Foundation; Step to the Future; MDM)
- 14 members (63%) were representing community-based organizations or key affected populations (PWID, SW, LGBTQ+; PLHIV; TB patients)

# Acknowledgments: the National Reference Group

	Name	Organization	Legal status
1	Medea Khmelidze	Real People Real Vision	CBO
2	Lasha Tvaliashvili	Real People Real Vision	CBO
3	Tamar gakhokidze	Real People Real Vision	CBO
4	David Subeliani	PWID Community	Community activist
5	Beka Gabadadze	LGBTQ+	CBO
6	Tamar Zurasvhili	PAAC; P&A specialist	Legally non-registered
7	Ketevan Bidzinashvili	Step to the Future, Gori	NGO
8	Koka Labartkava	New Vektor, Tbilisi	CBO
9	Lasha Abesadze	New Vektor, Rustavi	CBO
10	Nika Mirzashvili	Patients Union	CBO
11	Keti Kobiashvili	Patients Union	CBO
12	Nino Tsereteli	Tanadgoma	NGO
13	Bart Nikolo	Equality Movement	CBO
14	Maka Gogia	GHRN	CSOs
15	Zaza Karchkhadze	New Way, Kutaisi	NGO
16	Giorgi Soselia	MDM	NGO
17	Ina Inaridze	MDM	NGO
18	Makuna Uchaneishvili	Curatio International Foundation	NGO
19	Nikoloz Chkhartishvili	AIDS Center	AIDS clinic
20	Ketevan Stvilia	NCDC	LEPL
21	Irina Javakhadze	MoF; Budget department; Budget Formulation Division, Chief Specialist, PAAC/CCM member	LEPL
22	Eliso Bichashvili	MoJ; Medical Department of Special Penitentiary Service/Coordinator of Primary Healthcare Services Unit	LEPL



# Transition Monitoring assessment process:

(timeframe –April-July 2021)

- Step 1: Scoping: to identify placeholders and their monitoring and evaluation plans (set of indicators) and budgets
- Step 2: Identification and Grouping of Commitments by Health System Domains in each Programmatic Area
- Step 3: Prioritization of the commitments
- Step 4: Data collection
- Step 5: Data analysis/filling in Transition Monitoring Tool (TMT excel file) and report writing

## *Limitations*

- *Working remotely due to C-19 pandemic*
- *Lack of data (absence of set targets for some commitments)*
- *Emphasis on quantitative data and limited focus on quality issues*
- *Time limitation*

# Transitioning from donor funding to domestic financing of HIV services in Georgia

## List of major placeholders

- National HIV Strategic Plan 2019-2022
- *National HIV Strategy 2016-2018*
- *Transition and Sustainability Plan 2017-2021*
- Monitoring and Evaluation Framework of Transition Plan
- State HIV programs approved on an annual basis with budgets
- The Global Fund allocation letters /Grant agreements

## Data sources:

- Georgia country progress reports
- Global AIDS Monitoring (GAM) reports submitted to UNAIDS annually
- HIV/AIDS Spending Matrix
- Official correspondence between the Ministry of Health and the Global Fund on meeting co-financing requirements
- Programme data
- Others

# Prioritization of the commitments: N=37

Initial prioritization – 47 commitments  
Online survey – low response rate  
Consultation meetings for prioritization

Results, impact and outcome:	7 commitments
Financing:	5 commitments
Drugs, supplies and equipment:	4 commitments
Service provision:	10 commitments
Governance:	6 commitments
Data and Information:	4 commitments
Human resources:	1 commitment

# Commitments removed

- ***Develop 4-pillar Drug Policy, anti-drug strategy and 3-year action plan:*** Already approved by the State Interagency Council on Drug Prevention on February 5, 2020
- ***Ensuring OAT for prisoners:*** the RG opted to keep only one indicator about OAT in the civil sector and removed the 2<sup>nd</sup> indicator about OAT in prisons
- ***Revise State Procurement Law and regulations to improve access to public funds for CSOs working in the field of HIV prevention and care:*** Already practiced/considered no longer relevant
- ***Conduct four surveys among various populations: IBBS among prisoners (1); HIV vulnerability and size estimation study among children living and working on the streets (2); HIV vulnerability study among migrants (3); and an IBBS among youth (4) – low priority***
- ***Service Provision domain: increased number of MSM, PWID and SW who were tested and know the results*** –the RG believed that coverage of key populations with the HIV prevention package would be sufficient to monitor the transition process

