MULTILATERAL EVALUATION MECHANISM (MEM)
INTER-GOVERNMENTAL WORKING GROUP (IWG)
UPDATED OPERATIONAL PROCESS AND INSTRUMENTS
FOR THE MEM EIGHTH EVALUATION ROUND
In accordance with the decision by the Commissioners at the CICAD sixty-sixth regular session (2019), the Inter-Governmental Working Group (IWG) presents, for consideration of the Commission, the following components that constitute the updated operational process and instruments for the Multilateral Evaluation Mechanism (MEM) eighth evaluation round.

The documents that are part of the evaluation process include:

a) **Updated Operational Process**: This document outlines the parameters under which the evaluation will be carried out, based on the objectives of the Plan of Action 2021-2025 (POA) of the Hemispheric Drug Strategy (HDS) 2020. Annual evaluations will be done on a thematic basis, followed by a comprehensive assessment (ANNEX I).

b) **Procedural Manual**: This manual details the operation of the actors (structure, roles, and responsibilities) as well as guidelines for the preparation of the reports (ANNEX II).

c) **Evaluation Questionnaire (Measures of Prevention, Treatment, and Recovery Support)**: This document is the key component of the evaluation process that contains questions for countries to respond. The information received is used by the Governmental Expert Group (GEG) to analyze the reality of the country (supported by the MEM independent technical consultants). For 2021, the questionnaire will cover the area of Measures of Prevention, Treatment, and Recovery Support (ANNEX III). The questionnaires for the remaining thematic areas of the POA will be drafted during 2021. In addition, each country is expected to include an Introductory Document to contextualize its situation and the particular challenges faced in addressing the drug problem, following the Outline of the Introductory Document provided (ANNEX IV).

d) **Evaluator’s Manual (Measures of Prevention, Treatment, and Recovery Support)**: This manual guides the GEG, in accordance with the Procedural Manual, in the assessment of member states’ progress in the implementation of the POA 2021-2025. Similar to the thematic questionnaire, this manual focuses on the area of Measures of Prevention, Treatment, and Recovery Support, and includes interpretive notes for each priority action (ANNEX V). The interpretive notes for the remaining thematic areas of the POA will be drafted during 2021.

e) **Calendar of Activities**: This component is a timeline of activities for the MEM eighth round, including deadlines, such as information submitted by member states, GEG meetings, training activities, and official publications (ANNEX VI).
Annex I
MULTILATERAL EVALUATION MECHANISM (MEM)
UPDATED OPERATIONAL PROCESS
FOR THE EIGHTH EVALUATION ROUND

Overview

The updated operational process for the MEM eighth round is an improvement for the evaluation and design of the methodology that will guarantee enhanced and timely analysis as well as high quality national reports and hemispheric briefs. This will provide Organization of American States (OAS) member states with an effective hemispheric tool to use in formulating drug policies; increase the MEM’s relevance on a national, hemispheric, and international level; and reduce its current annual operating costs.

This four-year operational process includes an evaluation of all selected objectives of one thematic area per year, as agreed upon by the Inter-Governmental Working Group (IWG). The Governmental Expert Group (GEG) will be composed of one expert and alternate(s), designated yearly by member states, for each thematic area evaluated the first three years, and the country’s choice of expert for the last year. The GEG will carry out the evaluation, with the support of the MEM independent technical consultants, composed of four individuals working on a stipend basis. These individuals would be chosen each year from an internal list of consultants proposed by the CICAD Executive Secretariat (ES-CICAD) and approved by the CICAD Chair.

Three-Year Thematic Area Evaluation (2021-2023)

The GEG will evaluate all objectives in the thematic areas and distribute them over a 3-year period as follows:

- Measures of Prevention, Treatment, and Recovery Support – 2021
- Measures to Control and Counter the Illicit Cultivation, Production, Trafficking, and Distribution of Drugs, and to Address their Causes and Consequences – 2022
- Institutional Strengthening; Research, Information, Monitoring, and Evaluation; and International Cooperation – 2023

Member states will provide their country’s information through a questionnaire, which the MEM Unit would then put together into a narrative format. The MEM independent technical consultants will then review this information, prepare the first draft of the national evaluation reports, and include their technical suggestions to the GEG. The GEG will meet to consider and build upon this initial assessment, analyze, and evaluate each country, which would be returned to member states for comments. The GEG will then meet a second time to further review the draft national reports and make the necessary edits. Finally, the draft national reports on the thematic area evaluated in a given year will be sent to member states prior to presentation at the CICAD regular session for approval. Following approval, the ES-CICAD will prepare a two-
page non-evaluative hemispheric brief on that year’s thematic area, identifying trends stemming from the national reports. This brief would be informative and not require the approval of the Commission.

**Comprehensive National Reports (2024)**

After all thematic areas have been evaluated, during 2024, member states will be asked to provide any updates to the national reports that were published during 2021-2023 with the purpose of building comprehensive national reports. The MEM independent technical consultants will review the updated information, prepare the first draft of the comprehensive national reports, and include their technical suggestions to the GEG, bringing together the thematic areas from 2021-2023. The GEG will meet to consider and build upon this initial assessment and make the necessary changes. The updated reports would be sent to member states for comments. The GEG will then meet a second time to further review the draft comprehensive national reports. Finally, these reports will be sent to member states prior to presentation at the CICAD regular session for approval. Following approval, the ES-CICAD will prepare a short non-evaluative hemispheric brief, identifying trends stemming from the comprehensive national reports. This brief will be informative and not require the approval of the Commission. All of aforementioned reports will only be available in electronic format.
Annex II
MULTILATERAL EVALUATION MECHANISM (MEM)

PROCEDURAL MANUAL

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I. MULTILATERAL EVALUATION MECHANISM (MEM)

A. Background and principles

The Multilateral Evaluation Mechanism (MEM) is an instrument that measures the Organization of American States (OAS)’s efforts to address the world drug problem and related crimes in the Hemisphere. In 1998, the MEM was established through a Second Summit of the Americas mandate in Santiago, Chile. Specifically, in the Plan of Action of the Second Summit of the Americas, Heads of State mandated member states to:

“...develop, within the framework of the Inter-American Drug Abuse Control Commission (CICAD-OAS), a singular and objective process of multilateral governmental evaluation in order to monitor the progress of their individual and collective efforts in the Hemisphere and of all the countries participating in the Summit, in dealing with the diverse manifestations of the problem.”

According to the Mandate of the Second Summit of the Americas, the process of multilateral evaluation is based upon the following principles:

1. Respect for sovereignty, territorial jurisdiction, and the domestic laws of States.
2. Reciprocity, shared responsibility, and an integrated balanced approach to this issue.
3. The current Hemispheric Drug Strategy (HDS) and its Plan of Action (PoA) and international agreements and instruments in force.

In 1998, the CICAD Declaration on the MEM was approved in Montevideo, Uruguay, which highlighted the importance of the MEM process:

“3. Reaffirm the principles on which the Multilateral Evaluation Mechanism is based, that is, respect for the sovereignty, territorial jurisdiction, and domestic law of the states, as well as reciprocity, shared responsibility, and an integrated, balanced approach in dealing with the issue; the Anti-Drug Strategy in the Hemisphere; and the international agreements and instruments in effect.

4. Decide that the Multilateral Evaluation Mechanism will be applicable to all states, individually and collectively; that it will be governmental, singular and objective, with the participation of specialized representatives of the governments; that it will be transparent, impartial, and equitable so as to ensure objective evaluation; that it will ensure full, timely participation by the states, based on generally applied norms and procedures, established by mutual agreement in advance, in order to ensure an equitable evaluation process; that it will not contain sanctions of any nature; and that it will respect the confidentiality of deliberations and information administered by the states, in accordance with the norms and procedures established in advance.”

Subsequently, in 2013, the Antigua, Guatemala Declaration “For a Comprehensive Policy against the World Drug Problem in the Americas,” the member states in the OAS General Assembly declared:
“5. That they recognize the Multilateral Evaluation Mechanism (MEM) as the only valid hemispheric tool for evaluating drug control policies in the countries that make up the Inter-American system.

6. Recall that the evaluation of drug control policies must be a multilateral exercise.”

Moreover, in The Bahamas, the 2016 “Nassau Commemorative Declaration in Recognition of the Thirtieth Anniversary of the Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States (OAS),” affirmed:

“4. ...commitment to the Multilateral Evaluation Mechanism as the only valid hemispheric instrument to measure the progress of Member States in the application of the Plan of Action 2016-2020, recognizing other established multilateral mechanisms, by mutual agreement, for the monitoring, collection and exchange of information.”

