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Transitioning from health aid:
a scoping review of transition readiness
assessment tools

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● ACRONYMS

CPIA............... Country Policy and Institutional Assessment
CBO................ Community-based organization
CCM............... Country Coordinating Mechanism
CDC............... Centers for Disease Control and Prevention
CSO................ Civil society organization
COP................ Country operational plan
DFID............... Department for International Development
DFAT.............. Department of Foreign Affairs and Trade
DR-TB .... Drug-resistant tuberculosis
EHRN .... Eurasian Harm Reduction Network
GF .... The Global Fund to Fight AIDS, Tuberculosis and Malaria
GFT* .... Guidance for analysis of country readiness for Global Fund transition (ACESO Global)
KP .... Key populations
HPP................ Health Policy Project
ICASO .... International Council of AIDS Service Organizations
IOM .... International Organization for Migration
LTS .... Long-term strategy
M&E .... Monitoring and evaluation
MDR-TB......... Multi-drug resistant tuberculosis
MIC................ Middle income country
NCPI............... National Commitments and Policies Instrument
NGO............... Non-governmental organization
PEPFAR.......... President's Emergency Plan for AIDS Relief
PFC* .... Diagnostic Tool on Public Financing of CSOs for Health Service Delivery (APMG Health)
RA* .... Readiness assessment: moving towards a country-led and country-financed HIV response for key populations (Health Policy Project)
SID* .... Sustainability Index and Dashboard (PEPFAR)
TA .... Technical assistance
TB .... Tuberculosis
TC.................. Technical collaboration
TPHIV* .... Checklist for transition planning of national HIV responses (World Bank)
TRA................ Transition readiness assessment tool
TRA-M* .... Transition Readiness Assessment Tool—Assessing the sustainability of harm reduction services through and beyond the transition period from Global Fund support to domestic funding (UCSF)
TRAT*............ Transition Readiness Assessment for Malaria (Eurasian Harm Reduction Network)
TRS* .... The road to sustainability: Transition preparedness assessment (Curatio International)
UNAIDS .... The Joint United Nations Programme on HIV/AIDS
UNDP............. United Nations Development Programme
UNHCR .... United Nations Refugee Agency
UNFPA........... United Nations Population Fund
UNODC.......... United Nations Office on Drugs and Crime
USAID .... United States Agency for International Development

*Denotes the acronym used throughout this paper for a specific transition tool

EXECUTIVE SUMMARY

Many countries are now transitioning away from donor aid for health as they move from low- to middle-income status and see improved health outcomes. To promote better planning and preparedness for transition, many transition readiness assessment tools (TRAs) have been developed in recent years. The goal of this study was to identify and review existing TRAs to better understand the current landscape of how such tools are being used and the potential gaps among the currently available tools.

In total, we identified eight TRAs, all of which were published after 2015 (Table ES1). Specifically, we find:

- All identified TRAs focus on just three diseases: HIV, tuberculosis (TB), and malaria.
- The United States Agency for International Development (USAID), The President's Emergency Plan for AIDS Relief (PEPFAR), and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) are the primary developers and funders of TRAs.
- TRAs have a range of purposes, but the primary purpose for most TRAs is assisting countries in their transition planning. However, some TRAs have little publicly available information or guidance on how the tool should be used.
- In-country stakeholders are mentioned as target stakeholders and beneficiaries of the TRAs. However, the TRAs often have little or no information on the specific stakeholders required for conducting the assessment and their suggested roles.
- A wide variety of indicators are used by different TRAs to assess a country's readiness to transition away from health aid, with health financing and service delivery being the primary areas of focus.
- TRAs use quantitative or qualitative data, or a combination of both, as data inputs.
- The tool outputs are either scoring systems for each indicator or descriptive summaries.
- Some TRAs were developed and refined using country pilots but there is limited information on how these tools have been applied in countries once launched.

There are several key limitations among existing tools. There are also many areas of overlap between tools, as well as clear gaps among the current tools available. For example, limited consideration has been given to emerging challenges for transitioning countries, such as demographic and disease transitions (e.g., aging populations and a shift in the burden of disease from infections to non-communicable diseases). Many critical health interventions, including vaccines and maternal and child health services, are ignored by current TRAs. Donors are the financial and technical "drivers" of all the TRAs, and so these tools are not being shaped by transitioning countries themselves. Therefore, it is difficult to determine whether or not the TRAs as designed will address the most critical needs of transitioning countries. Additionally, the role that in-country stakeholders are expected to play in the assessment process is not clearly defined and the methodologies of TRAs are not publicly available, thereby potentially limiting their usefulness to users.

Moving forward, there are clear opportunities for improvement among existing TRAs and/or room to develop new tools that address some of the critical gaps in the existing architecture. In the future development of TRAs, coordination is needed to prevent overlap, build upon existing TRAs, and address gaps in transition planning. It is critical to understand countries' needs and demands in the design of a TRA. More consideration should be given to how to make the TRA results more applicable for countries in

transition planning. A tool that addresses countries' demands and needs in transition management and encourages collaborations across in-country stakeholders would have many benefits, including "buy-in" from in-country stakeholders on the results from a TRA. If certain gaps or opportunities have been identified while using TRAs, ideally, transition policies or initiatives should incorporate these findings into their transition planning. A platform for lessons learned across countries that have conducted TRAs could be developed for knowledge sharing and best practices to address emerging challenges from transition.

Table ES1. Basic description of TRAs included in our analysis

#	TRA	Running title	Publication year*	Developer	Funder	Disease focus
1	PEPFAR Sustainability Index and Dashboard	SID	2017	PEPFAR	PEPFAR	HIV
2	Readiness assessment—moving towards a country-led and country-financed HIV response for key populations	RA	2015	Health Policy Project (HPP)	USAID and PEPFAR	HIV in key populations
3	Diagnostic Tool on Public Financing of CSOs for Health Service Delivery (PFC)	PFC	2017	APMG Health	Global Fund	HIV, TB, and malaria
4	Guidance for analysis of country readiness for Global Fund transition	GFT	2017	Aceso Global and APMG Health	Global Fund	HIV, TB, malaria
5	Transition preparedness assessment: The road to sustainability	TRS	2016	Curatio International Foundation	Global Fund	HIV, TB
6	Checklist for transition planning of national HIV responses	TPHIV	2018	World Bank	World Bank	HIV
7	Transition Readiness Assessment Tool —Assessing the sustainability of harm reduction services through and beyond the transition period from Global Fund support to domestic funding	TRAT	2016	Eurasian Harm Reduction Network	International Council of AIDS Service Organizations and the Open Society Foundation	HIV, TB
8	Transition Readiness Assessment for Malaria	TRA-M	2018	Malaria Elimination Initiative and Evidence to Policy Initiative, UCSF	Global Fund and the Gates Foundation	Malaria

*Publication year indicates the year the most recent version of the tool was released.

❶ INTRODUCTION

As countries develop economically and see improved health outcomes, they are likely to transition away from reliance on external sources of funding for their health sectors. Transitioning away from external aid may present challenges as countries take on more financial and programmatic responsibility for their domestic health programs.[1] Transitions are a complex process that have the potential to see backsliding, such as disease resurgence, if they are not well managed.[2]

Policies and approaches for guiding transition vary widely across donors.[3] In recent years, several major health donors, such as Gavi, the Vaccine Alliance (Gavi) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), have developed clear transition policies for when countries will no longer be eligible to receive their support. Other donors use more ad hoc approaches to guide transition decision-making.[3] Although donors often determine when aid will end, the transition can also be country-driven (e.g., the "Ghana Beyond Aid" plan).

Various transition readiness assessment tools (TRAs) have been developed in recent years to help support sustainable transition to domestically funded health systems. These tools aim to assess the sustainability of previously or currently donor-funded programs and support the transition planning process by providing a framework for country assessment. Such tools can be used to determine:

- whether a country is ready to transition;
- how transition may affect various aspects of the health, economic, and political system of the country;
- where donor funds may need to be spent to bring a country closer to being transition-ready; and
- if the country can be self-reliant or sustainably develop after transition from donor aid.

