policy

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HARM REDUCTION FUNDING GAP ASSESSMENT TOOL

User Guide

This publication was prepared by Catherine Barker, Arin Dutta, Nora Kriauzaite, and Dasha Ocheret.

USAID FROM THE AMERICAN PEOPLE
PEPFAR
The Global Fund To Fight AIDS, Tuberculosis and Malaria
EURASIAN HARM REDUCTION NETWORK ЕВРАЗИЙСКАЯ СЕТЬ СНИЖЕНИЯ ВРЕДА
HEALTH POLICY PROJECT

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"Harm Reduction Works—Fund It" is a three-year (2014–2017) regional advocacy program funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria. The program is implemented by the Eurasian Harm Reduction Network and aims to strengthen advocacy by civil society, including people who use drugs, for sufficient, strategic, and sustainable investments in harm reduction as HIV prevention in the region of Eastern Europe and Central Asia (EECA).

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ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
EHRN	Eurasian Harm Reduction Network
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	human immunodeficiency virus
HPP	Health Policy Project
NSP	needle and syringe distribution and/or exchange program
OST	opioid substitution therapy
PWUD	people who use drugs

INTRODUCTION

The USAID-funded Health Policy Project (HPP), in collaboration with the Eurasian Harm Reduction Network (EHRN), developed the harm reduction funding gap assessment tool to estimate the funding gap for harm reduction programs in-country. The funding gap will show the difference in financial resource needs and commitments by year for needle and syringe exchange programs (NSPs) and opioid substitution therapy (OST) programs. The tool was created for use by civil society groups to advocate for increased funding for harm reduction as HIV prevention in Eastern Europe and Central Asia.

The tool is important within the EHRN's implemented regional advocacy program "Harm Reduction Works—Fund It," funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). The program aims at strengthening advocacy by civil society, including people who use drugs, for sufficient, strategic, and sustainable investments in harm reduction as HIV prevention in the region of Eastern Europe and Central Asia. Under this goal, the regional program has defined two objectives to (1) build an enabling environment for sufficient, strategic, and sustainable public and funders' investments in harm reduction and (2) develop the capacity of the community of people who use drugs to advocate for the availability and sustainability of harm reduction services that meet their needs. To implement Objective 1 of the EHRN's regional program, HPP, in collaboration with EHRN, developed financial tools for undertaking harm reduction funding advocacy. This user guide details how to collect, enter, validate, and interpret data for the harm reduction funding gap assessment tool.

Purpose of Assessing the Funding Gap

Conducting a funding gap analysis can reveal which harm reduction services are underfunded in a country and which funders could be targeted for additional financial resource support. Additionally, cross-country comparisons in the funding gap for NSP and OST may reveal the need for increased allocations for harm reduction in certain donor and government budgets.

The harm reduction funding gap assessment tool is part of a suite of Excel-based financial tools to be used for harm reduction advocacy.[1] The suite includes a harm reduction unit costing tool and expenditure tracking tool. Note that results from the unit costing tool are needed to use this funding gap assessment tool.

The gap assessment tool projects the future funding gap based on estimations of the total cost of harm reduction services and future funding commitments from the top funders in-country.

Key Features of the Tool

The tool has standard definitions and descriptions to enable a cross-country comparison but is flexible to allow for different country contexts in which harm reduction services are provided. A key cornerstone of the financial suite of tools is the option for countries to choose which OST and NSP activities provided within OST and NSP package of services are high, medium, and low priority according to the in-country situation. These country-specific classifications are based on consultations with people who use drugs (PWUD) and evidence showing that the activity is effective at reducing HIV and other serious health harms. The tool shows the funding gap for high-, medium-, and low-priority harm reduction activities.

[1] The suite of harm reduction financial tools, which includes an expenditure tracking tool, unit costing tool, and funding gap tool, can be found on EHRN's website: http://www.harm-reduction.org/projects/regional-program-harm-reduction-works-fund-it/act-locally.