The MEM has evolved through the years to take a closer look at the increasing interests such as gender and other crosscutting issues in the various areas of drug control.

**B. Objectives and characteristics**

The multilateral evaluation process has the following objectives:

1. Contribute to the full implementation of the HDS and PoA.
2. Strengthen mutual confidence, dialogue, and hemispheric cooperation to confront, with greater efficiency, the diverse aspects of the world drug problem.
3. Follow-up on the progress of individual and collective efforts of OAS member states participating in the MEM to implement the HDS and PoA, as well as noting obstacles to attaining results.
4. Promote the following actions based on the evaluation results and within the framework of CICAD:
   a) Support member states in planning and executing their national drug plans.
   b) Contribute to strengthening member states’ capacity to address the drug problem.
   c) Stimulate more technical assistance and training programs, and the exchange of experiences and best practices according to the needs of each member state.
5. Publish thematic evaluation reports of member states during the first three years of the 8th round, and comprehensive evaluation reports in its fourth year, and a corresponding hemispheric brief annually by CICAD Executive Secretariat.
6. Strengthen multilateral cooperation as the way to ensure objective evaluation of member states’ efforts to confront the drug problem.
7. Foster, through CICAD, ongoing cooperation and coordination with other regions, the United Nations, and other international entities.
The multilateral evaluation process shall be:
1. Governmental, singular, and objective in nature.
2. Transparent, impartial, and equitable.
3. Inclusive of full and timely member state participation, based on mutually agreed rules and procedures of general application.
4. Exclusionary of sanctions of any kind.
5. Respectful of the confidentiality of the deliberations and the information provided by member states, in accordance with rules and procedures.

MEM PROCESS OPERATION
AND STAKEHOLDERS INVOLVED

The activities of the evaluation process start when the Intergovernmental Working Group (IWG) reviews and updates the MEM basic documents to carry out the next evaluation round. The National Coordinating Entity (NCE) of each member state provides the information requested in the evaluation questionnaire, which is assessed by the Governmental Expert Group (GEG) to draft the national reports. The draft reports are approved by the CICAD Commission, which also convenes the next IWG. The MEM Unit of the CICAD Executive Secretariat (ES-CICAD) and the MEM Independent Technical Consultants provide support to the different actors through the entire evaluation process.
II. INTER-GOVERNMENTAL WORKING GROUP (IWG)

The CICAD Commission convenes the Inter-Governmental Working Group (IWG) before each evaluation round and issues any specific guidance concerning the new round.

A. Organizational structure
   1. IWG consists of delegates from member states, who are responsible for updating and improving the MEM process and its operational features, based on the current HDS and PoA.
   2. The CICAD Commission elects the IWG Chair to represent the Group, among other responsibilities, and the IWG has the option to elect a Vice-Chair.

B. Characteristics
   1. Member states designate IWG delegates, one per country. Delegates should have competencies in designing, implementing, and/or evaluating drug policies and/or programs. Additionally, member states can designate one or more alternates to assist/replace the principal delegates.
   2. Each member state adheres to the principle “one country, one voice.”
   3. Each member state will fund the participation of their delegate to attend the IWG meetings.

C. Roles and responsibilities
   1. IWG considers prior MEM evaluation documents before drafting the new thematic evaluation questionnaires, procedural manual, evaluator’s manual, and a calendar of activities, for the corresponding round.
   2. IWG Chair/Vice-Chair has the following responsibilities with the support of the ES-CICAD/MEM Unit:
      a) Preside over all IWG activities and coordinates plenary debates.
      b) Assist the ES-CICAD, especially the MEM Unit, in the coordination, organization, and preparatory work for IWG meetings, as well as fulfill the IWG work plan.
      c) Prepare and present reports and IWG recommendations to the respective CICAD regular sessions.
      d) IWG Vice-Chair replaces the IWG Chair during temporary/permanent absence, assists in the fulfillment of duties, and may enlist the support of other IWG members.

D. Operating procedures
   1. The Units of the ES-CICAD support and work with the IWG Chair/Vice-Chair or other IWG members, in their areas of expertise, as necessary.
   2. MEM Unit maintains ongoing contact with the IWG and provides technical, coordination, and managerial support to this Group.
   3. IWG operates through virtual and in-person meetings. Country delegates actively collaborate in the meetings, including by drafting updates that improve the evaluation documents and corresponding manuals.
4. The quorum for IWG plenary meetings shall be one-third of the representatives of the member states making up this body. The quorum for adopting decisions shall be a majority of the representatives of the member states making up this body. IWG plenary decisions are taken by consensus and, if is not possible, by a majority vote of the member state representatives.

5. IWG Chair and Vice-Chair works on behalf of the Group to reach consensus, for specific proposals. This includes helping the Group reach compromises when consensus is challenging to attain.

6. IWG Chair, Vice-Chair, and any members are encouraged to seek compromise as the preferred outcome to differences within the Group regarding the MEM, as the desirable alternative to adopting plenary decisions through a majority of the member states.

III. GOVERNMENTAL EXPERT GROUP (GEG)

The Governmental Expert Group (GEG) is composed of Experts from the diverse drug-related areas, designated by each participating member state. Experts will be designated on a yearly basis according to the thematic area for the given year. For the comprehensive evaluation year, countries can designate an expert from any of the various drug-related areas. Member states provide the ES-CICAD the name of their Expert in a timely fashion and provide his/her curriculum vitae and current contact information. Each member state finances the participation of its Expert in the GEG meetings.

A. Organizational structure

1. GEG consists of one principal designated Expert per member state, and one or more alternates who can carry out tasks and attend meetings, adhering to the principle “one country, one voice.”

2. GEG is headed by a General Coordinator and a Deputy General Coordinator.

3. GEG may form working sub-groups, with each sub-group headed by a Working Sub-Group Coordinator and a Deputy Coordinator. (comprehensive evaluations)

4. GEG determines its internal organization, operation, and methodology, such as:
   a) Electing a General Coordinator and Deputy General Coordinator, taking into account the most experienced experts in drug-related areas, together with their leadership skills and regional representation and gender inclusion.
   b) Forming working sub-groups to draft the national reports, with the support from the MEM Independent Technical Consultants. (comprehensive evaluations)

B. Characteristics

1. GEG Experts have solid technical background and experience in one of the thematic areas, in accordance with the thematic or comprehensive evaluation process established in the

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1 In accordance with the OAS Permanent Council Regulations, Article 44, August 16, 2017.
2 In accordance with the OAS Permanent Council Regulations, Article 57, August 16, 2017.
3 Subgroups are focusing primarily on the comprehensive evaluation year.
corresponding Calendar of Activities, as well as working knowledge of English and/or Spanish.
2. Experts are selected to objectively evaluate countries’ progress on drug policies and programs based on their national realities.
3. The Expert should not be the National Coordinating Entity (NCE), when possible.
4. Experts are designated with the authority to make autonomous judgments and take appropriate and timely decisions.
5. Expert can perform stable and continued service throughout the evaluation process.

C. **Roles and responsibilities**

1. **General Coordinator and Deputy General Coordinator**
   a) The General Coordinator and Deputy General Coordinator have the following responsibilities:
      i. Preside over all GEG activities and coordinate plenary meeting debates;
      ii. Ensure that the draft reports are following established guidelines (evaluator’s manual, procedural manual, and agreements reached in any pertinent GEG meetings).
      iii. Fully participate as Experts in their respective working sub-group meetings;
      iv. Meet with Working Sub-Group Coordinators to address any issues;
      v. Communicate with Experts in between GEG sessions and the MEM Independent Technical Consultants; and
      vi. Ensure that the GEG work plan is carried out for the corresponding evaluation round.
   b) GEG General Coordinator prepares and presents reports at CICAD regular sessions. This report may also include any review of the evaluation process.
   c) GEG Deputy General Coordinator replaces the General Coordinator during temporary/permanent absence, assists in the fulfillment of duties, and may enlist the support of other GEG members.
   d) GEG General Coordinator and Deputy General Coordinator fully participate in working sub-groups but do not function simultaneously as Working Sub-Group Coordinators. (comprehensive evaluations)

2. **GEG Working Sub-Group Coordinators** (comprehensive evaluations)
The Working Sub-Group Coordinators have the following responsibilities:
   a) Coordinate, participate, and keep record of discussions/progress of all meetings for their respective working sub-groups during the GEG evaluation round.
   b) Fully report to their working sub-group on topics discussed at the Coordinators’ meetings, and address arising issues and/or suggest solutions.
   c) Communicate with Experts in their capitals and with the General Coordinator and Deputy General Coordinator.
d) Ensure that the draft reports are in accordance with established guidelines (evaluator’s manual, procedural manual and agreements reached in any pertinent GEG meetings).