# Commitments modified

Domain 4: Governance		
Ind. Ref.	Previous formulation	Proposed new formulation
NSP. Service Delivery. SD.72	Development and approval of the National Standard on HIV prevention among MSM.	Development and approval of the National Standard ( <u>guideline, protocol and costing</u> ) on HIV prevention among MSM.
NSP. Service Delivery. SD.73	Development and approval of the National Standard on HIV prevention among SW.	Development and approval of the National Standard ( <u>guideline, protocol and costing</u> ) on HIV prevention among SW.
NSP. Service Delivery. SD.74	Development and approval of the National Standard on harm reduction for PWID.	Development and approval of the National Standard ( <u>guideline, protocol and costing</u> ) on harm reduction for PWID.
NSP. Service Delivery. SD.75	Development and approval of the National Standard on HIV prevention among Youth.	Development and approval of the National Standard ( <u>guideline, protocol and costing</u> ) on HIV prevention among Youth.

# Summary of new commitments added

Areas	New commitment/indicator	Comment
Impact	Prevent HIV spread among transgender persons/ Percentage of TG living with HIV.	Starting from 2022, TG people will be added as a separate target group in the National HIV strategy.
Financing	Meeting co-financing incentive requirement - for allocating defined share of additional investments for prevention targeting key populations.	Per the Global Fund allocation letter, at least 50% of allocation should be spent on services targeting key populations.
Drugs, Supplies and Equipment	Ensure the uninterrupted supply of ARV drugs/ Number of episodes in a year when stock-out of ARV drugs for more than 3 consecutive days was observed.	Operational definition was defined. Targets were agreed with the RG.
	Ensure the uninterrupted supply of HIV prevention commodities/ Number of episodes in a year when stock-out of at least one prevention product (naloxone, syringes, condoms, lubricants) for more than 7 consecutive days was observed.	Operational definition was defined. Targets were agreed with the RG.
	Ensure uninterrupted supply of substitution medication / Number of episodes in a year when stock-out of substitution medication for more than 3 consecutive days was observed.	Operational definition was defined. Targets were agreed with the RG.
	Achieve lower prices for ARVs to ensure the sustainable and reliable supply of the full range of needed ARVs/ Ratio of actual ARV prices in Georgia over reference pricing.	Operational definition was defined. Target was set at 1 – the costs of ARVs procured in Georgia do not exceed reference pricing
Service Coverage	Increase coverage of HIV services for transgender people / Share of transgender persons receiving a combined set of HIV prevention services.	New commitment targeting TG persons. No baseline exists; no targets were set.
Governance	Ensure quality and a comprehensive set of prevention services for transgender people; development and approval of National Standards (guideline, protocol and costing) of HIV prevention among transgender persons.	New commitment targeting TG persons.
Data and Information	Up-to-date data from IBBS and PSE among transgender people is accessible.	IBBS among TG should be conducted.

# HIV services available in Georgia

Services	MSM / TG	PWID	SW
Behaviour change communication and counselling services	√	√	√
Facility-based and mobile testing of HIV and hepatitis B and C	√	√	√
TB symptom screening and referral services		√	√
HIV self-testing	√	√	√
Condoms and lubricants	√	√	√
Safe injection supplies		√	
STI diagnostics and treatment	√	√	√
Community-based PrEP	√		
Facility-based PEP	√	√	√
Hepatitis B vaccination	√	√	
Psycho-social and legal assistance	√	√	√
Activities against violence and referral services	√		√
Access to mental health services (though on a limited scale)	√		
Case management, including social accompaniment for those who test positive through HIV screening	√		
SIGMA vending machines – disbursing prevention commodities and HIV self-tests	√	√	
Overdose prevention		√	
OAT		√	