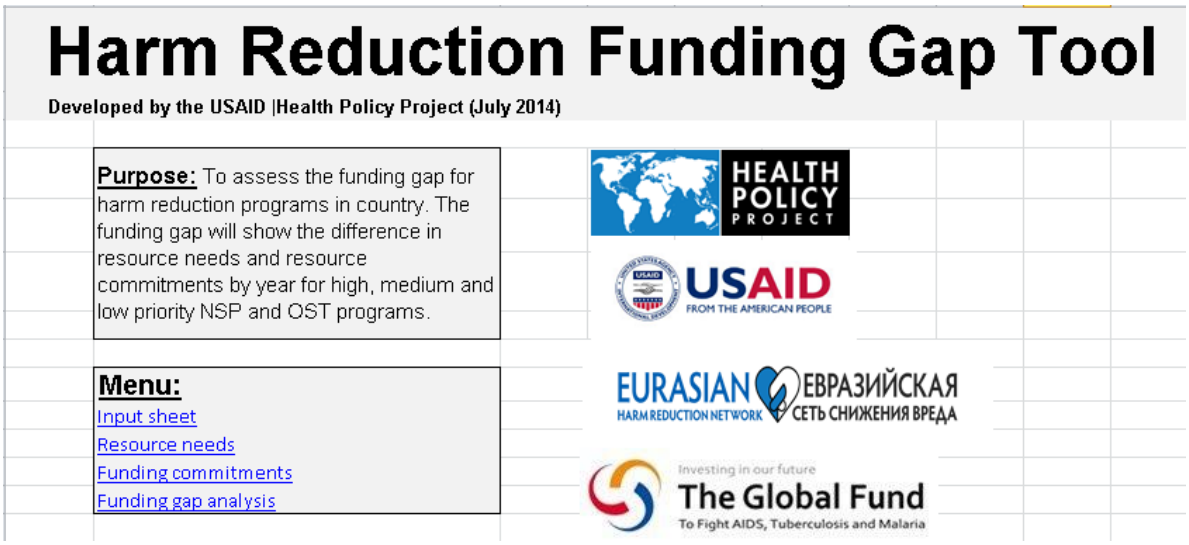
DATA COLLECTION AND ENTRY

This section provides general instructions on data collection and entry, including how to validate the accuracy and quality of the data. All cells with formulas are shaded grey and locked to avoid calculation errors. The subsections are separated by each tab within the tool.

The data entry process is outlined below. Screenshots of the tool are provided to show how data should be filled in. The data shown in the screenshots are dummy data; users should not compare the data to their own.

Step 1: Review the Menu

This sheet includes a clickable menu for users to navigate through different tabs in the tool. The menu also explains the purpose of the tool.



Step 2: Review the Activity Definitions

This sheet does not require any inputs; it is for informational purposes only. It lists the harm reduction activities and their definitions. These definitions cannot be changed.

Definitions of Harm Reduction Activities

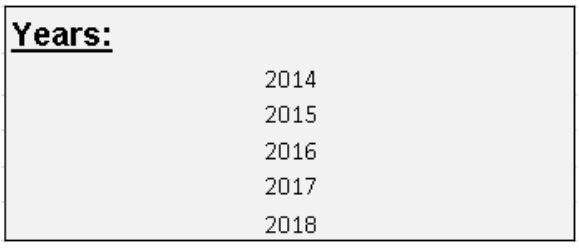
Informational- no input required

NSP		OST	
Activity (Service provided to NSP recipients)	**Definition**	**Activity (Service provided to OST recipients)**	**Definition**
Needle and syringe distribution and/or exchange	Daily distribution and/or exchange of needles, syringes, condoms, informational materials, and other commodities (e.g., swabs, sterile water, disinfectant, etc.) required for comprehensive NSP that supports safe injection practice, as per international guidance and regional best practice.	Provision of methadone or buprenorphine	Daily provision/dispensing of medication (liquid or powdered).
Social work and counseling	Includes counseling for risk reduction and referral to OST or other treatment, social assistance. Does NOT include legal services.	Take-home dosing	When dose of medication for several days is given to patient at one time to reduce need for daily visit, or encourage a patient (contingency management).
HIV test and pre- and post- test counseling	At least once a year test and pre and post test counselling with a trained peron (medical professional or other).	Short-term off-site dosing services	To deliver appropriate dose of medication at home, or at hospital due to health condition of a OST client. For hospital stays, etc.
TB screening and diagnosis	Provision of a TB screening with relevant lab. controlled assessments, including X-ray examinations prescribed and performed by medical doctor for early detection of TB infection and future management. For PLHIV, standard screening should be with GeneXpert rather than clinical screening	Case management	Management of individual cases by social worker, to improve the outcome of a treament, help client into resocialization (help with emplyment, communication skills and other) and imporvement of health condition.
TB DOT	Dispensing TB medication to NSP recipients and other activities to assure TB treatment adherhence	Regular clinical assessments	Performed by doctor to monitor health condition of a patient, sometimes some lab examinations are perscribed as well.
STI diagnosis	This means provision of STI tests with relevant lab. controlled assessments prescribed and performed by infectious diseases specialist. Includes syndromic diagnosis (in use in some countries) and lab-based diagnosis.	HIV test and pre- and post- test counseling	At least once a year test and pre and post test counselling with a trained peron (medical professional or other).