3. Governmental Expert Group (GEG)
   a) Experts participate actively and in a timely fashion in all the drafting exercises, during the GEG meetings as well as in his/her country.
   b) Experts are in constant communication with the respective Working Sub-Group Coordinator and the MEM Unit from their capitals. (comprehensive evaluations)
   c) GEG is responsible for evaluating member states, as well as drafting, reviewing, and editing the national evaluation reports, based on an agreed format to then submit to the CICAD Commissioners for approval.
   d) The GEG may receive support from the Independent Technical Consultants with expertise in the various areas related to the world drug problem.
   e) GEG may consult country experts during their meetings, on information provided by their country’s National Coordinating Entity (NCE) for clarification purposes. Any other information requested by the GEG from the country will be conducted through the NCE.
   f) Experts are responsible for completing draft reports, comparing information with previous rounds, during the GEG meetings as well as assignments in their capitals.
   g) Experts complete their respective drafting assignments before working sub-group meetings and review draft reports prepared by other sub-group members. (comprehensive evaluations)
   h) Experts and their alternates remain in the same working sub-groups during meetings, save specific exceptions which will be resolved in the plenary, according to its rules. (comprehensive evaluations)
   i) When the country’s Expert is GEG Coordinator/Deputy Coordinator, the alternate may occupy the country’s seat at the plenary, respecting the “one country, one voice” rule.
   j) Alternate Experts can provide technical opinions on their area of expertise during the GEG meetings.
   k) Experts do not participate in the evaluation of their own country.

D. Operating procedures
1. GEG Plenary (online/in-person)
   a) The quorum for GEG plenary meetings shall be one-third of the Experts making up this body. The quorum for adopting decisions shall be a majority of the Experts making up this body. GEG plenary decisions are taken by consensus and, if not possible, by a majority vote of the Experts.
   b) Plenary reviews the text for each draft report in a timely fashion, with all countries evaluated with equal attention.
   c) The GEG General and/or Deputy Coordinator determine the order in which draft national reports are reviewed by the plenary, based on level of complexity, language, and regional distribution.

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4 In accordance with the OAS Permanent Council Regulations, Article 44, August 16, 2017.
5 In accordance with the OAS Permanent Council Regulations, Article 57, August 16, 2017.
d) During the GEG plenary, Experts contribute to reviewing all draft reports, except their own, with emphasis on their areas of expertise.

e) The Units of the ES-CICAD support and work with the GEG, in their thematic areas, as appropriate.

2. Working Sub-Groups (comprehensive evaluations)
   a) The working sub-group meetings operate with the presence of one-third Experts (and/or their alternates) assigned to specific sub-groups and accredited to participate in the GEG. Working sub-group decisions will be taken by consensus and, when this is not possible, by a majority vote of its members.
   b) Working sub-groups prepare, evaluate, and review all assigned reports.
   c) The MEM Unit submits a proposal for assigning Experts to sub-groups, based on professional background and experience.
   d) The Units of the ES-CICAD support and work with the GEG and MEM Independent Technical Consultants, in their thematic areas, as appropriate.

IV. MEM INDEPENDENT TECHNICAL CONSULTANTS

The MEM Independent Technical Consultants are a supporting arm of the GEG that provides Experts with additional expertise in the various drug-related areas. The consultants accompany the GEG during the evaluation process and remain on a consultative basis.

A. Organizational structure
1. MEM Independent Technical Consultants will consist of four/five consultants with expertise in one of the thematic areas evaluated by the MEM process, in accordance with the corresponding thematic or comprehensive evaluation.
2. Consultants will be selected based on their experience in the drug-related thematic area(s).
3. ES-CICAD will identify consultants two months before the onset of each evaluation round or year and submit the names to the CICAD Chair for approval.
4. ES-CICAD, through its MEM Unit, will support the consultants and provide them with the appropriate documents outlining responsibilities and work plans during the round.

B. Characteristics
1. Non-governmental consultants.
2. Rotation of different consultants will be encouraged.
3. Consultants, as a whole, should have expertise covering all the thematic areas.

C. Roles and responsibilities
1. Supportive body to the GEG and will not carry out any evaluative functions.
2. Consultants will give support to the GEG by preparing the first drafts of the national evaluation reports and will continue providing it in further reviews.
3. Consultants may be nationals from member states or other countries outside this Hemisphere.
D. **Operational procedures**
1. ES-CICAD will handle the contractual arrangements for the consultants.
2. Consultants will be provided with guidelines regarding confidentiality of the information provided by member states and any related deliberations, following established norms and procedures of the MEM process.

V. **FINANCING OF EXPERT PARTICIPATION AT GEG MEETINGS**

Each member state finances the participation of its Expert to the GEG meetings. However, under exceptional circumstances, member states may request assistance to finance their Expert’s participation in the GEG meetings.

A. **Procedures to request assistance**
1. To request assistance, a member state sends a letter to the ES-CICAD, at least three weeks before the meeting, with the reason for its request. All communications are considered confidential and assistance may be requested once per round.
2. ES-CICAD sends a response letter to the member states on the type of assistance available including the details of what would be covered under such assistance. Portions not covered under the assistance would be the responsibility of the member state.

B. **Criteria for the approval of requests**
The MEM Unit Chief reviews assistance requests taking into account the following criteria:

1. The exceptional circumstance of the country (based on the assistance request letter).
2. Current availability of funds and counterpart funding from the member states to cover its Expert's participation.
3. Strong commitment and by the country to the MEM process and expert experience.
4. Expert’s active participation and fulfillment of responsibilities (during the GEG meetings and in their capitals).

VI. **NATIONAL COORDINATING ENTITY (NCE)**

The National Coordinating Entity (NCE) is appointed by each member state at the beginning of each evaluation round to provide its country information for the GEG to carry out the corresponding evaluation.

A. **Roles and responsibilities**
1. Compile information received from national institutions in response to the evaluation questionnaires, as well as related updates to the annual thematic national evaluation
1. Prepare reports for the comprehensive evaluation year; review and analyze the collected information to ensure accuracy and consistency.

2. Prepare and submit an introductory document supporting these responses, to contribute to the GEG’s evaluation within the established timeframe.

3. Submit on time a completed evaluation questionnaire as well as related updates to the annual national evaluation reports for the comprehensive evaluation year.

4. Review the GEG’s “notes to the country” in the draft report and distribute them to the appropriate national institutions.

5. Review responses received from national institutions to the GEG’s “notes to country” in a timely fashion, in addition to overall text in the draft report.

6. Clarify any information requested by the GEG or the MEM Unit.

7. Promote MEM reports in their country and share said activities with the MEM Unit.

8. Provide technical assistance jointly with the MEM Unit and raise awareness on the MEM process with all participating institutions in the country.

VII. MEM UNIT

The MEM Unit is under the Executive Secretariat of the Inter-American Drug Abuse Control Commission (CICAD) and provides technical, coordination, and managerial support for those actors involved (IWG, GEG, NCEs, and MEM Independent Technical Consultants) in the MEM process.

A. Roles and responsibilities

1. Maintain continuous communication with the IWG, GEG, NCEs, and the MEM Independent Technical Consultants.

2. Communicate with the CICAD Commissioners regarding the MEM process.

3. Verify that information received from the countries is complete.

4. Prepare the narrative documents based on information included in the questionnaire from member states.

5. Support the GEG in drafting tasks, plenaries, and organizing the working sub-groups.

6. Arrange the appropriate contracts for the MEM Independent Technical Consultants, as well as coordinate, oversee, and support the work outlined for the group.

7. Prepare hemispheric briefs based on the national evaluation reports.

8. Organize training/workshops (including online) for those actors in the MEM process.

9. Provide Experts with evaluation guidelines and NCEs with appropriate guidance.

10. Publish and distribute the MEM national reports once approved by the CICAD Commissioners, as well as the hemispheric briefs, or other MEM-related material.