This study aimed to identify existing TRAs, as well as their benefits and limitations, and gain a better understanding of the current landscape of such tools. Based on our findings, we provide recommendations on how to further develop existing TRAs to guide transition planning and support the sustainability of health programs and systems in countries transitioning away from external reliance.
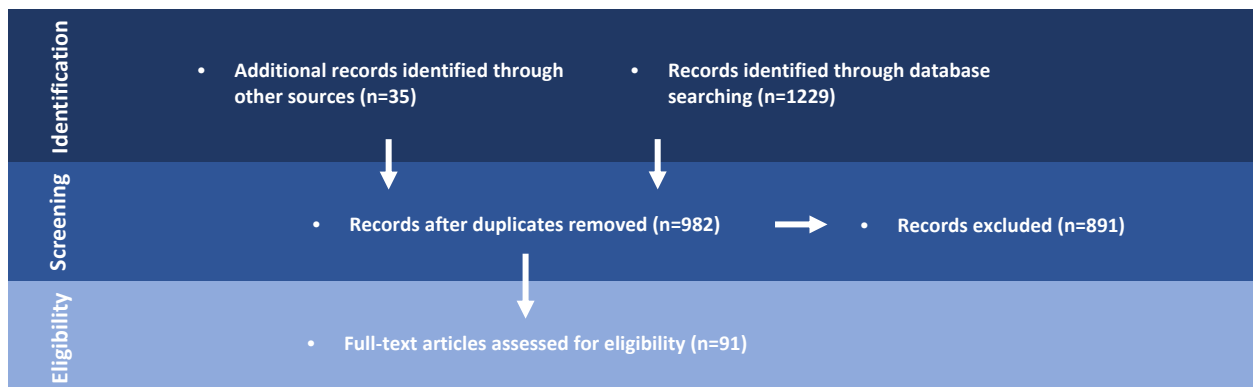
❷ METHODS

Search strategy

To review the current landscape of TRAs, we first conducted a scoping review of academic and grey literature using Boolean search terms. Three researchers developed a literature search strategy (Appendix 1) in consultation with a Duke University librarian with expertise in conducting scoping reviews. We applied this strategy across seven databases: EMBASE, Scopus, Global Health, PAIS (Public Affairs Information Service) Index, Political Science Complete, Web of Science, and PubMed. We also conducted a Google search (using the search terms shown in Appendix 1) and reviewed the websites of major global health donors for relevant grey literature.

In total, we identified 1,229 articles across the databases and 35 articles from websites. After removal of duplicates, 982 articles remained. Abstracts were reviewed for relevance and 891 articles were excluded. A total of 91 articles were fully assessed (Figure 1). After assessing these 91 articles, eight TRAs were identified for inclusion in this study.

Figure 1. PRISMA chart

Identification	• Additional records identified through other sources (n=35)	• Records identified through database searching (n=1229)
Screening	• Records after duplicates removed (n=982)	• Records excluded (n=891)
Eligibility	• Full-text articles assessed for eligibility (n=91)	

Eligibility

We define TRAs as tools that assess preparedness or readiness for transitioning towards sustainable and domestically-financed health systems. We had several inclusion criteria. First, all included tools had to be publicly available for primary review. Second, tools had to be health-centric, although this could be at the program (e.g., HIV) or system level. Third, tools must have been presented in the format of a framework, checklist, or guide. We included TRAs that presented results of an assessment only when the underlying assessment criteria were readily available (e.g., PEPFAR SID).

If any tools were not publicly available for primary document review, we excluded them. For example, through our literature review, we discovered that Gavi conducts some transition risk assessments. However, we were unable to identify any public-facing, uniform framework used by Gavi countries and therefore, we excluded these Gavi assessments from our analysis. Additionally, we did not include papers that presented findings on transition implications and risks but did not provide any guidance on how to conduct such an analysis.

We use the term TRAs throughout this working paper when referring to those tools that fit our definition.

Analysis

Our review of TRAs followed two steps: we summarized the features of each TRA, and then we conducted a cross-cutting analysis among all TRAs.

For the first step, we performed a directed content analysis. We began our review by focusing on three basic parts of the reports on TRAs: background, methods, and findings. When additional themes emerged from reviewing TRA reports, we added them into our framework. Ultimately, our review examined the following features of each TRA: background, focus area(s), purpose, stakeholders, accessibility, structure, data collection and analysis, and application. Details of the framework we ultimately used can be found in Appendix 2. Based on our framework, we extracted information from each TRA. A summary of each tool assessed is available in Appendix 2.

The second step was to compare the similarities and differences between existing TRAs, so as to identify overlaps and gaps in the TRA landscape. We also used our framework to guide our comparison. Some aspects of our framework are interrelated, and therefore we present findings from different components of our framework when they are associated with each other. For example, we present the funder, developer and focus areas (disease) for each TRA to illustrate the connections between how the focus of the TRA is highly dependent on the funder and/or developer of the tool. Therefore, we present these jointly in the comparison section.

❸ RESULTS

In total, we identified eight TRAs for inclusion. Although all of the identified TRAs aim to provide support for sustainable transition, there are both similarities and substantial differences between the eight TRAs. Our review led to six key findings.

1. There is an emerging demand for TRAs, although current TRAs are focused on just three diseases.

All eight TRAs identified in this analysis were published after 2015, suggesting that there is an emerging demand for TRAs to support the transition process. Current TRAs are primarily funded by a small group of donors and focus on only three diseases: HIV, TB, and malaria (Figure 2). USAID, PEPFAR, and the Global Fund cumulatively funded six TRAs. Several other funders contributed to the remaining three. Notably, six TRAs were developed by commissioned third parties.

Among the eight TRAs, all target sustainable transition for HIV, TB, and/or malaria, three diseases that are heavily supported by donors. The three diseases covered by existing TRAs are also consistent with the priority areas of the main TRA funders. Although most TRAs are program-based assessments of the three diseases (e.g., HIV programs), there are three intervention-based TRAs (e.g., harm-reduction services.) Specifically, one TRA, #4 in Table ES1, targets service delivery for HIV, TB, and malaria. Two TRAs, #2 and #7 in Table ES1, target key populations.

Figure 2. Funders, developers, and diseases targeted by TRAs
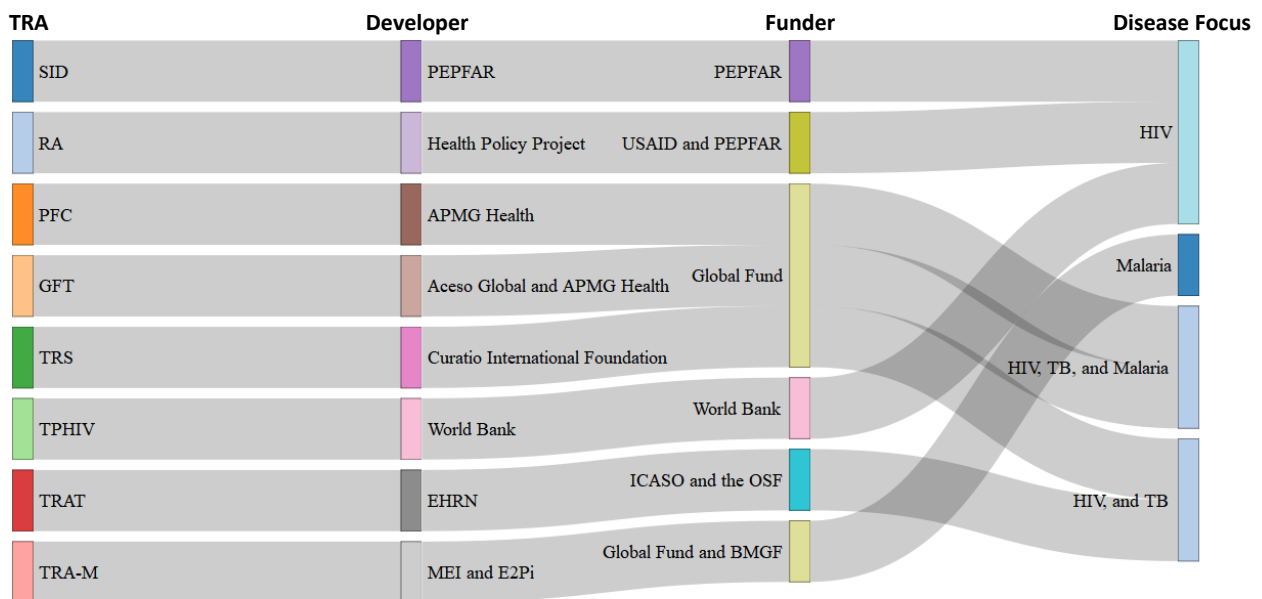
2. The primary purpose of most TRAs is assisting countries' transition planning. However, some TRAs do not have a publicly available user manual or clear guidance on how to effectively use the tool, which could be a potential barrier for countries in using the TRA.