# Key challenges in service delivery for key populations within the context of transition

- *Criminalization of drug use*
- *Stigma and discrimination towards PLHIV and vulnerable populations*
- *Challenges in the delivery of HIV prevention services through public funding*
- **Other challenges:**
  - Highly centralized system for HIV diagnostics and treatment
  - Geographic barrier to services, including for OAT
  - The lack of psycho-social support and mental health services
  - The heavy reliance on donor-funding for some programme components (procurement of condoms, injection paraphernalia, social and material support to PLHIV and other key populations; HIV surveillance research; and community systems strengthening, etc.)
- *COVID -19 pandemic*



# Findings: Progress on impacting the HIV epidemic among key populations

No.	Results, impact and outcomes	Indicator	Baseline (year)	Final Target (year)	Target / Data collected		Overall achievement
					2019	2020	
I.1	Reduce HIV prevalence rate per 100,000 population	HIV diagnosed person per 100,000 (target less than:)	400 (2017)	500 (2022)	500 / 500	500 / 500	100%

## Conclusion:

- ✓ Georgia has overachieved its goal to control the spread of HIV among the general population and reduce HIV incidence and AIDS-related mortality.
- ✓ The lack of timely information on the situation among key populations limits the possibility to draw reliable conclusion

I.5	Contain HIV epidemic among PWID	(target - be contained under <X%)	2.0% (2017)	0% (2022)	0% / NA	0% / NA	NA
I.6	Prevent the spread of HIV among the general population	HIV Incidence rate per 1,000 population (target - to be contained under <X)	0.22 (2017)	0.10 (2022)	0.19 / 0.17	0.16 / 0.17	103%
I.7	Prevent the spread of HIV among transgender persons	Percentage of TG living with HIV	NA	NA	NA	NA	NA

# Finding

## Health Domain 1: Financing

No.	Commitment	Indicator	2019	2020	Commitment average	Average performance by domain
1	Domain: Financing					67%
1.1	Ensure adequacy of state budget allocations for HIV prevention and treatment	The share of public spending out of the total HIV spending	113%	92%	102%	
1.2	Increase state funding of HIV prevention interventions targeting KAPs	% share of public funding on HIV targeting KAPs	Na	NA	NA	
1.3	State provides funding and contracts non-state actors to deliver HIV prevention services/ low threshold HR (excluding OST) services and community support services	Total funding allocated by the state to CSOs/CBOs to deliver HIV prevention/harm reduction services (excluding OST)	Na	NA	NA	
1.4	Ensure sustainable state funding of IBBS and PSE among KAPs	The number of IBBS/PSEs among KAPs conducted through state funding	NA	0%	0%	
1.5	Meeting co-financing incentive requirement - for allocating defined share of additional investments for prevention targeting KPs.	Co-financing incentive requirement for allocating defined share of additional investments for targeting KPs is met	100%	100%	100%	

**Conclusion:** An average progress (67%) has been achieved in terms of fulfilling government commitments in the domain of Financing.

# Health Domain 1: Financing

## Observations for consideration

- Inconsistent trend: State funding accounted for 63% of all HIV prevention spending in 2018, which increased to 90% in 2019 and decreased to 77% in 2020.
- Moreover, state funding for HIV response (as well as for HIV prevention) in absolute numbers was declining in 2018-2020

	2018		2019		2020	
	Public	Total	Public	Total	Public	Total
Total HIV/AIDS Spending	\$34,414,163	\$52,564,589	\$14,159,868	\$15,897,791	\$12,449,435	\$15,892,206
Total HIV Prevention spending	\$20,313,719	\$32,404,107	\$7,361,540	\$8,191,422	\$5,881,531	\$7,685,482

- GAM AIDS Spending: Under Section 3 – HIV prevention, there is a spending category named synergies with health sector - that accounts for the largest share of all prevention spending; however, it is not clear as to what types of interventions are included under this spending category.