11. Execute promotional activities on the MEM reports and raise awareness on the evaluation process, together with member states and/or regional/international organizations.
VIII. REPORTS AND BRIEFS

A. National evaluation reports
1. The national evaluation report of each OAS member state is concise and reflects the country’s internal reality in implementing the EHD and PoA, outlining strengths, challenges encountered, and progress made in executing drug policies, as well as pending actions.
2. The thematic structure of the reports will be in line with the HDS and PoA.
3. Reports are produced in accordance with the following stages:
   a) The narrative document serves as the basis for the draft national reports.
   b) GEG analyzes, evaluates, and drafts the corresponding national reports based on an initial document prepared by the MEM Independent Technical Consultants.
   c) GEG first drafting meeting takes into account the interpretive notes in the evaluators’ manual, reviews and suggestions by the MEM Independent Technical Consultants, and incorporates “notes to country” to draft national reports.
   d) Each participating member state is sent their country’s draft report for comments and data update through the “notes to country.”
   e) GEG reviews comments and updates submitted by the country, with the support of the MEM Independent Technical Consultants, incorporating conclusions, and finalizing one draft report per country.
   f) Each participating member state receives its final draft national report.
   g) CICAD Commission, in its regular session, receives final draft national reports for approval.
   h) ES-CICAD presents the MEM reports to the OAS Permanent and Observer Missions, the Committee of Hemispheric Security, the Permanent Council, and the OAS General Assembly.
4. Sources of information used for the evaluation reports are the following:
   a) Member states’ responses to the evaluation questionnaires and the introductory document, as well as the updates to the thematic annual national evaluation reports, for the comprehensive evaluation year.
   b) National reports from prior MEM rounds.
   c) Authorized external sources of information, such sources as official websites of national drug agencies/institutions, other official national websites, official national reports, and documents from regional/international organizations/entities.
   d) GEG consultations with the NCEs during the evaluation process.
   e) Consultations with the ES-CICAD.

B. Hemispheric briefs
The hemispheric evaluation briefs are concise and reflect the reality of the member states as a whole with regard to the drug problem and the collective progress in the fulfilment of the objectives of the Hemispheric Plan of Action 2021-2025.

1. Briefs are produced annually by the MEM Unit of the ES-CICAD as a result of the thematic area that was evaluated.
2. Non-evaluative and informative briefs, identifying trends stemming from the national reports.
3. They contain information already approved by the CICAD Commission.
Annex III
MULTILATERAL EVALUATION MECHANISM (MEM)

EVALUATION QUESTIONNAIRE

Measures of Prevention, Treatment, and Recovery Support 2021

EIGHTH EVALUATION ROUND
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Measures of Prevention, Treatment, and Recovery Support

Objective 1  Establish comprehensive and integrated drug demand reduction policies with a public health focus, that are evidence-based, multidisciplinary, multisectoral, respectful of human rights, that consider the gender perspective and community, and take into account the guidelines and/or recommendations of specialized international and/or regional organizations.

Objective 2  Establish or strengthen an integrated system of evidence-based universal, selective, and indicated drug use prevention programs that prioritize at-risk populations, as well as environmental prevention, that incorporate a human rights, gender, age, and multicultural perspective.

Objective 3  Establish and strengthen, as appropriate, national care, treatment, rehabilitation, recovery, and social integration systems for people who use drugs, that are integrated with health systems, and that respect human rights, and offer gender-specific services, and that, to the extent possible, are designed and administered in accordance with internationally accepted quality standards.

Objective 4  Foster ongoing training and certification of prevention, treatment, and rehabilitation service providers.

Objective 5  Establish and/or strengthen government institutional capacities to regulate, enable, accredit, and supervise prevention programs and care, treatment, rehabilitation, and reintegration services.
1. Does your country have demand reduction policies that include programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, social integration, and recovery support and related support services, as well as initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse?

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<th>Area</th>
<th>Yes</th>
<th>No</th>
<th>If yes, please attach the corresponding document or web link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health promotion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early intervention</td>
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<tr>
<td>Treatment</td>
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<tr>
<td>Care</td>
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<tr>
<td>Rehabilitation</td>
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<tr>
<td>Social integration</td>
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<tr>
<td>Recovery support</td>
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<td></td>
<td></td>
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<tr>
<td>Other initiatives/measures to minimize adverse public health and social consequences</td>
<td></td>
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</tbody>
</table>

1 Community includes ethnicity, among others.
2 A program should include the following minimum components: objectives, activities, work plan, identified and assigned resources, target population, definition of a location and a time frame for its execution. The brief and sporadic activities, actions or talks are not considered a program.
3 Quality treatment and adapted to the needs of everyone that is directly or indirectly affected by drug and alcohol use, always using hospitalization as a last therapeutic resource and when it is properly justified. It can be provided in coordination with community and/or neighborhood centers, primary health care centers, detoxification units, devices specialized in acute care and clinical stabilization, outpatient approaches, full or half-day care centers, halfway alternatives, and residential treatments. Rehabilitation is considered as a stage of the treatment process.
4 Any social intervention with the aim of integrating former or current problem drug users into the community. The three 'pillars' of social integration are (1) housing, (2) education and (3) employment (including vocational training). May also be referred to as “social re-integration or social re-insertion.”
OBJECTIVE 1

If yes:

1.a. Please indicate if these programs include the following approaches:

<table>
<thead>
<tr>
<th>Approach</th>
<th>Yes</th>
<th>No</th>
<th>If yes, please attach the corresponding document or web link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Age&lt;sup&gt;5&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Community&lt;sup&gt;6&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural context&lt;sup&gt;7&lt;/sup&gt;</td>
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<tr>
<td>Others (specify): _________</td>
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</tbody>
</table>

2. Does your country develop, strengthen, and/or implement coordination mechanisms for the collection, analysis, and dissemination of and access to information<sup>8</sup> on drug use prevention, treatment, rehabilitation, recovery, and social reintegration services?

<table>
<thead>
<tr>
<th>Services</th>
<th>Yes</th>
<th>No</th>
<th>If yes, please attach the corresponding document or web link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td></td>
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<tr>
<td>Treatment</td>
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<tr>
<td>Rehabilitation</td>
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<tr>
<td>Recovery support</td>
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<tr>
<td>Social integration</td>
<td></td>
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</tr>
</tbody>
</table>

3. Does your country have monitoring instruments<sup>9</sup> for demand reduction programs?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<sup>5</sup> Age difference approach refers to the needs during different life stages: childhood, adolescence, adulthood.

<sup>6</sup> Community includes ethnicity, among others.

<sup>7</sup> Including the cultural diversity and the needs related to it in designing health programs and services, while respecting, accompanying and valuing cultural differences in practice and from a viewpoint of community actors.

<sup>8</sup> Mechanisms for dissemination of and access to information are tools for the promotion and dissemination of prevention, treatment, and social integration services. Examples of dissemination of and access to information mechanisms are: social networks, mass media publicity, brochures, toll-free phone lines, information published in governmental web portals, dissemination through publicity and communication campaigns.

<sup>9</sup> The instruments referred to are those of diagnostics, process, results and audits. The mode of collecting information could be quantitative and/or qualitative, for example: structured surveys, in-depth interviews, etc.
OBJECTIVE 1

4. Has your country carried out any impact, process,\textsuperscript{10} or outcome\textsuperscript{11} evaluations of drug demand reduction programs?

[ ] Yes  [ ] No

If yes:

4.a. Please provide the following information:

<table>
<thead>
<tr>
<th>Program evaluated</th>
<th>Title of evaluation performed\textsuperscript{12}</th>
<th>Type of evaluation performed</th>
<th>Year of program evaluation</th>
<th>Please attach the corresponding document or web link</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

5. Has your country conducted impact evaluations\textsuperscript{13} (best practices) or any other related and current study of drug consumption prevention programs?

[ ] Yes  [ ] No

\textsuperscript{10} Process evaluation includes documenting each step of the design of a specific intervention, to determine its efficacy, efficiency, and effectiveness. It seeks to determine whether the intervention efficiently meets its short-term goals, has successfully reached the target population, and the materials used are appropriate.

\textsuperscript{11} Intermediate outcome evaluation assesses the effectiveness of the program; that is, what the project is expected to change. The outcome may include changes in behavior, status, attitude, or certification of the beneficiaries after receiving the program’s goods or services. The importance of the intermediate outcome evaluation lies in the expectation that the results will drive the outcome (impact) of the program or project.

\textsuperscript{12} Title of evaluation performed: Please indicate the title of the evaluations, the institutions that carried out the evaluations and bibliographical references.