Most TRAs are designed to help transitioning countries prepare for maintaining sustainable health systems, i.e., the target users are the countries themselves. Some TRAs, such as the PEPFAR Sustainability Index and Dashboard (#1 in Table ES1), are also used to inform a donor's funding priorities or future plans.

TRAs take different approaches to inform a country's transition planning process. Some TRAs, such as #4, #6, #7, and #8 in Table ES1, identify bottlenecks, risks, and challenges of transition. Other TRAs, such as #3 and #6, seek opportunities to overcome challenges, such as identifying the sources of funding that can be mobilized to fill the gap left by donor transition.

Although most TRAs aim to support a country's transition planning, TRAs varied in terms of their accessibility. For example, we found that although most TRAs published clear manuals and guidance for use, not all TRAs did (e.g., #5 and #6 did not).

3. While in-country stakeholders are mentioned as target stakeholders and beneficiaries of the TRAs, the TRAs often have little or no information on the specific stakeholders required for the assessment and their suggested roles.

Half of the TRAs note that donors (especially those who developed the tools), as well as national governments and domestic organizations, are the key stakeholders that are expected to engage with the assessment process. However, most TRAs do not expand upon the level of engagement expected for each stakeholder type, such as who should perform the assessment, assist in the data collection and analysis, or use the results of assessment. Vague language on target users, such as "countries" or "officials," is often used.

4. A wide variety of indicators and measurements are used by TRAs, with health financing and service delivery being the primary areas of focus.

To compare how the eight TRAs are structured, we divided the different indicators and measurements used by TRAs to conduct the transition readiness assessment into two groups:

1) health systems factors (defined by the six WHO health system building blocks),[4] and
2) external factors (e.g., factors influencing transition that are outside the health sector).

All eight of the TRAs identified in our study include health systems factors in their transition readiness assessment (Figure 3). All eight have health financing in their assessment, indicating the fundamental concern about financing during transition. Service delivery is another key area of focus across the TRAs: seven out of eight health TRAs included it in their assessment. Leadership/governance, health information systems, and health workforce were also captured in half of the TRAs. However, health products were less frequently included: only three TRAs mentioned this building block.

External factors beyond the health sector are also commonly included in TRAs: seven out of the eight TRAs covered at least one or more factors beyond the health sector. TRAs most commonly included indicators or information related to CSOs, monitoring and evaluation, planning, and policy/legal environments.

Figure 3. Number of TRAs used to assess transition readiness by indicator and measurement
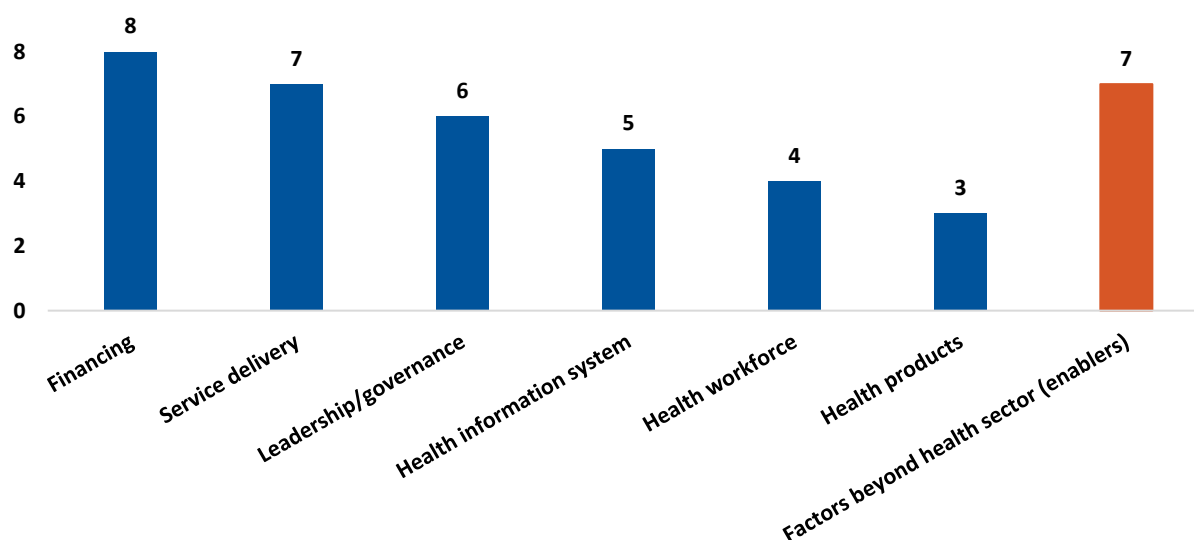
5. **TRAs use quantitative or qualitative data, or a combination, as data inputs. The tool outputs are either scoring systems for each indicator or descriptive summaries.**

To assess transition readiness, TRAs collect qualitative data, quantitative data, or a combination of both. Table 1 summarizes the types of data collected for each TRA. One TRA collected quantitative data alone, four collected qualitative information, and the remaining four collected both qualitative and quantitative information. Developers of four TRAs (#4, #5, #7, #8) conducted pilots to revise the design of the tool.

The tools also use a variety of methods to portray the resulting outputs of the assessment process:

- two TRAs present their findings in a narrative form via descriptive summary reports, where they describe the major challenges in transition (#2, #4);
- two TRAs use a scoring system to present their findings (#1 and #6); and
- the remaining four TRAs have not described how results should be presented.

Table 1. Types of data collected for TRAs and the outputs of these tools

TRA	Data input	Output
1. SID	Quantitative	Scoring system for each dimension
2. RA	Qualitative	Descriptive summary reports
3. PFC	Qualitative	Descriptive summary reports
4. GFT	Qualitative	Not Available
5. TRS	Both	Scoring system for each dimension and total score
6. TPHIV	Both	Not available
7. TRAT	Both	Not available
8. TRA-M	Both	Not available

6. There is limited information on how these tools have been used in practice to guide country readiness assessments and transition planning.

While we identified eight tools that have the potential to be used for conducting assessments or guiding transitions, not all tools have actually been used in practice. In general, there are three different scenarios for tools:

1) developed but not used for assessment or to guide transition,
2) developed, used for assessment but not yet used to guide a transition, and
3) developed, used for assessment, and used to guide transition.

We identified TRA reports for half of the TRAs included, implying that these tools have indeed been used for assessments. However, we found no evidence that the results of these assessments were used to guide a country's transition planning process.

4 DISCUSSION

To our knowledge, this is the first scoping review of health-focused TRAs. We identified eight TRAs, all published after 2015, suggesting an emerging demand for such planning tools. USAID, PEPFAR, and the Global Fund are the major developers and funders of TRAs, which are currently concentrated on three diseases: HIV, TB and malaria. Most tools are to be used in countries that are transitioning or will transition away from aid, yet few tool developers have specifically described the target users of the tool, audience for the results, or the roles country stakeholders are expected to play in the assessment process. TRAs have used a variety of data collection methods, analytical approaches, and indicators. Among assessed indicators, health financing and service delivery are the primary areas of focus. Some TRAs were developed and refined using country pilots.

TRAs have added value to transition planning and preparedness for countries in a number of ways. Below, we outline five strengths of current TRAs.

- **Current TRAs focus on three high burden diseases that continue to threaten global health progress: HIV/AIDS, TB, and malaria.**[31,32] The focus on these three infectious diseases also aligns with the priorities of the key funders of the TRAs: USAID, PEPFAR and the Global Fund.
- **Although TRAs have a range of purposes and are primarily donor-driven, most are intended to be used by countries for improved transition planning.** In many of the TRA reports, participation of in-country stakeholders is specifically mentioned.
- **TRAs address multi-sectoral factors in the indicators they measure.** All six components of the health system have been measured by one or more TRAs. Additionally, most TRAs measure factors beyond the health sector, such as policy/legal environments, monitoring and evaluation, and CSO contracting capacity.
- **TRAs use various approaches to collect and analyze data inputs, ensuring that assessments are not one-size-fits-all.** While quantitative data has the advantage and potential to be compared or tracked for different years and among different countries, qualitative information can be used to identify gaps/barriers that are not clearly measured by quantitative data. The diverse approaches used by TRAs enable countries to choose TRAs based on the availability and quality of data in their countries.
- **Developers of some TRAs have used country pilots to revise their design.** Although transition is a relatively new phenomenon, developers of several TRAs have already tested their approach in countries as pilots, using the feedback from pilots to improve their design.