# Health Domain 1: Financing

## Observations for consideration

HIV prevention	2020		2019	
	N in USD	% share	N in USD	% share
	5 881 531 USD	100%	7 361 540 USD	100%
Out of total HIV prevention spending:				
Synergies with health sector	2 011 944 USD	34,2%	3 371 230 USD	45,8%
Substitution Therapy	3 595 225 USD	61,1%	3 877 889 USD	52,7%
Condoms	110 926 USD	1,9%	0 USD	0,0%
PrEP	18 768 USD	0,3%	6 038 USD	0,1%
HIV prevention for <b>PWID</b> (Needle and syringe program)	103 922 USD	1,8%	0 USD	0,0%
Prevention, promotion of testing... <b>for young women and adolescent girls</b> (high-prevalence countries)	40 197 USD	0,7%	0 USD	0,0%
Prevention, promotion of testing.. for <b>MSM</b>	0 USD	0,0%	0 USD	0,0%
Prevention, promotion of testing...for <b>sex workers and their clients</b>	0 USD	0,0%	0 USD	0,0%
Prevention, promotion of testing...for <b>transgender persons</b>	0 USD	0,0%	106 383 USD	1,4%
Post -exposure (PEP)	549 USD	0,0%	0 USD	0,0%

# Health Domain 1: Financing

## Contracting CSOs for HIV prevention among KPs

- From 2020, GHRN was contracted by the Government to implement interventions among PWID.
- From 2021, the State allocated funding for HIV prevention among SW through contracting the local NGO, Tanadgoma.
- However, State support at this stage covers only HIV testing provided at fixed services and during street outreach.
- Many components - still remain dependent on donor funding, such as programme management and administration, psycho-social support services, awareness raising activities and capacity building interventions

# Health Domain 1: Financing

## Level of replacement funding

	2020		2021	
	Global Fund	State Program	Global Fund	State Program
HIV Prevention for PWIDs	2,103,068	335,000	1,791,099	712,000
HIV Prevention for SW	1,273,587		1,193,484	80,994
<b>Total</b>	<b>3,376,655</b>	<b>335,000</b>	<b>2,984,583</b>	<b>792,994</b>

### Replacement funding

Reduction of GF funding	-	392,072
Increase of public funding		457,994
Share replaced		117%

**The level of replacement funding provided by the state to PWID & SW programmes was optimal.**

	2020	2021
Share of state funding out of total spending for HIV prevention among PWIDs	14%	28%
Share of state funding out of total spending for HIV prevention among FSWs	NA	6%

# Health Domain 1: Financing

## Conclusion: Average progress (67%) has been achieved

- Funded by the state: treatment (AIDS & OIs); ARV drugs (1<sup>st</sup> line -100%; in 2019 - 40% of 2<sup>nd</sup> line ARV drugs); OAT; STI testing and treatment; Hep C; Blood Safety; EMTCT; HIV in correctional system
- Progressive absorption of key programme components with domestic financing
- Meeting the co-financing incentive requirements, including the allocation of a minimum of 50% of additional investments for interventions targeting key and vulnerable populations
- A consistent increase in the amount of public investments for HIV services was not documented by AIDS spending data
- Monitoring the percentage share of public spending out of all total spending may be misleading and that the level of State investment expressed in absolute numbers should also be monitored
- A substantial portion of funding for HIV prevention targeted KPs continues to be provided by the Global Fund
- No IBBS/PSE studies among key affected populations were funded
- AIDS spending data should be interpreted with caution

# Health Domain 2: Drugs, Supplies and Equipment Findings

## Commitments monitored

- Ensure the uninterrupted supply of ARV drugs for PLHIV
- Ensure the uninterrupted supply of OAT medications for opioid dependent PWID
- Ensure the uninterrupted supply of prevention commodities (condoms, lubricants, naloxone, syringes and other safe injection paraphernalia) for key population groups; and
- Achieve lower prices for the purchase of ARV drugs to ensure the sustainable and reliable supply of a full range of ARVs needed