\textsuperscript{13} Impact evaluation: This is an assessment of the final outcomes of key actions or inputs relative to what would have occurred in the absence of an intervention. These results indicate a change in the conditions of the target population directly attributable to these actions. In some instances, it is difficult to carry out these measurements, due to the difficulty in isolating the effects of other external variables and/or because many of these effects are long term.
OBJECTIVE 1

If yes:

5.a. Please complete the table below:

<table>
<thead>
<tr>
<th>Evaluated program</th>
<th>Title of study performed or underway</th>
<th>Year of publication of research findings</th>
<th>Carried out by [specify research institution(s) or individual researcher(s)]</th>
<th>Please attach the corresponding document or web link</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

6. Is your country developing and/or implementing, as appropriate, coordination mechanisms to support the development and implementation of demand reduction programs, allowing for the participation of and coordination with civil society and other stakeholders?\(^{14}\)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes:

6.a. Please provide the corresponding means of verification.

7. Does your country promote national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach and, in that regard, promote nationally recognized standards by member states on drug use preventions and/or the “International Standards on Drug Use Prevention,” and the “International Standards for the Treatment of Drug Use Disorders,” both developed jointly by WHO and UNODC?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

\(^{14}\) Other stakeholders can be local stakeholders, neighborhood referents, social movements, community organizations, neighborhood meetings, non-governmental organizations (NGO) and other civil society associations (including women’s organizations).
If yes:

7.a. Please provide the corresponding means of verification.
8. Does your country develop or implement prevention strategies and/or programs in the following target populations?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Population group</th>
<th>Estimated Coverage</th>
<th>Name of program</th>
<th>Type of program (universal, selective, indicated)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>School children and university students:</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Pre-school</td>
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<td></td>
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<td>• Elementary/primary</td>
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<td>• Junior high &amp; high school (secondary school)</td>
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<td></td>
<td></td>
<td>• University/tertiary education</td>
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</tbody>
</table>

15 At-risk populations may include: women, children, adolescents, LGBTIQ+ persons, people who use drugs, prison population, indigenous groups, migrants, homeless individuals, and other socially disadvantaged groups.

16 **Target population:** population group that the program seeks to address. The size of the target population will depend on the type of program that is to be implemented. In the case of universal prevention programs, it will be the entire population group, while selective or indicated prevention programs will target the population “at risk” or at “high risk.”

17 **Coverage rate:** population group actually served by a program expressed as a percentage of the target population.

\[
\text{Coverage rate} = \frac{\text{Size of population served} \times 100}{\text{Size of target group}}
\]

Example: Target population = all primary school children in the country = 10,000
Population served = primary school children in the country to whom the prevention program was delivered during the year = 1,000

\[
\text{Coverage rate} = \frac{1,000 \times 100}{10,000} = 10\%
\]

18 **Type of program:**

- **Universal prevention:** Target the general population, such as all students in a school. This level of prevention strengthens values, attitudes, knowledge and abilities that allow the child or youth to lead a healthy and drug-free lifestyle.
- **Selective prevention:** Target at-risk groups or subgroups of the general population, such as children of drug-users or poor school achievers.
- **Indicated prevention:** Are designed for people who are already experimenting with drugs or who exhibit other risky behaviors.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Population group</th>
<th>Estimated Coverage</th>
<th>Name of program</th>
<th>Type of program (universal, selective, indicated)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Target population</td>
<td>Coverage rate</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Street Population:</td>
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<tr>
<td></td>
<td></td>
<td>• Boys/girls</td>
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<td></td>
<td></td>
<td>• Street youths</td>
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<td></td>
<td></td>
<td>• Adults</td>
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<td></td>
<td>Family</td>
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<td></td>
<td><strong>Gender</strong></td>
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<tr>
<td></td>
<td></td>
<td>• Women</td>
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<tr>
<td></td>
<td></td>
<td>• Men</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>LGBTIQ+</td>
<td></td>
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<td></td>
<td></td>
<td>Community</td>
<td></td>
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<td></td>
<td></td>
<td>Indigenous people:</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Migrants and refugees</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Individuals in the workplace</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Incarcerated individuals</td>
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<tr>
<td></td>
<td></td>
<td>Others (Please specify:____)</td>
<td></td>
<td></td>
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</tbody>
</table>

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19 **Street Population**: Children and young people who are not in school and who either live on the street or who, while living at home, spend their time in the streets, and to adults who live on the street (homeless people) in socially precarious conditions.

20 **Indigenous people**: According to the United Nations, indigenous peoples are the holders of unique languages, knowledge systems and beliefs and possess invaluable knowledge. Also, hold their own diverse concepts of development, based on their traditional values, visions, needs and priorities. [http://www.un.org/esa/socdev/unpfii/documents/5session_factsheet1.pdf](http://www.un.org/esa/socdev/unpfii/documents/5session_factsheet1.pdf)

21 Workplace drug prevention programs may include drug and alcohol abuse prevention and education for employees and management; employee assistance programs; referral to and/or financial assistance for treatment for substance abuse; on-site facilities made available for Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) groups; and written policies about non-use of alcohol and other licit and illicit drugs on the job.

22 **Other groups at risk**: Each member state should determine those population groups that may, in that country, be at higher risk for the use of drugs. These high-risk groups might include prostitutes, migrants, HIV-positive individuals, homeless people, street youth and injecting drug users.
8.a. Please provide the corresponding means of verification for universal prevention programs listed on the table.

9. Has your country carried out and/or strengthen situational assessments\textsuperscript{23} to identify specific needs, risk, and protective factors of each target population of drug use prevention programs?

\begin{tabular}{ll}
Yes & No \\
\end{tabular}

If yes:

9.a. Please provide the corresponding means of verification.

10. Does your country promote the exchange of research findings, experiences, and best practices to improve the effectiveness of prevention programs, taking into consideration the “International Standards on Drug Use Prevention,” developed jointly by the WHO and UNODC?

\begin{tabular}{ll}
Yes & No \\
\end{tabular}

If yes:

10.a. Please provide the corresponding means of verification.

11. Please provide the corresponding means of verification for selective\textsuperscript{24} prevention programs listed under question eight.

\begin{tabular}{ll}
\end{tabular}


\textsuperscript{24} CICAD Hemispheric Guidelines on School-Based Prevention (Washington D.C., 2005).
12. Please provide the corresponding means of verification for indicated prevention programs listed under question eight.
OBJECTIVE 3

ESTABLISH AND STRENGTHEN, AS APPROPRIATE, NATIONAL CARE, TREATMENT, REHABILITATION, RECOVERY, AND SOCIAL INTEGRATION SYSTEMS FOR PEOPLE WHO USE DRUGS, THAT ARE INTEGRATED WITH HEALTH SYSTEMS, AND THAT RESPECT HUMAN RIGHTS, AND OFFER GENDER-SPECIFIC SERVICES, AND THAT, TO THE EXTENT POSSIBLE, ARE DESIGNED AND ADMINISTERED IN ACCORDANCE WITH INTERNATIONALLY ACCEPTED QUALITY STANDARDS.

13. Does your country have a comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health care network, and/or social protection?

Yes  No

If yes:

13.a. Please indicate if the national system includes the following:

<table>
<thead>
<tr>
<th>Programs/Services</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early intervention (brief intervention, counselling)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis intervention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diverse treatment modalities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dual pathology (co-morbidity)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social integration and services related to recovery support</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13.b. If any of these programs/services take into account gender, please describe how it is included.
14. Do the programs and services take into account the “International Standards for the Treatment of Drug Use Disorders” of the WHO and UNODC?

Yes  No

If yes:

14.a. Please explain how your country monitors compliance with these international standards.

14.b. Please provide the corresponding means of verification.

15. Does your country take into account the use of the “Technical Guide for countries to set targets for universal access to HIV prevention, treatment, and care for injecting drug users,” issued by WHO, UNODC, and UNAIDS,\(^{25}\) to establish goals in relationship of universal access to prevention, treatment, and care of HIV infection?

Yes  No

If yes:

15.a. Please provide the corresponding means of verification.

16. Does your country implement mechanisms to continuously monitor and evaluate the results of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities?

Yes  No

---

OBJECTIVE 3

If yes:

16.a. Please provide the corresponding means of verification.


16.b. Do these mechanisms take into account the gender and human rights approaches, age, and cultural context during the evaluation and monitoring of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities?