Nevertheless, there are also five key limitations of existing tools:

- **There is much overlap between tools, and there are clear gaps in the current tools available.** All eight TRAs focus on the same three diseases. Current tools do not help countries transition from external funding for any other disease control programs (e.g., vaccination and maternal and child health programs) or for broader health systems strengthening.
- **TRAs do not consider the emerging challenges faced by transitioning countries.** TRAs have not considered challenges such as demographic changes (e.g., aging of populations and a bulge in the adolescent band of the population pyramid), epidemiological transition, or multiple donor transitions.
- **Donors are the financial and technical "drivers" of all TRAs.** All existing TRAs were either developed or commissioned by donor organizations. Even though TRAs aim to assist recipient countries, countries' demand for TRAs is unclear. If countries' voices are not reflected in the need

for the development of a TRA, it is hard to conclude whether or not the TRAs as designed will address the country's most critical needs in transition planning.

- **Even though most of the TRAs were intended to be used by in-country stakeholders, the role of in-country stakeholders is not clearly defined.** Most TRA documents state that in-country stakeholder engagement is encouraged, yet provide limited information on which stakeholders are required for the assessment and their suggested roles.

- **Many TRAs have not made their manuals or guidelines publicly available, thereby potentially limiting their usefulness to users.** Even for TRAs that have published their manuals or guidelines, the description of methods typically lacks clarity and details. This missing information could be a barrier for countries in using the TRA to conduct a transition readiness assessment. The problem is particularly acute for TRAs that use a scoring system as their output. For the same reason, we believe it is hard for potential users (e.g., country stakeholders) to follow the published TRA reports and conduct the assessment without seeking help from the TRA developer.

❺ CONCLUSION AND IMPLICATIONS

Moving forward, there are clear opportunities for improvement among existing TRAs and/or room to develop new tools that address some of the critical gaps in the existing architecture. In the future development of TRAs, coordination is needed to prevent overlap, build upon existing TRAs, and address gaps in transition planning. It is critical to understand countries' needs and demands in the design of a TRA: TRAs should ensure that country concerns in managing transition are reflected in the design of the tools. Country participation in the transition readiness assessment is critical because country stakeholders are the main implementer of the transition process, and they undoubtedly have more knowledge and context on their country than donors. More consideration should be given to how to make the TRA results more applicable for countries in transition planning. A tool that addresses countries' demands and needs in transition management and encourages collaborations across in-country stakeholders would have many benefits, including "buy-in" from in-country stakeholders on the results from TRA. If certain gaps or opportunities have been identified in using TRAs for transition readiness assessment, ideally, policies or initiatives should follow to address the concerns or harness the opportunities in transition planning. A platform for lessons learned across countries that have conducted TRAs could be developed for knowledge sharing and best practices to address the emerging challenges from transition.

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● APPENDIX 1. SEARCH STRATEGY

Term Number	Search details
Term1	Map OR Framework OR Tool OR Guide OR Manual OR Assess* OR Checklist OR Evaluat*
Term2	Prepared* OR Monitor* OR Readin* OR Sustain*
Term3	Transit* OR Graduat* OR Self-reliant OR Donor exit OR Phase-out OR Phase-down OR Sunset OR Shift OR Co-financ* OR Country owner*
Term4	donor or development partner or official assistance or ODA or DAH or aid or development assistance or aid for health or official development assistance or
Term5	health

Table 2. Overview of analytic framework

Theme	Explanation of what is captured
Background	The impetus for the TRA, TRA funder and developer, definition of transition and other basic contextual information such as the publication date
Focus areas	The diseases/programs/interventions/populations that are targeted in the TRA
Purpose	Intended function/stated purpose of the tool
Stakeholders	All stakeholders mentioned by the tool that will either contribute to or use the tool
Accessibility	Publicly available information on the TRA
Structure	Elaborates on how the tool is set up, including the different key areas ("dimensions") the tool covers as well as the indicators that are used to inform the assessment
Data collection and analysis	Provides an overview of the data collection process as well as the method used to analyze data
Application	Presents exiting country cases that apply the tool

#1 PEPFAR Sustainability Index and Dashboard (SID)[7]

Background	PEPFAR is in its third strategy (2013-2019), which focuses on sustainable control of the HIV epidemic. The Sustainability Index and Dashboard (SID), a measurement tool that assesses key aspects of a sustained and controlled epidemic, is a tools used to inform PEPFAR's operations and progress.[8] In this framework, sustainability refers to the ability of a country to domestically fund, manage, and monitor its own HIV response.[9]

All countries in which PEPFAR operates are required to conduct the SID in a multi-stakeholder manner every two years, which makes it possible to track incremental progress towards sustainability. The SID was implemented for the first time in 33 countries during the 2015 country operational plan (COP) meetings. The tool has been revised twice (COP cycles 2016 and 2017.)[10,11] |
| **Focus Areas** | The SID is a TRA that focuses on a country's HIV/AIDS response. |
| **Purpose** | The SID is used to measure where PEPFAR-funded country programs are situated on the "sustainability spectrum" and to monitor the sustainability of country programs over time.

The periodic implementation of the SID will provide overall findings for each PEPFAR country as well as aggregate scores across all PEPFAR countries (including long-term strategy, targeted assistance, and technical collaboration countries.)[1] The SID will track essential data used to determine health systems investments and metrics, track the impact of investments over time, inform priority areas for PEPFAR and other stakeholder investment in countries, and serve as a health diplomacy tool for engaging partner governments and multilateral counterparts.[8,12]

The SID is also intended to support PEPFAR countries in several ways. It should support the assessment of the current national HIV/AIDS response and enable better understanding of the sustainability landscape by identifying strengths and vulnerabilities. The SID can also help |

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[1] PEPFAR countries are categorized as either long-term strategy (LTS) countries (i.e., PEPFAR is engaged in extensive direct service delivery in response to generalized epidemics), targeted assistance (TA) countries (i.e., where the epidemic is more often concentrated among key populations and where PEFPAR support is largely in the form of technical assistance), or technical collaboration (TC) countries (i.e., typically middle income countries and with whom U.S. engagement is based on the mutual exchange of scientific and technical knowledge and expertise.)

countries to mobilize domestic resource related to key commodities, engage civil society, and communicate progress towards sustained epidemic control to external stakeholders.

The tool assesses the different responsibilities shared among donors and country stakeholders. However, as of now, it is not used to transition countries out of support.[10]