# Health Domain 2: Drugs, Supplies and Equipment Findings

No.	Commitment	Indicator	2019	2020	Commitment average	Average performance by domain
2	Domain 2: Drugs, supplies and equipment					85%
2.1	Ensure uninterrupted supply of ARV drugs	Number of episodes in a year when stock out of ARV drugs for more than 3 consecutive days was observed	100%	100%	100%	
2.2	Ensure uninterrupted supply of HIV prevention commodities	Number of episodes in a year when stock out of at least one prevention product (naloxone, syringes, condoms, lubricants) for more than 7 consecutive days was observed	100%	60%	80%	
2.3	Ensure uninterrupted supply of substitution medication	Number of episodes in a year when stock out of substitution medication for more than 3 consecutive days was observed	100%	100%	100%	
2.4	Achieve lower prices for ARV to ensure the sustainable and reliable supply of the full range of needed ARVs	Ratio of actual ARV prices in Georgia over the reference pricing	NA	60%	60%	

Significant progress (with an achievement score of 85%) was achieved to ensure the uninterrupted supply of ARVs, OAT medications as well as HIV prevention commodities

# Health Domain 3: Service Provision Findings

**Average performance score for the domain: 98% - significant progress has been achieved**

3	Domain 3: Service Provision				
3.1	Care cascade: Improve HIV case detection	Percentage of PLHIV who know their HIV status	107%	84%	96%
3.2	Ensure uninterrupted delivery of high-quality treatment and care	Percentage of PLHIV diagnosed with HIV receiving ARV at the end of the reporting year	96%	96%	96%
3.3	Ensure uninterrupted delivery of high-quality treatment and care	Percentage of people on ARV who are virally suppressed (VL<=1000 copies /ml)	101%	104%	103%
3.4	Increase coverage of PWID with HIV services	Percentage of PWIDs reporting having received a combined set of HIV prevention packages (last year) (program data)	105%	88%	96%
3.5	Increase coverage of PWID with HIV services	Number of syringes distributed to one PWID during one year (# of syringes /per person/per year)	69%	58%	64%
3.6	Increase coverage of PWID with HIV services	Number of PWIDs receiving OST	118%	130%	124%
3.7	Increase coverage of MSM with HIV services	Percentage of MSM reporting having received a combined set of HIV prevention packages (last year) (program data )	119%	84%	101%
3.8	Increase coverage of MSM with HIV services	# MSM receiving PrEP at least once during the year	103%	97%	100%
3.9	Increase coverage of SWs with HIV services	Percentage of SWs reporting having received a combined set of HIV prevention packages (last year) (program data)	128%	70%	99%
3.10	Increase coverage of transgender people with HIV services	Number of transgender people receiving HIV prevention services (program data)	NA	NA	NA

98%

# Health Domain 3: Service Provision

## Observations for consideration

3.1	Care cascade: Improve HIV case detection	Percentage of PLHIV who know their HIV status	107%	84%	96%
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- ***HIV case detection:*** in 2017, the share of PLHIV who knew their HIV positive status was as low as 48%.
- The latest results reported for 2019 and 2020 show that 75% and 76% of the estimated number of PLHIV were aware of their status, making the achievement score for HIV case detection high: 107% and 84% in 2019 and 2020, respectively.
- However, the scores can be misleading and could be the result of recent adjustments in the Spectrum estimates for PLHIV in the country:
  - in 2016, the number was set at 12,000;
  - in 2017, 11,000;
  - in 2018, 9,400;
  - in 2019, 9,100; and,
  - in 2020, the estimated number of PLHIV reached its lowest value over the five years at 8,300.