Yes  No

If yes:

16.b.1. Please describe how the gender perspective and human rights approach, age, and cultural context is taken into account.


17. Does your country have mechanisms to protect the rights of persons in treatment programs and services?

Yes  No

If yes:

17.a. Please briefly describe these mechanisms.


18. Do these mechanisms have protocols to protect the confidentiality of the information provided by the recipients of these services?

Yes  No
19. Do these mechanisms include the process of providing adequate information on treatment and informed consent?

- [ ] Yes
- [ ] No

20. Please provide the corresponding means of verification for these mechanisms.


21. Does your country have alternatives for early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs?

- [ ] Yes
- [ ] No

If yes:

21.a. Please indicate which are those alternatives:


21.b. Please provide the corresponding means of verification.


22. Does your country offer early intervention, care, treatment, rehabilitation, recovery, and social integration programs for incarcerated individuals who use drugs?

- [ ] Yes
- [ ] No

If yes:

22.a. Please indicate which are those programs:


22.b. Please provide the corresponding means of verification.


23. Does your country implement cooperation mechanisms with social and community actors that provide social and community support services in order to contribute to social integration of people who use drugs?

Yes  No

If yes:

23.a. Please indicate the organizations and programs:

<table>
<thead>
<tr>
<th>Organizations</th>
<th>Programs</th>
<th>Please attach corresponding document or web link</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

24. Does your country promote regional and international cooperation and share best practices in increasing access to and availability of evidence-based treatment and recovery services, including access to naloxone and other medicines used in the treatment of substance use disorders?

Yes  No

If yes:

24.a. Please describe how your country promotes regional and international cooperation and share best practices for these services.


24.b. Please provide the corresponding means of verification.


25. Does your country promote measures to address the stigma and social marginalization associated with substance use disorders, which may deter individuals from seeking, accessing, and/or completing demand reduction services?

Yes  No

If yes:

25.a. Please describe the measures promoted (strategies, programs, awareness campaigns, etc.), and to whom they are addressed (professionals and/or the general population), and provide the corresponding means of verification.
26. Does your country implement ongoing competence-based training in the areas of prevention, treatment, and rehabilitation?

Yes  No

If yes:

26.a. Please specify the training educational levels and provide the corresponding means of verification.

27. Does your country participate in prevention, treatment, and rehabilitation training programs offered by specialized international organizations?

Yes  No

If yes:

27.a. Please provide the following information:

<table>
<thead>
<tr>
<th>International organizations</th>
<th>Training programs [prevention, treatment, rehabilitation]</th>
<th>Name of program</th>
<th>What type of approaches do these programs take into account (gender, human rights, public health)?</th>
<th>Please attach corresponding document or web link</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

27.b. If any of these programs take into account gender, please describe how it is included.
28. Does your country certify personnel that work on prevention, treatment, rehabilitation, and social integration services?

<table>
<thead>
<tr>
<th>Services</th>
<th>Yes</th>
<th>No</th>
<th>Level of certification (basic, intermediate, advanced)</th>
<th>Organization/Institution responsible for certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
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<tr>
<td>Treatment</td>
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<td>Rehabilitation</td>
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<tr>
<td>Social integration</td>
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</tbody>
</table>

29. Has your country carried out situational assessments to identify the training needs of personnel working in prevention, early intervention, care, treatment, rehabilitation, recovery, and social integration programs?

<table>
<thead>
<tr>
<th>Programs</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td></td>
<td></td>
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<tr>
<td>Early intervention</td>
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<td>Care</td>
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<td>Rehabilitation</td>
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<td>Recovery</td>
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<tr>
<td>Social integration</td>
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</tbody>
</table>

30. Has your country developed specialized programs in response to training needs identified by situational assessments?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes:

30.a. Please specify the corresponding means of verification.
31. Does your country have regulatory measures for accrediting prevention programs?

Yes [ ] No [ ]

If yes:

31.a. Please indicate the entity(ies) that accredit and briefly describe the accrediting process.

31.b. Please specify the corresponding means of verification.

32. Does your country have an accreditation process for care and treatment services? 

Yes [ ] No [ ]

If yes:

32.a. Please indicate the entity(ies) that accredit and briefly describe the accrediting process.

32.b. Please specify the corresponding means of verification.

---

26 Treatment services: Provision of structured interventions to treat psychosocial and health problems related to drug use, to improve health and increase/improve social and personal welfare.
33. Does your country use CICAD’s Indispensable Criteria for the opening and operating of Drug Use Disorders Treatment Centers?

Yes  No

If no,

33.a. Please describe, which criteria, if any, are used.


34. Does your country have supervisory mechanisms in place to ensure that the standards of international quality criteria of prevention services are met?

Yes  No

If yes:

34.a. Please indicate the supervisory mechanisms used and who is responsible for overseeing them.


34.b. Please specify the corresponding means of verification.


35. Does your country have supervisory mechanisms to ensure that the standards of international quality criteria of the public and private treatment and rehabilitation services are met?

Yes  No

If yes:

35.a. Please indicate the supervisory mechanisms used and who is responsible for overseeing them.


35.b. Please describe briefly the actions taken with public and private treatment and rehabilitation services that do not comply with the standards of international quality criteria.

35.c. Please specify the corresponding means of verification.

36. Has your country conducted an assessment at the national, regional, and local levels to determine the needs regarding primary care, treatment, and reintegration services during the evaluation period?

Yes  No

If yes:

36.a. Please explain the results of the assessment.

36.b. Please specify the corresponding means of verification.
Annex IV
The introductory document to the MEM eighth round questionnaire is essential in the evaluation process. This document offers countries the opportunity to provide information that was not requested in the relevant thematic questionnaire, but offers valuable insight and relevant context of the country’s reality. It is necessary that the MEM National Coordinating Entity (NCE) of each member state drafts and submits this document, along with the responses to the evaluation questionnaire within set deadlines.

NCEs should submit an introductory document for each year of the eighth evaluation round, focusing on the thematic area under evaluation during each of the first three years of the round. In the fourth year, the introductory document would offer a general overview of the country’s situation.

This document also allows evaluators to better understand the context and characteristics under which the drug phenomenon develops at the national level, offering the Governmental Expert Group (GEG) additional information to take into account during their evaluations, based on the reality of the drug policies in the corresponding thematic area of evaluation in each country and the strategy implemented to address it.

To ensure that the GEG has the most relevant information, it is suggested that the introductory document be no more than two pages and take into account the following outline:

I. **Overview**

This section would be included only for the first year and updated as needed during the following years. It may include the following elements:

1. Brief summary of the geographic, economic, and social reality of the country and the political - administrative system.
2. Brief description of the national drug plan and/or strategy\(^1\) objectives.

II. **Current Situation**

This section may include the following elements:

1. Brief description of the specific objectives of the drug plan and/or strategy within the thematic area that is being evaluated, highlighting those that are currently being prioritized.

\(^1\) Please attach the document or web link to your national drug plan and/or strategy and other related materials.
2. Specific challenges in the formulation and/or implementation of public policies on the subject corresponding to the thematic area being evaluated, including the gender and human rights perspectives.

3. Emerging challenges in addressing the problem in the corresponding thematic area of evaluation, including the impact of COVID-19, natural disasters, and major socio-economic events, among others.

4. Additional information that the country deems relevant to bear in mind that is not part of the responses to the MEM evaluation questionnaire for the corresponding thematic area being evaluated.
Annex V
MULTILATERAL EVALUATION MECHANISM (MEM)

EVALUATOR’S MANUAL

Measures of Prevention, Treatment, and Recovery Support 2021

EIGHTH EVALUATION ROUND
INTRODUCTION

This manual is a guide to support the work of the Governmental Expert Group (GEG) that carries out the eighth round of the Multilateral Evaluation Mechanism (MEM).

This group's task is to assess the progress made by countries in the implementation of the guidelines issued in the Hemispheric Plan of Action on Drugs (POA) 2021-2025, benchmarking the principles of the OAS Hemispheric Drug Strategy (HDS) 2020, identifying the objectives to meet and priority actions to achieve them.

**Purpose and characteristics**

Accordingly, the purpose of this manual is to assist experts in assessing the fulfillment level of each member state in implementing the objectives of the POA of the HDS.

This Manual is a component of the evaluation process in addition to the Evaluation Questionnaire. The Questionnaire is the key instrument of the process, serving as the means to collect information and data that enable the experts in assessing the situation in each country. While taking into account their national reality, domestic legislation, and the stage of development of the public policies.