Step 3: Enter Data in the Input Sheet

This tab is essential to complete before entering data into other sheets.

The user must first enter the years of analysis. The first year of analysis should not be in the past. The tool may project the funding gap for up to five years.



Note: All inputs used are hypothetical and for demonstration only. Do not use for analysis.

The user must also enter the currency for analysis. Any currency may be used, but it should be the same throughout the tool. If an exchange rate is used to convert costs or funding information into another currency, enter the exchange rate.

Note: All inputs used are hypothetical and for demonstration only. Do not use for analysis.

The user must enter the top five funders of harm reduction programs in the country. The tool only allows for funding commitment data to be entered for five funders. If the country has fewer than five funders, leave the other cells blank.

Funders:
GFATM
National government

Note: All inputs used are hypothetical and for demonstration only. Do not use for analysis.

Lastly, the user must classify harm reduction activities as high, medium, or low priority using the drop-down menu. The classification of activities needs to match exactly the classification of activities in the harm reduction unit costing tool.

Activity classification	
NSP	**OST**
High priority activities	***High priority activities***
Needle and syringe distribution and/or exchange	Provision of methadone or buprenorphine
STI diagnosis	HIV test and pre- and post- test counseling
HIV test and pre- and post- test counseling	
Medium priority activities	***Medium priority activities***
Group sessions and support groups	Social work and counselling
Low priority activities	***Low priority activities***
Gender-sensitive services for women	Gender-sensitive services for women

Note: All inputs used are hypothetical and for demonstration only. Do not use for analysis.

Step 4: Estimate the Resource Needs

Key Definitions

NSP client—A person who received the NSP minimum standard package of services once a month in the last 12 months. The minimum standard package can vary by country.

OST patient—A person who receives OST at a specified date. Basic OST may include a baseline assessment done by a doctor and/or nurse, including tests regulated by country-specific medical protocols, and the receipt of at least one dose of medication.

This sheet estimates the total cost of providing NSP and OST programs in-country for each year of analysis. The results of the harm reduction unit costing tool must be used as part of the calculations to complete this sheet. The results are found on the tab titled “overall unit costs” of the unit costing tool.

The unit costing tool shows the cost of providing NSP or OST per client per year. This cost is divided by high-, medium-, and low-priority activities. To estimate the total cost per year by package of services (i.e., high, medium, and low priority), the user must multiply the unit cost for high-, medium-, and low-priority activities by the number of clients reached per year for high-, medium-, and low-priority activities. For instance, if the average unit cost of providing high-priority activities is $50 in a country according to the unit costing tool results and there are 1,000 NSP recipients per year in the country, the total cost for high-priority activities would be $50,000, as all NSP recipients should receive the high-priority activities.

If a country has multiple unit costs as a result of running different cost scenarios, the user can save multiple versions of the funding gap assessment tool and use different unit costs to estimate the total projected cost of harm reduction services. For instance, countries can cost the packages of services currently offered in-country or the recommended package of services, which includes activities not currently provided. In these cases, a country may decide to have two versions of the funding gap assessment tool.

The total number of NSP and OST clients reached per year should be based on pre-set definitions of a client. Annual numbers of clients reached should be based on national targets, which likely scale up the number of clients reached each year. The user may estimate the number of clients reached per year by multiplying the estimated number of PWUD living in the entire country by the percentage of PWUD reached in a year. For instance, there could be 100,000 PWUD living in the country, in which 25 percent received NSP services in 2013. If the national goal is to reach 60 percent of PWUD by 2018, the user of this tool could assume that an additional 7 percent of PWUD will be reached each year, meaning that 32 percent would be reached in 2014, 39 percent would be reached in 2015, and so on. The number of people reached through NSP services in 2014 would then be 32 percent multiplied by 100,000 people, which is 32,000 people.