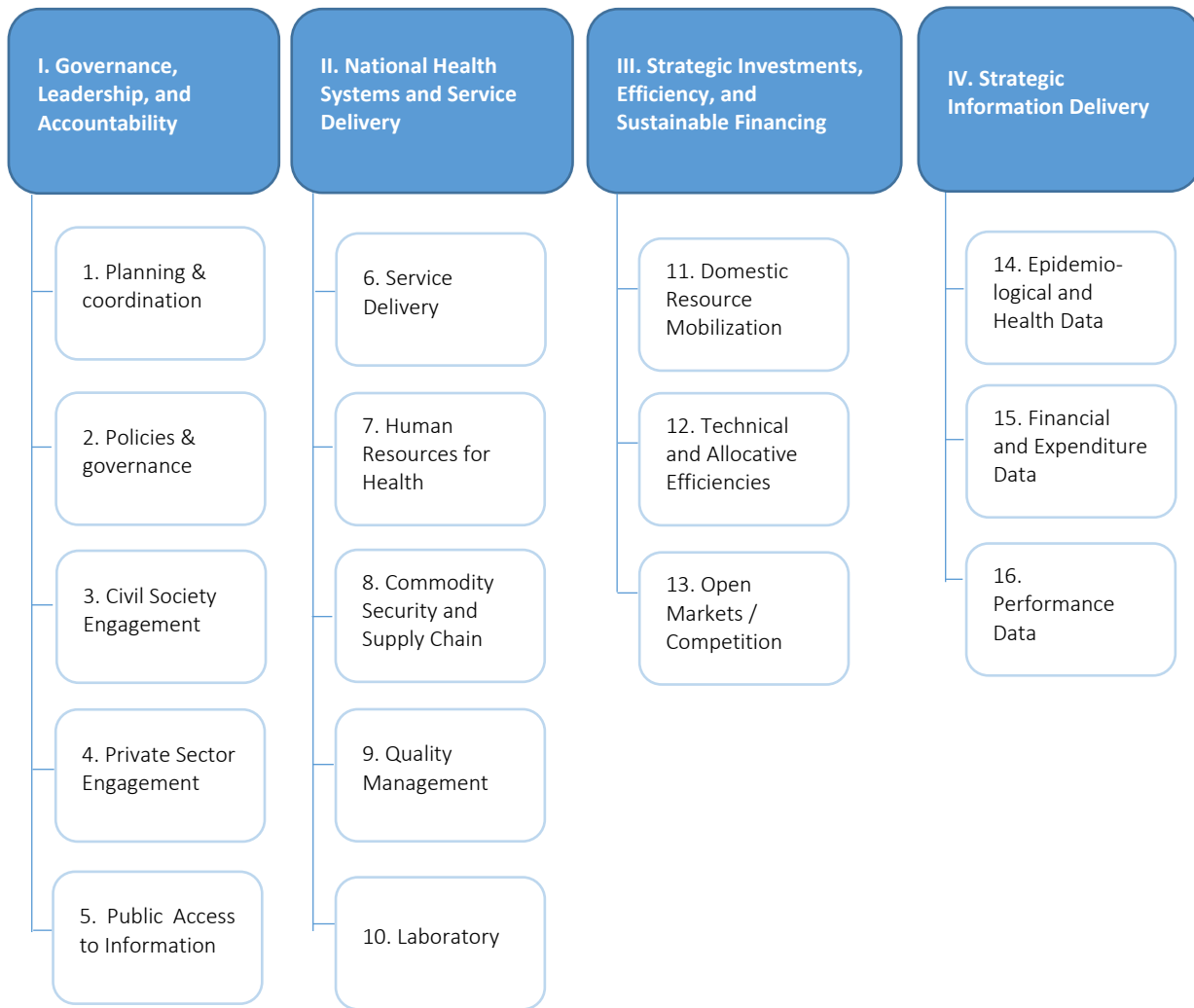|	
Stakeholders	Originally, the stakeholders engaged in the SID should include PEPFAR field staff, government partners, civil society, and multilateral agencies.[13] PEPFAR acknowledges that having all stakeholders present and engaged is essential to ensure uptake of SID findings. The SID is also an opportunity to identify key areas of focus for strategic planning, particularly regarding needed policy change. Therefore, co-convening SID workshops with UNAIDS was identified as a best practice in SID 2.0. SID 3.0 expanded the range of stakeholders suggested for participation in SID workshops to include non-governmental organizations (NGOs), multilateral organizations, host country governments (Ministry of Health, Ministry of Finance, parliamentarians), Faith Based Organizations, and private sector stakeholders.[12]
Accessibility	According to PEFPAR, all SID reports are publicly available on PEPFAR's website. Specific guideline for completing the SID with detailed explanations of the assessment process, country's SID case reports, and specific analysis on SIDs such as the annual reports, are also publicly available.
Structure	The SID assesses four key dimensions of the health system, with 16 subdomains:[9] 1. governance, leadership, and accountability, 2. national health systems and service deliveries, 3. strategic investments, efficiency, sustainable financing, 4. strategic information. The SID is composed of 90 questions used to assess sustainability across these four dimensions, and each question is given a score. Lower scores may reflect sustainability vulnerabilities while higher scores reflect sustainability strengths.[14]
Data collection and analysis	The tool comprises of 90 questions. Each question includes a corresponding suggested data source. Countries are encouraged to use primary data sources to support implementation of SID. Questions under each of the 16 subdomains will be aggregated to create a summary score for each category (ranging from 0-10 points). A country's overall sustainability status is assessed by the scores across the 16 subdomains. Based on the scores for each of the 16 subdomains, the SID categorizes country responses into four levels of sustainability: 1. Dark green: [8.50-10.00PTS] Sustainable and requires no additional investment at that time; 2. Light green: [7.00-8.49PTS] Approaching sustainability and requires little or no investment 3. Yellow: [3.50-6.99PTS] Emerging sustainability and needs some investment 4. Red: [<3.50PTS] Unsustainable and requires significant investment The SID converts responses to multiple choice questions into a weighted score, thus the sustainability assessment can be quantified and evaluated.[7] More information about the scoring system can be found here.
Application	According to a review published in 2017 comparing the SID results of 38 countries,[15] the highest area of sustainability was planning and coordination. It is also the only area for which none of the countries report unsustainable levels. Conversely, the area where the greatest

number of countries report as unsustainable is private sector engagement. For service delivery, no country reported as being sustainable. Only one country reports that its level of epidemiological health data collection is sustainable, although most countries report that their current capacity is at the level of "emerging sustainability."

A more recent study found improved sustainability among 12 of 13 countries. Middle income countries generally scored better than low income countries. The greatest discrepancies were in areas related to national health systems and financing. Despite persistent differences, overall SID scores are moving toward greater sustainability across PEPFAR-supported countries.[16]

Figure 4. Structure of SID 3.0

I. Governance, Leadership, and Accountability	II. National Health Systems and Service Delivery	III. Strategic Investments, Efficiency, and Sustainable Financing	IV. Strategic Information Delivery
1. Planning & coordination	6. Service Delivery	11. Domestic Resource Mobilization	14. Epidemio-logical and Health Data
2. Policies & governance	7. Human Resources for Health	12. Technical and Allocative Efficiencies	15. Financial and Expenditure Data
3. Civil Society Engagement	8. Commodity Security and Supply Chain	13. Open Markets / Competition	16. Performance Data
4. Private Sector Engagement	9. Quality Management		
5. Public Access to Information	10. Laboratory		

#2 Readiness assessment—moving towards a country-led and -financed HIV response for key populations (RA)[17]

Background	Key populations (KPs) are disproportionately affected by HIV but are underserved by current HIV programs in many countries. Even in countries with relatively high domestic financing for HIV, international donors may still be funding a significant portion of KP programming. Therefore, as international donors consider transitioning out of countries, KPs may disproportionately suffer. USAID and PEPFAR are two key donors in HIV-related programs. Therefore, they jointly funded the Health Policy Project (HPP) to develop this TRA in 2015.
Focus Areas	This TRA focuses on the specific vulnerabilities of KPs in a country's HIV/AIDS response.
Purpose	The TRA is designed for country stakeholders—which includes the government and civil society—to assess the ability to lead and sustain HIV epidemic control among key populations (KPs)[2] during donor programmatic and funding shifts.
Stakeholders	Country stakeholders have played a role throughout development of the tool. HPP convened various meetings with key stakeholders, including HIV affected populations, KP, civil society, development partners, and the government.
	The TRA states it can be completed by a variety of stakeholders, and may require an interdisciplinary team to collect data. The TRA specifically notes that country government officials, international donors (e.g., Global Fund, DFID, DFAT, Gates Foundation), NGO service providers, international NGOs, civil society organizations, key population representatives, multilateral development partners (e.g., UNAIDS, UNDP, UNFPA, WHO), and US government agencies (e.g., PEPFAR, CDC, Peace Corps, USAID) are also considered as potential stakeholders who may complete the assessment. However, the tool does not specify who will ultimately use the outputs of the assessment.
Accessibility	This TRA is an assessment with guidance on how to perform the data collection process. Previous assessments are available on HPP's website.
Structure	To identify transition gaps and strengths, the TRA assesses four key dimensions: 1. governance, leadership, and accountability; 2. national health system and service delivery; 3. strategic investments, efficiency and sustainable financing, and 4. strategic information and monitoring and evaluation (M&E). The tool includes the ideal state of "readiness" for each of these four dimensions. The tool notes that this is not an exhaustive list, and users may identify additional areas for assessment based on their assessment.
Data collection and analysis	This tool is informed by information collected through both desk research and interviews. There are 39 interview questions in total across the four abovementioned dimensions. Most questions can be answered with "yes," "no," or "unclear." Additional qualitative information from stakeholders' descriptions should also be collected. Any discrepancies in policies, services, funding, or data across different populations should also be identified by triangulating results from the desk review, interviews, and observations. Based on the information collected, a summary should be generated to include the country's main

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KPs (key populations): sex workers (SWs), men who have sex with men (MSM), transgender persons (TG), and people who inject drugs (PWID).

	strengths in transition readiness and the key gaps or priority areas that require focused support to better prepare the country for transition.
Application	The tool was used in Bangladesh, Botswana, China and Guyana in late 2015. Each case study was based on desk research and supplemented by key informant interviews with civil society, local government, and international donor representatives. The findings varied across each of the four countries.