The eighth round will evaluate the thematic areas over a three-year period, and a comprehensive evaluation in the fourth year. For 2021, the Manual includes the objectives for the area of Measures of Prevention, Treatment, and Recovery Support and its corresponding priority actions. There are interpretative notes for each priority action to assist experts in the assessment of each objective.

**2021 Evaluation process documents**

In this stage of the eighth evaluation round, along with the Evaluator’s Manual, the following components are part of the process:

a) Evaluation Questionnaire: This component is the key instrument of the evaluation process. It contains the questions that the countries must respond to, providing the necessary information allowing the GEG to analyze the reality of the country in each of the areas that make up the HDS and its POA. The evaluation period for this thematic area will cover the years 2019 to 2021.

b) Procedural Manual: This Manual contains a description on the operational process of the MEM, the actors involved in the evaluation process and their respective roles, as well as the general aspects for the GEG’s preparation of the reports.

c) Calendar of Activities: This component outlines the activities for the evaluation process for the MEM eighth round, including deadlines, such as information submitted by member states, activities of the MEM independent technical consultants, GEG meetings, training activities, and official publications.
The evaluation process

The assessment of the drug problem in each country is mainly based on analyzing the responses to the Evaluation Questionnaire by each country. Thus, the first stage of the process is drafting the narrative documents, prepared by the MEM Unit, seeking to organize and systematize the information sent by each country. Based on these narrative documents, the MEM independent technical consultants conduct an initial review of the responses to the questionnaire, and draft a base document with recommendations for the GEG to use in their analysis.

The GEG analyzes and assesses the situation in each country for the thematic area evaluated in 2021, while considering the interpretative notes of each priority action in this Manual, the information included in the national reports from previous rounds of this Mechanism, as well as other relevant information sources.

The thematic national reports seek to outline marked progress, setbacks, and shortcomings, taking into account their material, financial and human capabilities, to provide an objective panorama of the current situation in addressing the drug problem in each country for the corresponding thematic area.

CICAD Commissioners consider and approve the draft thematic national reports at their regular sessions.

Thematic national reports

The main characteristics of these reports aim to be:

- Evaluative and objective.
- Relevant to the country and, specifically, to the drug problem in each country.
- Concise and include the information necessary to fulfill the two previous characteristics.
- Readable and understandable without consulting other reference documents.
- Specific and technical, using clear language, and accurately reflecting information and data.

It is highly important that these thematic national reports include assessments, highlighting the necessary reinforcements and strengthening needed to address the drug problem in each country.
OBJECTIVE 1

ESTABLISH COMPREHENSIVE AND INTEGRATED DRUG DEMAND REDUCTION POLICIES WITH A PUBLIC HEALTH FOCUS, THAT ARE EVIDENCE-BASED, MULTIDISCIPLINARY, MULTISECTORAL, RESPECTFUL OF HUMAN RIGHTS, THAT CONSIDER THE GENDER PERSPECTIVE, AND COMMUNITY and TAKE INTO ACCOUNT THE GUIDELINES AND/OR RECOMMENDATIONS OF SPECIALIZED INTERNATIONAL AND/OR REGIONAL ORGANIZATIONS.

Priority Action 1.1: Establish and/or update evidence-based programs in the areas of health promotion, prevention, early intervention, treatment, care, rehabilitation, social integration, and recovery and related support services, as well as initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse, taking into account gender, age, community, and cultural context, and establish budgetary mechanisms for such programs. (Question 1)

Interpretive Note:
The country provides documented proof of the establishment or update of evidence-based programs, concerning health promotion, prevention, early intervention, treatment, care, rehabilitation, social integration, and recovery and related support services, as well as initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse, that take into account gender, age, community, and cultural context, and have established budgetary mechanisms for such programs.

Priority Action 1.2: Develop, strengthen, and/or implement, as appropriate, coordination mechanisms for collecting, analyzing, and disseminating information on drug use prevention, treatment, rehabilitation, recovery, and social reintegration service availability, utilization, and outcomes, for the general public and different target populations, with support, as needed, from civil society, academic and research institutions, as appropriate. (Question 2)

Interpretive Note:
With the participation of universities, research centers, and/or civil society, as appropriate, the country develops, strengthens, and/or implements mechanisms for disseminating and ensuring

1 Community includes ethnicity, among others.
2 High-quality treatment tailored to the individual needs of each person that is directly and others that are indirectly (family or individuals who live with and support persons who use drugs) affected by alcohol and other drug use, always using the inpatient modality as the last therapeutic recourse and when it is duly justified. It can be offered either by/or in coordination with community/neighborhood centers, primary care centers, detox centers and services, centers specialized in acute management and clinical stabilization, outpatient approach centers, halfway houses, low-threshold centers and inpatient facilities. Rehabilitation is a component of treatment.
3 Any social intervention with the aim of integrating former or current problem drug users into the community. The three ‘pillars’ of social reintegration are (1) housing, (2) education, and (3) employment (including vocational training). May also be referred to as “social reintegration or social re-insertion.”
4 Age difference approach refers to the needs during different life stages: childhood, adolescence, adulthood.
OBJECTIVE 1

access to scientific evidence on drug use and its consequences, as well as on prevention, treatment, rehabilitation, recovery, and social reintegration services for general and specific populations.

Priority Action 1.3: Carry out impact, process, and outcome evaluations of demand reduction programs. (Questions 3, 4, 5)

Interpretive Note:
Countries can perform different evaluations like impact, process, and outcome, among others, to assess their demand reduction programs. It is essential to have continuous reports regarding the activities carried out, their products, results, and impact. Countries need to carry out the evaluations periodically to measure progress towards programs' goals and targets. The information generated should be widely available to relevant actors, including those who design and implement programs.

Priority Action 1.4: Develop and/or implement, as appropriate, coordination mechanisms with civil society, academic and research institutions, and other stakeholders to support the development and implementation of demand reduction programs. (Question 6)

Interpretive Note:
The country has in place coordination mechanisms for the development and implementation of demand reduction programs, the participation and engagement of the civil society, academic and research institutions, and other stakeholders. These coordination mechanisms may be formal or informal, as long as there is proof of their regular use.

Priority Action 1.5: Promote national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach and, in that regard, promote nationally recognized standards by member states on drug use preventions and/or the “International Standards on Drug Use Prevention,” and the “International Standards for the Treatment of Drug Use Disorders,” both developed

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5 Process evaluation: includes documenting each step of the design of a specific intervention, to determine its efficacy, efficiency and effectiveness. It seeks to determine whether the intervention efficiently meets its short term goals, has successfully reached the target population, and the materials used are appropriate.

Intermediate outcome evaluation: assesses the effectiveness of the program; that is, what the project is expected to change. The outcome may include changes in behavior, status, attitude, or certification of the beneficiaries after receiving the program’s goods or services. The importance of the intermediate outcome evaluation lies in the expectation that the results will drive the final outcome (impact) of the program or project.

Impact evaluation: This is an assessment of the final outcomes of key actions or inputs relative to what would have occurred in the absence of an intervention. These results indicate a change in the conditions of the target population directly attributable to these actions. In some instances it is difficult to carry out these measurements, due to the difficulty in isolating the effects of other external variables and/or because many of these effects are long term.
jointly by the World Health Organization (WHO) and United Nations Office on Drugs and Crime (UNODC). (Question 7)

Interpretive Note:
The country promotes national prevention, treatment, care, recovery, rehabilitation, and social integration measures and programs, with a comprehensive and balanced drug demand reduction approach and, in that regard, promotes nationally recognized standards by member states on drug use preventions and/or the “International Standards on Drug Use Prevention,” and the “International Standards for the Treatment of Drug Use Disorders,” both developed jointly by the WHO and UNODC.
Priority Action 2.1: Develop and implement evidence-based drug use prevention strategies and/or programs in the school, family, work, and community settings. (Question 8)

Interpretive Note:
The country provides proof of any drug use prevention strategies and/or programs from different modalities (universal, and/or selective, and/or indicated) with target populations in the school, family, work, and community settings.

Priority Action 2.2: Develop and strengthen situational assessments to identify specific needs, risk, and protective factors of each target population of drug use prevention programs. (Question 9)

Interpretive Note:
The situational assessment methodology\(^7\) combines qualitative and quantitative data collection techniques from a variety of data sources to identify specific needs, risk, and protective factors of each target population of drug use prevention programs. The conclusions allow the understanding of nature, extent, and trends of specific health and social problems (such as drug use consequences), detecting the presence or absence of structures and services to address those problems, aimed at developing ways to respond to and deal with them.