The number of clients who receive high-priority activities should equal the total number of clients reached. However, assumptions will have to be made about the percentage of clients who receive medium- and low-priority activities. If just 5 percent of clients are to receive low-priority activities each year, then 5 percent will be multiplied by the total number of clients reached per year to yield the estimated number of clients who receive low-priority activities each year.

Harm reduction interventions	Total cost per year				
	2014	2015	2016	2017	2018
NSP					
High priority activities	=350*4000	1,540,000	1,694,000	1,863,400	2,049,600
Medium priority activities	1,050,000	1,155,000	1,270,500	1,397,550	1,537,200
Low priority activities	700,000	770,000	847,000	931,700	1,024,800
Total resource need for NSP	***3,150,000***	***3,465,000***	***3,811,500***	***4,192,650***	***4,611,600***
OST					
High priority activities	3,500,000	3,850,000	4,235,000	4,658,500	5,124,350
Medium priority activities	3,250,000	3,575,000	3,932,500	4,326,000	4,758,500
Low priority activities	3,000,000	3,300,000	3,630,000	3,993,000	4,392,500
Total resource need for OST	***9,750,000***	***10,725,000***	***11,797,500***	***12,977,500***	***14,275,350***
GRAND TOTAL	12,900,000	14,190,000	15,609,000	17,170,150	18,886,950

Note: All data used are hypothetical and for demonstration only. Do not use for analysis.

Step 5: Enter the Funding Commitments

This sheet is for estimating the total funding committed for OST and NSP in-country for each year of analysis. Data must be collected from the budgets of the top five funders of harm reduction programs in the country and disaggregated by activity. Although funders may not have funding commitment

information for each activity or for all the years chosen for analysis, the user can work with the funder to estimate funding for each activity and future funding scenarios.

To complete the funding commitment template, the user should meet with the funders to understand their budget allocations for harm reduction. The ideal data source is a budget or funding plan, but information communicated verbally can also be used. Before using estimated funding commitments based on conversations with funders, the user must consult with relevant stakeholders to confirm that the assumptions for future funding seem reasonable and accurate.

When reviewing actual budget plans, it is important to match budget line items to specific activities and ensure that the funding commitment data are comparable to the cost data. Funding information should exclude costs that are not accounted for in the unit costing tool. For instance, overhead costs of service delivery organizations should not be entered into this tool.

If a budget line item is used to fund multiple activities, the user must discuss with the funder how to divide this allocation across the activities. For instance, if there is a line item to support the training of staff who provide several harm reduction services, it may be best to divide the total funding for training by the number of activities supported by the training.

It is likely that the funder does not have budgets for all five years of analysis. In these instances, the user should work with the funder and other stakeholders to estimate future funding levels. Funding can stay constant or be adjusted up or down based on a certain percentage agreed to by the funder and stakeholders. For example, funding can be predicted based on historical trends in changes to funding commitments or disbursements. Additionally, the user can calculate the funding gap for less than five years if there is a lack of data or no need to project funding levels beyond a few years.

The tool automatically calculates the total funding by funder and activity per year based on the inputs.

Harm reduction interventions	2014		
	GFATM	National government	*ALL FUNDERS*
NSP			
High priority activities			
Needle and syringe distribution and/or exchange	$ 500,000	$ 45,000	$ 545,000
STI diagnosis	$ -	$ 98,000	$ 98,000
HIV test and pre- and post- test counseling	$ 750,000	$ 200,000	$ 950,000
Medium priority activities			
Group sessions and support groups	$ -	$ 600,000	$ 600,000
Low priority activities			
Gender-sensitive services for women	$ 350,000	$ -	$ 350,000

Note: All data used are hypothetical and for demonstration only. Do not use for analysis.

Step 6: View the Funding Gap Results

The final sheet automatically calculates the funding gap by year for high-, medium-, and low-priority OST and NSP activities based on the inputs from the previous sheets. For instance, the resource needs per year are calculated using the information from the "resource commitments" tab and the resources available come from the "funding commitments" tab. The funding gap is shown by year, program (NSP or OST), and type of activity (high, medium, or low priority). When there is a funding gap, meaning the

financial resources available do not meet the projected cost of OST and NSP programs, the gap is shown in red.

Harm reduction interventions	2014		
	Resources needed	Resources committed	Funding gap
NSP			
High priority activities	$ 1,400,000	$ 1,593,000	$ 193,000
Medium priority activities	$ 1,050,000	$ 600,000	$ (450,000)
Low priority activities	$ 700,000	$ 350,000	$ (350,000)
Total funding gap for NSP	***$ 3,150,000***	***$ 2,543,000***	***$ (607,000)***

Note: All data used are hypothetical and for demonstration only. Do not use for analysis.