# Health Domain 3: Service Provision

## Observations for consideration

- ***HIV service provision for PWID:*** The targets set for improved coverage of PWID with a combined set of HIV prevention services were overachieved in 2019 (105%) but reduced to 88% in 2020. Programme data on coverage of PWID may be somewhat inflated
- For instance, in 2017, harm reduction programme data reported reaching 52% of PWID with services while IBBS data of the same year showed that only 23% of respondents reported receiving HIV services during the past 12 months
- ***Coverage of PWID with OAT:*** The NSP target for 2020 - 11,000; the actual result for 2020 exceeded the target by 30%

# Health Domain 4: Governance Findings

No.	Commitment	Indicator	2019	2020	Commitment average	Average performance by domain
4	Domain 4: Governance					27%
4.1	Create conducive legal environment for HIV response to remove barriers to services	Revised legislation reduced (removed) legal barriers to service	0%	0%	0%	
4.2	Development and approval of the National Standard (guideline, protocol and costing) on HIV prevention among MSM	National Standard on HIV prevention among MSM approved	NA	33%	33%	
4.3	Development and approval of the National Standard (guideline, protocol and costing) on HIV prevention SWs	National Standard on HIV prevention among SWs approved	NA	33%	33%	
4.4	Development and approval of the National Standard (guideline, protocol and costing) on harm reduction for PWIDs	National Standard on HIV prevention among PWIDs approved	NA	33%	33%	
4.5	Development and approval of the National Standard (guideline, protocol and costing) on HIV prevention among Youth	National Standard on HIV prevention among youth approved	NA	33%	33%	
4.6	Development and approval of the National Standard (guideline, protocol and costing) of HIV prevention among transgender people	National Standard on HIV prevention among transgender people approved	NA	NA	NA	

**Average performance score : 27% - a fairly low degree of progress has been achieved**

# Health Domain 5: Data and information Findings

No.	Commitment	Indicator	2019	2020	Commitment average	Average performance by domain
5	Domain 5: Data and Information					0%
5.1	Up-to-date data from IBBS and PSE among PWIDs is accessible	IBBS & PSE among PWIDs conducted	NA	0%	0%	
5.2	Up-to-date data from IBBS and PSE among SWs is accessible	IBBS & PSE among SWs conducted	NA	0%	0%	
5.3	Up-to-date data from IBBS and PSE among MSM is accessible	IBBS & PSE among MSM conducted	NA	NA	NA	
5.4	Up-to-date data from IBBS and PSE among transgender people is accessible	Study among TG persons completed	NA	NA	NA	

***Average performance score for the domain: 0% - no progress has been achieved***

# Health Domain 6: Human Resources Findings

No.	Commitment	Indicator	2019	2020	Commitment average	Average performance by domain
6	Health Domain 6: Human resources					0%
6.1	Integrate HIV training modules in the undergraduate and postgraduate education system to improve access to training opportunities (including for) CSOs	Number of training modules integrated into formal education system	0%	0%	0%	