#3 Diagnostic Tool on Public Financing of CSOs for Health Service Delivery (PFC)[18]

Background	Global evidence suggests that having a stable partnership between governments and civil society organizations (CSOs) can greatly enhance a country's overall response to HIV, TB and/or Malaria. In particular, such partnership can provide cost savings and efficiencies and increase the effectiveness of national HIV responses.
	Based on the recognition of the CSOs contribution to HIV/TB/malaria responses, many Global Fund grants have included significant funding for community service delivery, advocacy, and monitoring. As countries transition from Global Fund support, the Global Fund recognizes that disruption of interventions that have been primarily implemented through CSOs can have a negative impact in the sustainability of the overall response. Public financing for CSOs is common in some developing countries but it is rare or even impossible in some countries in transition. Some countries have laws against government funds being provided to non-state actors. There is enormous variation in the ways that laws and governmental regulations restrict the activities of CSOs.
	This tool was developed for the Global Fund to Fight AIDS, TB and Malaria by APMG Health in 2017. In the context of the implementation of the Global Sustainability, Transition and Co-financing Policy (2016), the Global Fund commissioned this tool to better understand the barriers to and opportunities for the continuation of evidence-based and cost-effective interventions for key and other populations implemented by civil society organizations (CSOs) through public sector financing.
Focus Areas	This TRA focuses on CSOs roles in service delivery for HIV, TB and/malaria.
Purpose	This tool was developed for two purposes:
	1. to help country stakeholders understand the challenges and opportunities for civil society organizations (CSOs) transitioning towards public sector financing, and 2. to provide country stakeholders with a comprehensive understanding of the interventions in their HIV, TB and/or malaria responses that are implemented by CSOs.
	The tool is focused on the ability of CSOs to deliver health services. It is designed to be primarily used in countries where significant changes are predicted for external funding and where external funding has been channeled through CSOs to implement key interventions in HIV, TB and/or malaria responses. In addition to disease-specific findings, the tool allows countries to investigate the ways that public sector funds can be used to support CSOs.
Stakeholders	The tool mentions that country decision-makers, CSOs, and the Global Fund Secretariat will be engaged in the assessment process. Below is a list of stakeholders that the tool recommends to in terms of contacting for data collection:
	1. Country Coordinating Mechanism (CCM); 2. CSOs: local or national CSOs, rather than branches of international CSOs, including if possible community-based organizations, especially those comprising members of key and/or hard to reach populations. Where possible, information should be sought from

	both NGOs (with legal registration) and Community-based organizations (CBOs)/community groups that may not have legal status.
	3. Government: employees of relevant government agencies, especially of the Ministry of Health, and depending on the national context, possibly Ministries of Justice, Interior, Social Affairs, Finance, Office of Prime Minister and/or President, and Parliament (such as consultation with members of Health and Finance Committees);
	4. Legal and procurement experts: key informants may include legal centers, lawyers, and/or law students who are interested in CSO registration and funding issues; in some countries, such legal resources are contained in a health or social NGO that is advocating for increased public sector funding of CSOs for service delivery;
	5. International organizations: donors and technical partners, especially those with offices in the country, such as WHO, UNAIDS, UNDP, UNFPA, UNODC, World Bank, IOM, UNHCR.
Accessibility	This TRA is available online. Several country cases are available in its annex. According to the Global Fund, the tool requests that results from the assessment to be sent back to the Global Fund and APMG Health to contribute to a growing database on public financing for CSOs.
Structure	The tool explores the process and status of CSO registration, funding, and service provision. Specifically, the tool assesses five dimensions:
	1. Descriptive: contextual information about the general and health system, as well as basic information on current levels of Global Fund funding to support civil society.
	2. Registration of CSOs: the ability of CSOs to legally form and work with the full range of key populations
	3. Funding for CSOs: current situation for funding CSOs from government budgets. This section examines policy and practice problems.
	4. Planning Service Provision by CSOs: determine how secure the situation of CSOs is in reference to National Strategic Plans or Frameworks and Costed Action Plans
	5. Actual Funding for CSOs from Government Budgets: actual funding of HIV, TB and/or malaria work by CSOs through government budgets (from any Ministry or agency and from any level – national, provincial or local).
Data collection and analysis	Prior to using the tool in country, it is highly recommended that an attempt be made to answer the core questions through a desk review process. After the desk review process, tailored in-country data can be collected via interviews and group discussions with the CCM, CSOs, government, legal and procurement experts, and international organizations. Most of the questions can be answered by "Yes/No", while other questions require additional descriptive answers. All answers derived from this process will need to be verified during a country visit.
Application	The tool has been applied in Panama, Paraguay, Guyana, the Dominican Republic, and Namibia. Additional countries are planned for assessment.

#4 Guidance for analysis of country readiness for Global Fund transition (GFT)[19]

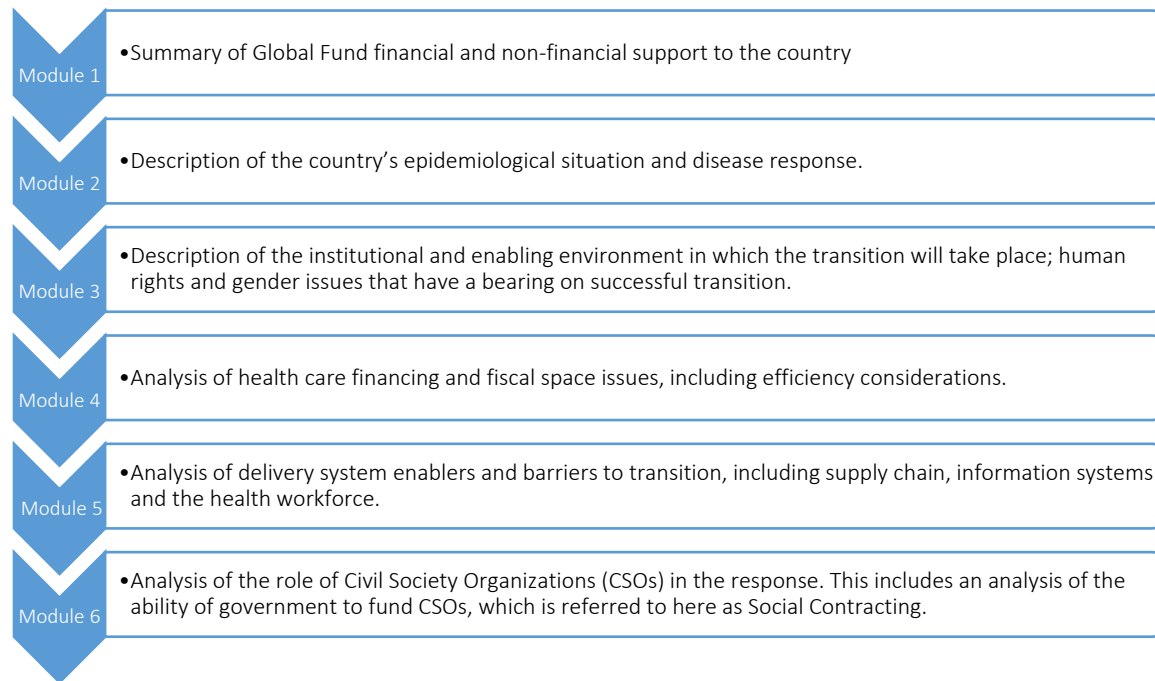|	
Background	This TRA was commissioned by the Global Fund to support countries who may either be transitioning out of Global Fund support entirely or facing reductions in Global Fund support. For those countries that are transitioning and would like to request transition-specific funding, a transition work plan must be submitted with their funding request. The Global Fund specifies that such a work plan should be informed by a transition readiness assessment, such

as this one. Aceso Global and APMG Health created this assessment tool and published it in 2017. This tool builds on multiple existing TRAs created by other organizations, such as PEPFAR's SID.[19]