Step 7: Interpret the Results

The results of the funding gap assessment tool should be interpreted with caution. The tool only accounts for the top five funders in a country. If a country has many funders for harm reduction, the funding commitments will likely be a significant underestimate of actual funding levels in the country. As a result, the funding gap may not be as large as the tool projects.

Also, the financial resource needs and funding commitments are estimates. The user may want to run various scenarios taking into account different assumptions. For example, the user may want to assume that funding committed by the government will increase in proportion to an increase in overall health spending and then enter these amounts into the “funding commitments” tab. Additionally, countries may choose to depict a scenario with significantly scaled down funding from the Global Fund, as countries shift income classification levels. Different scenarios for unit cost can also be used based on whether the country ran multiple scenarios in the unit costing tool based on costing the current package of services or the improved package of services in the country. For each scenario, the user can save a different version of the tool and use the results to show the estimated range in the funding gap for harm reduction.

USING THE RESULTS FOR ADVOCACY

The results of the tool can be used to advocate for resource mobilization for NSP and OST programs. Countries will be able to clearly show the gap in funding for providing specific packages of services and argue for where additional funding is needed. Even if there is a small overall funding gap, there may be some particular sets of services that are significantly underfunded in a country, and these services may be classified as high priority due to their importance to the PWUD community and/or effectiveness at reducing serious health harms.

The results can be used to increase funding commitments from particular funders as well. By having to enter funding commitments by donor, the tool will show which funders are contributing the most to harm reduction programs. Comparing the results of the funding gap across countries may reveal that some national governments are meeting more of the financial needs than others, which could be used to advocate for increased funding from governments in the region.

GLOSSARY

Fiscal year: A year as reckoned for taxing or accounting purposes. A fiscal year may or may not align with the calendar year.

Funder: An individual or organization financing a part or all of a project's cost as a grant, investment, or loan.

Funding gap: The difference in resources available or resource commitments and the cost to provide harm reduction services in-country.

Harm reduction activity: A service provided to clients of a needle and syringe distribution and/or exchange program (NSP) and opioid substitution therapy (OST), including but not limited to needle and syringe distribution and/or exchange, provision of methadone or buprenorphine, overdose prevention with naloxone, STI diagnosis, HIV testing and counseling, social work and counseling, and medical consultation.

High-priority activity: A service without which a harm reduction program cannot effectively prevent HIV or other serious health harms. Needle and syringe distribution and exchange and provision of methadone or buprenorphine must be classified as high priority activities, regardless of specific country or local context. A full list of high-, medium-, and low-priority activities for the country and local context should be defined in close cooperation with and through extensive consultations with community groups of people who use drugs (PWUD). It is strongly recommended to use the Service Monitoring Group[2] methodology to organize the consultation process with the community.

Low-priority activity: A service that is beneficial to NSP or OST clients and may improve a harm reduction program's ability to attract or retain clients but does not directly aid in the prevention of HIV or other serious health harms. A full list of high-, medium-, and low-priority activities for the country and local context should be defined in close cooperation with and through extensive consultations with PWUD community groups. It is strongly recommended to use the Service Monitoring Group methodology to organize the consultation process with the community.

Medium-priority activity: A service that significantly improves a harm reduction program's ability to prevent HIV or other serious health harms, but if absent, the program can still run. A full list of high-, medium-, and low-priority activities for the country and local context should be defined in close cooperation with and through extensive consultations with PWUD community groups. It is strongly recommended to use the Service Monitoring Group methodology to organize the consultation process with the community.

NSP client: A person who received the NSP minimum standard package of services once a month in the last 12 months. The minimum standard package can vary by country; however, it should at least include the distribution of needles and syringes, condoms, and informational materials and a consultation with an outreach worker.

[2] The Service Monitoring Group is a technical working group under EHRN's Global Fund-supported regional advocacy program "Harm Reduction Works—Fund It!" This group is conducting a survey of PWUD to incorporate PWUD's opinions on harm reduction programming and policy in countries.

OST patient: A person who receives OST at a specified date. Basic OST may include a baseline assessment done by a doctor and/or nurse, including tests regulated by country-specific medical protocols, and the receipt of at least one dose of medication.

For more information, contact:

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