***Average performance score for the domain: 0% - no progress has been achieved***

# Overall status of transition by programmatic area

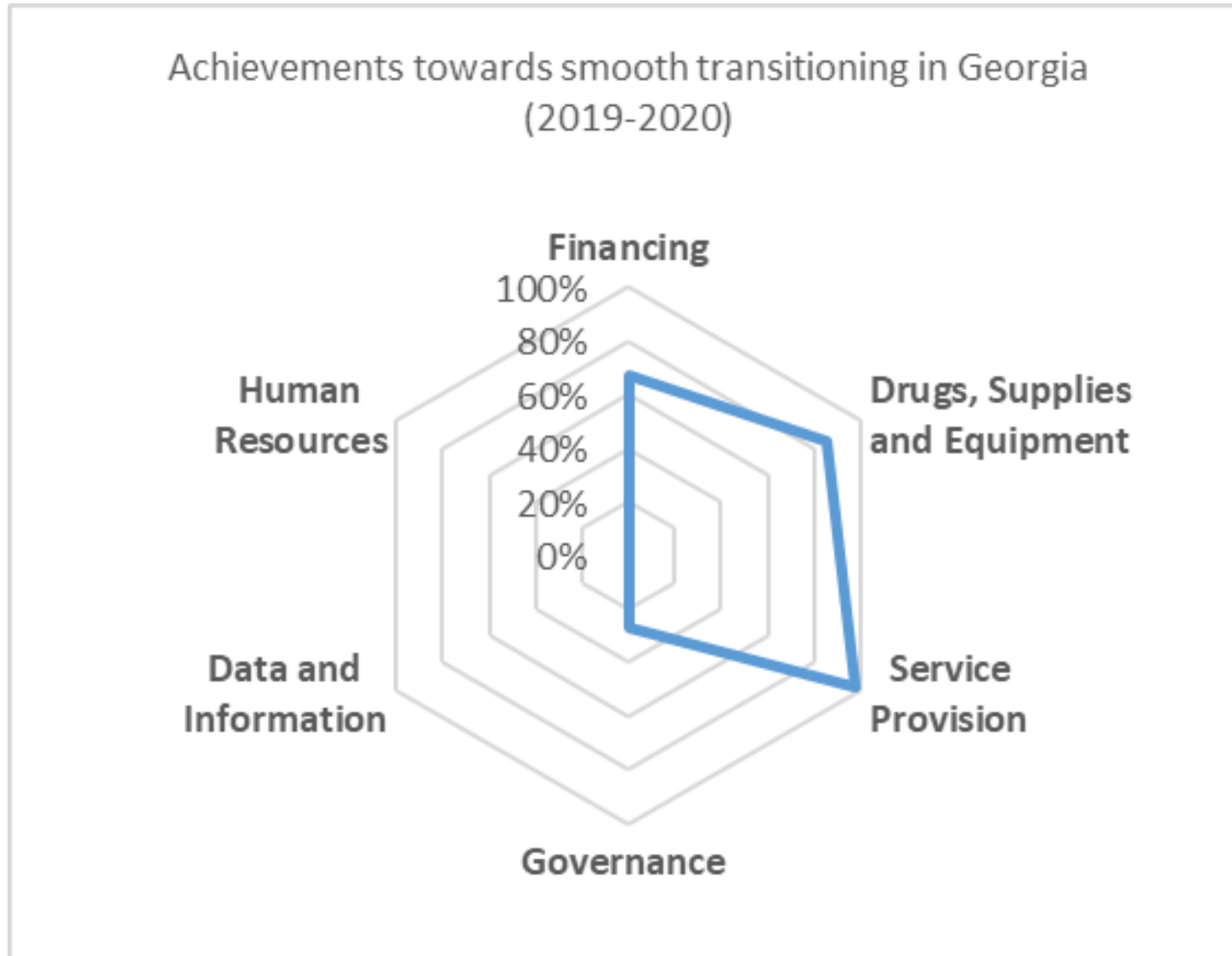
## Findings

Assessment of the fulfillment of State commitments: summary results for all domains

Health Domains	Progress	
Financing	67%	Average progress
Drugs, Supplies and Equipment	85%	Significant progress
Service Provision	98%	Significant progress
Governance	27%	Fairly low progress
Data and Information	0%	Low (no) progress
Human Resources	0%	Low (no) progress



# Visualization of summary results for all 6 health domains



## Transition progress by health system domains within the programmatic area of HIV prevention

Health System Domain	Financing	Governance	Service Provision	Drugs, Supplies and Equipment	Human Resources	Data and Information
HIV_Prev:_MSM	67%	33%	100.5%	80%	0%	N/A
HIV_Prev:_SW	67%	33%	99%	80%	0%	0%
HIV_Prev:_PWID	67%	16.5%	95%	90%	0%	0%

- The majority of transition-related commitments are common and not specific to key population groups.
- In several domains, commitments are not disaggregated by key populations and the scores are identical for all three major groups.
- The data (above) lacks robustness and representativeness.

# Recommendations

- To monitor Government commitments, they should be formally endorsed and legally binding
- The national HIV strategic plan should be periodically reviewed and updated
- Commitments should be well-formulated and targets for commitments should be set
- AIDS spending data should be reviewed and data discrepancies identified and addressed
- Some indicators measuring the Government's commitment should be modified to allow the capturing of genuine information (*i.e., under the Domain - Financing, increasing public financing of the HIV response measured by the percentage share of public funding*)

Questions ?