Priority Action 2.3: Promote the exchange of research findings, experiences, and best practices to improve the effectiveness of prevention programs, taking into consideration the “International Standards on Drug Use Prevention,” developed jointly by the World Health Organization (WHO) and United Nations Office on Drugs and Crime (UNODC). (Question 10)

Interpretive Note:
The country takes part in either formal or informal activities to promote the exchange of research findings, experiences, and best practices to improve the effectiveness of prevention programs, taking into consideration the “International Standards on Drug Use Prevention,” developed jointly by WHO and UNODC.

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\(^6\) At-risk populations may include: women, children, adolescents, LGBTIQ+ persons, people who use drugs, prison population, indigenous groups, migrants, homeless individuals, and other socially disadvantaged groups.

**Priority Action 2.4:** Implement selective prevention programs aimed at at-risk populations,\(^8\) in particular at children, adolescents, youth, and women. *(Question 11)*

**Interpretive Note:**
The country implements evidence-based selective\(^9\) prevention programs, which target at-risk populations, such as children, adolescents, youth, and women.

**Priority Action 2.5:** Develop and strengthen indicated prevention programs aimed at individuals at increased risk of developing substance use disorders. *(Question 12)*

**Interpretive Note:**
The country implements evidence-based indicated prevention programs aimed at individuals who are already experimenting with drugs, or who exhibit other risk-related behaviors.

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\(^8\) At-risk populations may include: women, children, adolescents, LGBTIQ+ persons, people who use drugs, prison population, indigenous groups, migrants, homeless individuals, and other socially disadvantaged groups.

\(^9\) *CICAD Hemispheric Guidelines on School-Based Prevention* (Washington D.C., 2005).
**Priority Action 3.1**: Implement and strengthen comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health care network, and/or social protection, taking into account the “International Standards on Treatment of Drug Use Disorders” and the Technical Guide for countries to set targets for universal access to HIV prevention, treatment, and care for injecting drug users, issued by the World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC), and the Joint United Nations Program on HIV/AIDS (UNAIDS).10 (Questions 13, 14, 15)

**Interpretive Note:** The country has documented evidence of existing comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health care network, and/or social protection. The corresponding documentation shows that those elements align with the “International Standards on Treatment of Drug Use Disorders” and the “Technical Guide for countries to set targets for universal access to HIV prevention, treatment, and care for injecting drug users,” issued by the WHO, UNODC, and UNAIDS.

**Priority Action 3.2**: Monitor and evaluate the results of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities, taking into account the gender perspective, age, and cultural context, as appropriate. (Question 16)

**Interpretive Note:**
The country has in place mechanisms for continuously monitoring and evaluating the results of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities, considering gender, age, and cultural context, as appropriate.

**Priority Action 3.3**: Promote measures to protect the rights of persons in treatment. (Questions 17, 18, 19, 20)

**Interpretive Note:**
The country promotes measures to protect the rights of persons in treatment who are receiving

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professional care.

**Priority Action 3.4:** Promote and offer alternative means for providing early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs, as an alternative to criminal prosecution and/or imprisonment. *(Question 21)*

**Interpretive Note:**
The country promotes and offers alternatives for early intervention, care, treatment, rehabilitation, recovery, and social integration services for criminal offenders who use drugs, as an alternative to criminal prosecution and/or imprisonment.

**Priority Action 3.5:** Establish early intervention, care, treatment, rehabilitation, recovery, and social integration programs for incarcerated individuals. *(Question 22)*

**Interpretive Note:**
The country has established early intervention, care, treatment, rehabilitation, recovery, and social integration programs for incarcerated individuals who use drugs.

**Priority Action 3.6:** Design and implement cooperation mechanisms with social and community actors that provide social and community support services in order to contribute to social integration of people who use drugs, particularly at-risk populations, in an ongoing, sustainable, and recovery-oriented manner. *(Question 23)*

**Interpretive Note:**
The country has formally, systematically, and sustainably designed and implemented cooperation mechanisms with social and community actors that provide social and community support services in order to contribute to social integration of people who use drugs, particularly at-risk populations, in an ongoing, sustainable, and recovery-oriented manner.

**Priority Action 3.7:** Promote regional and international cooperation and share best practices in increasing access to and availability of evidence-based treatment and recovery services, including access to naloxone and other medicines used in the treatment of substance use disorder. *(Question 24)*

**Interpretive Note:**
The country promotes regional and international cooperation and share best practices in increasing access to and availability of evidence-based treatment and recovery services, including

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11 At-risk populations may include: women, children, adolescents, LGBTIQ+ persons, people who use drugs, prison population, indigenous groups, migrants, homeless individuals, and other socially disadvantaged groups.
access to naloxone and other medicines used in the treatment of substance use disorder.

**Priority Action 3.8:** Promote measures to address the stigma and social marginalization associated with substance use disorders, which may deter individuals from seeking, accessing, and/or completing demand reduction services. *(Question 25)*

**Interpretive Note:**
The country addresses the stigma and social marginalization associated with substance use disorders by promoting specific measures aimed at improving access to treatment, and achieve the therapeutic goals of the people that request demand reduction services.
**Priority Action 4.1:** Implement ongoing competency-based training mechanisms, in collaboration with academic institutions and other specialized organizations. *(Questions 26, 27)*

**Interpretative Note:**
The country implements ongoing competency-based training mechanisms through recognized academic institutions/universities in the prevention, treatment, and rehabilitation areas.

**Priority Action 4.2:** Develop and utilize criteria for certification of drug use prevention, treatment, rehabilitation, and social integration service providers that recognize tiered (e.g. basic, intermediate, and advanced) levels and/or specialized competencies (e.g. Co-occurring substance use and mental health disorder credentials). *(Question 28)*

**Interpretative Note:**
The country develops and utilizes criteria for the certification of personnel who provide prevention, treatment, rehabilitation, and social integration services. The country offers certification at the basic, intermediate, and advance levels and/or specialized competencies in these areas.

**Priority Action 4.3:** Conduct a situational assessment to identify training needs of prevention, early intervention, care, treatment, rehabilitation, recovery, and social integration service providers. *(Question 29)*

**Interpretive Note:**
The country conducts a situational assessment to identify the training needs of personnel working in the prevention, early intervention, care, treatment, rehabilitation, recovery, and social integration programs.

**Priority Action 4.4:** Develop specialized programs in response to training needs identified by the situational assessment. *(Question 30)*

**Interpretive Note:**
The country develops specialized programs in response to training needs identified by situational assessments.
### Priority Action 5.1: Establish and implement regulatory measures that include quality criteria for the accreditation of prevention programs and care and treatment services. *(Questions 31, 32, 33)*

**Interpretive Note:**
The country consistently establishes and implements regulatory measures that include quality criteria for the accreditation of the prevention programs and care and treatment services.

### Priority Action 5.2: Establish supervisory mechanisms to ensure that prevention programs and public and private treatment services meet the standards of international quality criteria recognized by the member states. *(Questions 34, 35)*

**Interpretive Note:**
The country establishes supervisory mechanisms to ensure that the standards of international quality criteria of the prevention programs and public and private treatment services are met.

### Priority Action 5.3: Assessment, at the national, regional, and local levels, of the needs and supply of primary care, treatment, and reintegration services. *(Question 36)*

**Interpretive Note:**
The country conducts an assessment at the national, regional, and local levels to determine the needs regarding primary care, treatment, and reintegration services.
Annex VI
### CALENDAR OF ACTIVITIES FOR THE MEM EIGHTH EVALUATION ROUND

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#### Publication Dates (National Evaluation Reports and Hemispheric Briefs)
- Measures of Prev., Treat., and Recovery Support: January 2022
- Measures to Control and Counter the Illicit Cultivation: January 2023
- Production, Trafficking, and Distribution of Drugs, and to Address their Causes and Consequences: January 2024
- Institutional Strengthening - Int. Cooperation - Research, Information, Monitoring, and Evaluation: January 2024
- Comprehensive Reports: January 2025

#### GEG Plenary Sessions
- First Plenary drafting sessions: June 2021, 2022, 2023 and 2024
- Second Plenary drafting sessions: September 2021, 2022, 2023 and 2024

Note: Meetings / Trainings will be held virtually or in-person, depending on the availability of funds by donors and the COVID-19 situation.