Focus Areas	This TRA focuses on countries transitioning out of Global Fund support for HIV, TB, and/or malaria. CSOs in particular are featured heavily in the assessment given their critical role as Global Fund implementing partners.
Purpose	The tool aims to support countries in their assessment of their readiness to transition from Global Fund support for HIV, TB, and/or malaria programs. Specifically, this tool has two purposes: 1. to help countries identify financial, programmatic and governance gaps and risks that need to be addressed in their health systems and 2. to help countries identify priorities and action plans for their transition strategy.
Stakeholders	The assessment tool is available free of charge and does not require the support of external consultants to conduct. Countries are encouraged to use the tool to guide their own transition assessments and planning. The tool provides best practices, clear questions, and data points required for implementation. The TRA notes that the assessment should be conducted with participation of a broad range of stakeholders, including the local Global Fund Country Coordinating Mechanism (CCM) representatives, national government, regional and/or local authorities, recipients of Global Fund programs, civil society, service providers, insurance provider/s and other development partners (WHO, PEPFAR, UNAIDS, World Bank and others.), etc.
Accessibility	The guideline of this TRA is available online, and we have also found country reports that presented the results from their assessment publicly.
Structure	The tool analyzes six key dimensions of a country's health system that are considered critical for Global Fund transition readiness, broken down into discrete modules: 1. summary of Global Fund support to the country; 2. epidemiological situation and programmatic context; 3. institutional, human rights and gender environment; 4. health financing and transition; 5. service delivery, health products procurement, human resources and information systems; 6. civil society organizations. The first three modules are considered required for all countries that conduct the assessment, whereas the latter three are optional based on the needs of a given context.
Data collection and analysis	The tool uses mixed methods to collect quantitative data (e.g., disease incidence) and descriptive information (e.g., weaknesses or strengths of specific health system section.) The tool includes open-ended and optional questions, ensuring flexible data collection and prioritization of the most relevant sections depending on country context. Additionally, the tool takes a "modular" approach, meaning that the assessment can be completed by analyzing some or all of the modules.
Application	We found two country reports that have used this TRA: the Dominican Republic and Cambodia. The assessment in the Dominican Republic found that with technical assistance to address outstanding challenges and a close coordination of all international actors, a successful transition from Global Fund support without any major disruptions to program financing and delivery is likely. In Cambodia,[20] the TRA suggested that in the short term (2018-

Figure 5. Structure of Guidance for analysis of country readiness for Global Fund transition

Module 1 • Summary of Global Fund financial and non-financial support to the country

Module 2 • Description of the country's epidemiological situation and disease response.

Module 3 • Description of the institutional and enabling environment in which the transition will take place; human rights and gender issues that have a bearing on successful transition.

Module 4 • Analysis of health care financing and fiscal space issues, including efficiency considerations.

Module 5 • Analysis of delivery system enablers and barriers to transition, including supply chain, information systems and the health workforce.

Module 6 • Analysis of the role of Civil Society Organizations (CSOs) in the response. This includes an analysis of the ability of government to fund CSOs, which is referred to here as Social Contracting.

#5 The road to sustainability: Transition preparedness assessment (TRS)[21]

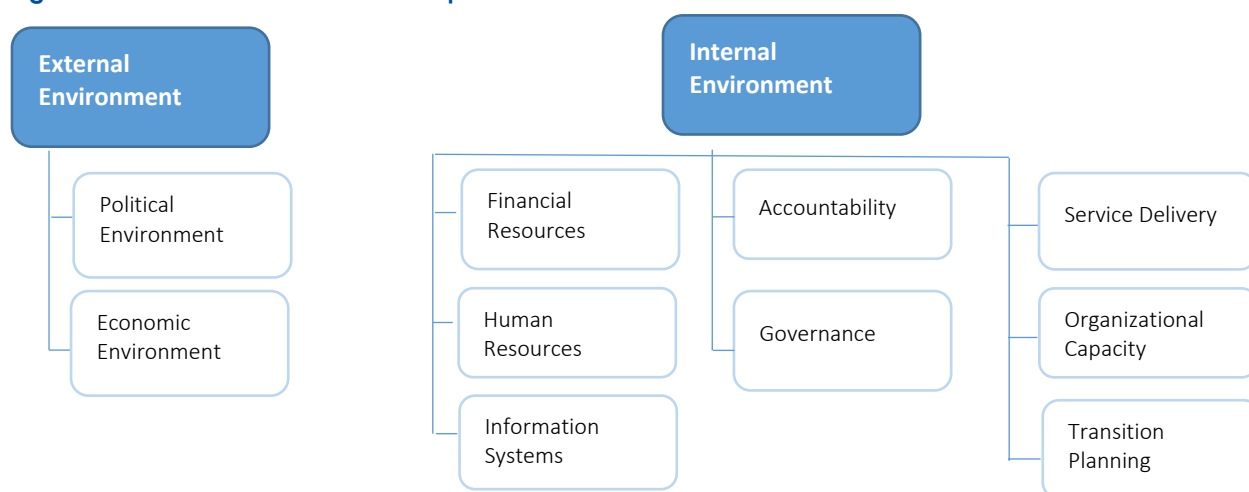|	
Background	This tool was commissioned by the Global Fund to help guide countries' transition process and to inform Global Fund's sustainability and transition policy development. It was published in 2016 by the "Transition from the Global Fund Support towards Programmatic Sustainability Research in four Eastern Europe Central Asia countries" project, implemented by Curatio International Foundation.
Focus Areas	This TRA focuses on transition from Global Fund support for HIV, TB, and/or malaria.
Purpose	This TRA aims to help countries proactively prepare for an adequate transition process from Global Fund support. The TRA focuses on key strategic and operational issues that should be addressed to achieve sustainable management of HIV, TB, and malaria programs currently supported by the Global Fund and other donors. The assessment is not intended to capture an overview of the Global Fund's footprint in a country nor is it a deep assessment into a country's fiscal space (as this is seen as sufficiently covered by the World Bank), but is intended to focus on the key elements required for a disease program (e.g., TB) to prepare for transition.
Stakeholders	The tool was designed for use by country officials. In particular, it can be used as a reference document for demonstrating transition readiness, identifying transition gaps, and outlining necessary actions required to achieve a successful transition. A user manual with step by step instructions on how to conduct the assessment and a corresponding excel tool to tabulate data collection and scores are available for country stakeholders to conduct their own assessment.

Accessibility	This TRA is publicly available online and includes implementation guidance, including an excel that outlines which indicators should be assessed and the corresponding level of risk depending on the results and an in-depth interview guide with stakeholder map.
Structure	This TRA assesses two dimensions of transition: "external" and "internal" environments. "External" refers to factors that are outside the health system but still have substantial impact on the health response and its outcome (e.g., enabling political and economic environments). "Internal" refers to the resources and actors that are within the health sector (e.g., human resources for health, financial resources, health information systems, governance, accountability, service delivery, organizational capacity, and transition planning.)
Data collection and analysis	The tool collects both quantitative and qualitative information from public databases, desk research, local sources, and interviews. The tool has a scoring system composed of 105 indicators that measures across the various dimensions outlined. For each dimension, a score is calculated based on its risk level to transition. The dimensions themselves are not weighted, but are re-scaled individually into three levels (low, moderate, and high) to reflect the risk for transition. An overall summary score reflecting all of the assessment's inputs is calculated for each country. The summary score helps identify the overall risk for transition while the score for different dimensions reflects the specific areas that may pose the highest risk to transition, highlighting those that should be addressed during transition preparation.
Application	The TRA was piloted in four countries—Belarus, Bulgaria, Georgia, and Ukraine—to test and refine the framework. The results of the pilot study were presented in a synthesis report [22]. Overall, the design of the tool remained mostly the same after the pilot, however, the tool was simplified to reduce the number of indicators assessed from 132 to 105.

Figure 6. Structure of the Transition Preparedness Assessment tool

#6 Checklist for transition planning of national HIV responses (TPHIV)[23]

Background	The checklist was developed by the World Bank in consultation with various partners. It was published in 2018.
Focus Areas	This tool specifically focuses on sustainability of HIV/AIDS programming.
Purpose	This tool aims to support countries as they plan for upcoming HIV program transitions. This checklist identifies critical components of transition planning and sustainability and helps countries identify bottlenecks and risks for sustainability. In particular, it aims to identify the

sources of funding that can be mobilized to fill the gap left by donor transition, and recommendations for further improvement to ensure smooth transition.

Stakeholders	This tool was primarily designed for the technical assistance teams that support governments with transition planning from HIV donor aid.
Accessibility	This TRA was presented as checklist, with brief introduction of different dimensions. We haven't identified any additional guidelines for use of the TRA or country reports using this TRA.
Structure	This TRA assesses governance, planning, implementation, service integration, monitoring, and the integration of funding and financing streams. There are four dimensions assessed in the tool, including: 1. Contextual factors: economic, epidemic, temporal dimension and extent, urgent and pressing issues, policy and legal issues. 2. Service delivery issues: what does it look like, which service to deliver, how to deliver. 3. Institutional issues: capacity for planning, data collection, M&E (monitor and evaluate). 4. Financial issues: diversified financing opportunities, budgeting process for HIV programs, understand government financial management system Each of the four dimensions are analyzed in three areas: "understand" (i.e., understand the current program context and issues that may affect the future sustainability of the program), "assess" (i.e., assessment of programmatic sustainability to inform transition planning) and "plan" (i.e., what should be included in the transition plan). The "assess" and "plan" portions are optional depending on the country context and needs.
Data collection and analysis	The tool collects both quantitative and qualitative data to identify challenges and strengths. The tool is flexible based on the country context, with some required and some optional components. It can be used differently depending on whether to do an assessment for short term (3–12 months), medium term (1–2 years), or long term (3–5 years).
Application	We were unable to identify any countries that have used this framework.

#7 Transition readiness assessment tool—Assessing the sustainability of harm reduction services through and beyond the transition period from Global Fund support to domestic funding (TRAT)[24]

Background	The Global Fund supports key populations, including people who inject drugs, given their high-risk for HIV transmission. In Eastern Europe and Central Asia, despite economic development, HIV infections continue to rise. However, as these countries become increasingly ineligible to receive external support from donors who focus on these populations, like the Global Fund, there are concerns about the sustainability of harm reduction programming. To address these concerns, the Eurasian Harm Reduction Network (EHRN) co-hosted a consultation with the Global Fund to discuss key issues related to sustainability and transition planning for harm reduction. Participants of the consultation included national government agencies, donor organizations, UN agencies and CSOs. Using inputs from the consultation, EHRN developed a piloted a TRA in 2016. This tool was funded by the International Council of AIDS Service Organizations (ICASO) and the Open Society Foundation.
Focus Areas	This TRA specifically focuses on HIV and TB harm reduction interventions supported by the Global Fund.
Purpose	This TRA aims to provide evidence on a country's readiness to transition from Global Fund HIV and TB support, particularly for services related to harm reduction. The assessment identifies

readiness, risks, and barriers to transition and may be useful in informing the design of a transition plan.

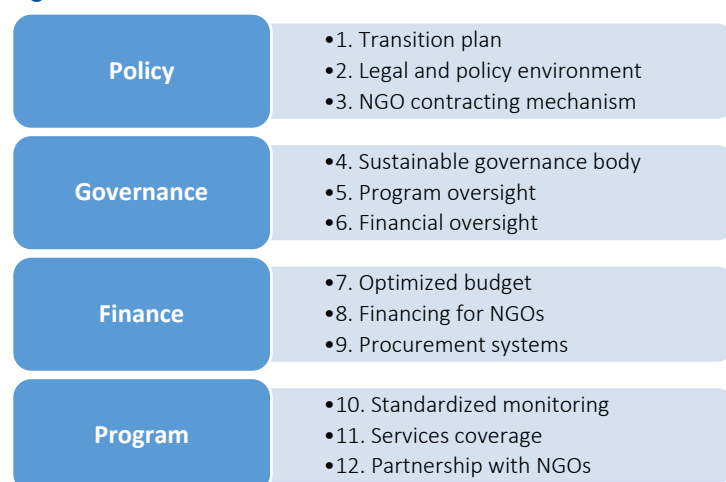| **Stakeholders**	The user manual of this TRA does not specify who should undertake the analysis, but it does provide a step-by step process for conducting the review, as well as interview guides and an excel-based data collection and scoring tool for stakeholders interested in conducting the assessment. The results of the assessment are targeted at stakeholders engaged in a country's harm reduction program, particularly decision makers (e.g., government, civil society, technical partners, and donor agencies.)
Accessibility	This TRA was presented as manual, with specific guidance on how to use the TRA. Country reports are also available online.
Structure	There are four dimensions of the transition framework that underpin this assessment tool: 1. Policy: the normative standards needed for a sustained response, especially those based on rights and evidence. 2. Governance: the management and oversight of the transition and post-transition process, with an emphasis on supporting the role of CSOs and key populations in decision making. 3. Finance: the financial systems, budget, tracking, allocation of resources, and procurement systems needed for a sustained domestic response. 4. Program: service delivery and management needed for a sustained response. Each of these areas of assessment is informed by three indicators. The tool clearly outlines the scope of each of the four dimensions summarized above and provides definitions and guidance for assessing each of the indicators.
Data collection and analysis	This tool collects qualitative inputs from key informant interviews and quantitative information, such as country budget information for harm reduction and disease program details. Scoring is done at both the country level and the indicator level. This method of scoring shows a country's overall readiness and also shows which areas are sustainable or need improvement. Three scores, or "stages" are possible, each reflecting various levels of transition-readiness. Stage 1 indicates that there are significant transition barriers and at least 3-6 years are needed to successfully transition. Stage 2 reflects positive developments towards sustainability but at least 1-3 years may be needed to successfully transition. Stage 3 means that a country is on its way towards sustainability and could successfully transition in 1 year. The excel tool that accompanies the user manual automatically tallies the inputs for each indicator and generates a "readiness" score and a visualization of readiness that reflects strengths and weaknesses.
Application	The tool was piloted in five countries in East and Southeast Europe, including Albania, Bosnia and Herzegovina, the Former Yugoslav Republic, Macedonia, Montenegro and Romania.[25-28] Based on the feedback received during the pilot process, the TRA was revised and adjusted in July 2016, although no specific adjustments were outlined in the user manual.

Figure 7. Structure and indicators for TRAT

Policy	• 1. Transition plan • 2. Legal and policy environment • 3. NGO contracting mechanism
Governance	• 4. Sustainable governance body • 5. Program oversight • 6. Financial oversight
Finance	• 7. Optimized budget • 8. Financing for NGOs • 9. Procurement systems
Program	• 10. Standardized monitoring • 11. Services coverage • 12. Partnership with NGOs

#8 Transition Readiness Assessment for Malaria (TRA-M)[29]

Background	Malaria has been a primary recipient of external aid over the last several decades. As countries become more capable of financing their own health systems, key malaria funders have begun to reduce or end their support. Ensuring national malaria programs have sustainable systems in place is critical for keeping malaria under control. In response to malaria transitions, the University of California San Francisco's Global Health Group (Malaria Elimination Initiative and the Evidence to Policy Initiative), in consultation with national malaria programs and other experts, developed the Transition Readiness Assessment for Malaria (TRA-M). This tool was funded by the Global Fund and the Bill & Melinda Gates Foundation and published in 2018.
Focus Areas	This tool is focused on the transition from external support for malaria to national malaria programs.
Purpose	The TRA-M aims to help national malaria programs identify potential problems during its transition to a domestically funded malaria response, and therefore, the assessment is intended to be conducted at the beginning of a country's transition process. The assessment could help program stakeholders develop a more formal transition plan. The assessment is presented as a toolkit given its detailed instructions on conducting the assessment and the inclusion of worksheets, interview guides, and templates for the two products that the assessment is designed to inform (a transition assessment report and transition workplan.)
Stakeholders	The TRA-M is intended to be led by national malaria programs, with support from external technical consultants as needed. The assessment should be done in consultation across various relevant stakeholders (e.g., Global Fund, USAID, WHO, Ministry of Finance, expert/technical working group members, NGOs/CSOs)
Accessibility	This TRA is presented as manual, with specific guidance on how to use the TRA. It also describes the country case report, although no country reports are available online.
Structure	The framework for the assessment focuses on key aspects of the health system more broadly as well as malaria programs (Figure 8. Structure of TRA-M). Five dimensions of the health system are assessed: financing, leadership and management, health workforce for malaria, malaria supply chain, and transition planning. Malaria relevant program activities assessed include: epidemiology surveillance and response, vector control and entomological

	surveillance, case management and information systems. For each area assessed, the TRA-M identifies three critical things: areas that receive donor support, changes anticipated during/post-transition, and potential gaps or weaknesses that could occur as a result of transition.
Data collection and analysis	The tool uses mixed methods to collect and analyze information. According to the tool's manual,[29] researchers who use the toolkit begin the assessment by using worksheets to gather financial and management data. Results are reviewed to create a customized interview outline, a template for which is also provided. After completing interviews, quantitative data, interview responses, and any available supporting documents are triangulated to identify key strengths and risk areas for transition.
Application	The TRA-M was piloted in two countries: the Philippines and Sri Lanka. In both settings, the developers worked in collaboration with the respective national malaria programs. During the pilots, the interview guides were tested and quantitative indicators were streamlined to improve the feasibility of data collection. Additionally, the tool was revised to better incorporate the needs and priorities of national malaria program leaders.[29]

Figure 8. Structure of TRA-M

Finance

Leadership and management

Health workforce

Supply chain

Transition planning

| Epidemiological surveillance and response | Vector control & entomological surveillance | Case management | Information systems |