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MULTILATERAL EVALUATION MECHANISM (MEM)

*Evaluation Report on Drug Policies:
Measures of Prevention, Treatment, and
Recovery Support*

Panama

Inter-American Drug Abuse Control Commission (CICAD)
Secretariat for Multidimensional Security (SMS)

2021



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**Evaluation Report on Drug Policies:
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EIGHTH EVALUATION ROUND

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PREFACE

The Multilateral Evaluation Mechanism (MEM), established by a mandate from the Second Summit of the Americas (Santiago, Chile - 1998), is a unique multilateral evaluation tool designed to measure the progress made and challenges faced by the member states of the Organization of American States (OAS) in implementing the Hemispheric Plan of Action on Drugs of the OAS Hemispheric Drug Strategy, currently in force.

The Inter-American Drug Abuse Control Commission (CICAD) of the Secretariat for Multidimensional Security (SMS) is the OAS specialized agency in charge of implementing this Mechanism.

The current MEM round is based on the objectives of the Hemispheric Plan of Action on Drugs 2021-2025 of the Hemispheric Drug Strategy 2020 and their respective priority actions. These documents take into account the recommendations of the outcome document of the United Nations General Assembly Special Session on the World Drug Problem (UNGASS 2016) and the United Nations 2030 Agenda on Sustainable Development, as well as cross-cutting issues, such as the gender perspective and human rights, cultural context, and social inclusion approaches, among others.

Seven evaluation rounds have been completed from 1998 to 2019 and, during 2020, the MEM Intergovernmental Working Group (IWG), composed of member state delegates, agreed on a new methodology for the eighth round, consisting of annual thematic evaluations with the support of independent technical consultants, as follows: 2021 – Measures for Prevention, Treatment, and Recovery Support; 2022 – Measures to Control and Counter the Illicit Cultivation, Production, Trafficking, and Distribution of Drugs, and to Address their Causes and Consequences; 2023 – Institutional Strengthening; Research, Information, Monitoring, and Evaluation; International Cooperation; and 2024 – Comprehensive Evaluation based on updated information from all thematic areas.

MEM evaluations are carried out based on information provided by the member states' National Coordinating Entities (NCEs), which is analyzed by the MEM Governmental Expert Group (GEG), composed of experts designated by the countries, who do not participate in their own country's evaluation, thus ensuring the transparency and impartiality of the process. The GEG is always supported by the group of independent technical consultants and the MEM Unit. The eighth round represents a more rigorous evaluation process, in which countries are requested to provide valid means of verification to support the information submitted and ensure compliance of each priority action.

Specifically, the GEG's work for the thematic assessment for the area of "Measures for Prevention, Treatment, and Recovery Support" was conducted during 2021, and covers the 2019 to 2021 period (unless otherwise specified). This work was adapted to the COVID-19 pandemic with the use of technology and virtual tools, as well as taking it into consideration in the evaluation assessments.

Finally, it should be noted that one of the main purposes of MEM evaluation reports is to serve as a useful diagnostic tool to identify opportunities for improvement in drug policies and strategies, both at the national and regional levels.

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 COMMUNITY¹, 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.

Panama has drug demand reduction policies that include programs in the areas of health promotion, early intervention, treatment, care, rehabilitation, social integration, and recovery. These programs do not include approaches based on gender, age, community, or cultural context. However, Panama does not have an officially established prevention policy. The programs and projects carried out in this area by the country are initiatives by institutions undertaken by reason of their functions within the state structure.

Area	Policies / Programs
Health promotion	- Promotion – Ministry of Health (MINSAs)
Early intervention	- Early Intervention – Ministry of the Interior (MINGOB)
Treatment	- Treatment – MINSAs
Care	- MINGOB
Rehabilitation	- Specialized Center in Addiction Treatment (CETA) – MINSAs
Social integration	- Pilot Program – MINGOB
Recovery support	- Restorative Justice – MINGOB

These programs do not include approaches based on gender, age, community, or cultural context.

¹ Community includes ethnicity, among others.

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.

Panama does not develop, strengthen, or implement coordination mechanisms to collect, analyze, disseminate, or access information on prevention, treatment, rehabilitation, recovery, or social reintegration services.

Priority Action 1.3: Carry out impact, process, and outcome evaluations of demand reduction programs.

Panama does not have monitoring instruments for its drug demand reduction programs.

The country has not carried out process or outcome evaluations of its drug demand reduction programs.

Panama has conducted the following impact evaluation of one of its drug prevention programs:

Program evaluated	Title of the evaluation	Research findings publication year	Conducted by
Census of incarcerated adults - Phase I Analysis of the data - Phase II	Methodology transfer, knowledge creation, and installed capacities that allow an analysis of the information obtained through the census survey of information on individuals incarcerated or serving alternative sentences to incarceration in the Republic of Panama.	2019	<ul style="list-style-type: none"> - Consulting Services Contract N°54-2016/APROSI - Ministry of Public Security (MINSEG) - MINGOB - National Institute of Statistics and Census (INEC) - Institute of Legal Medicine and Forensic Sciences (IMELCF) - Endorsed by the United Nations Children's Fund (UNICEF)

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.

Panama does not develop or implement coordination mechanisms to support the development and implementation of drug demand reduction programs that allow for participation by and coordination with civil society and other actors.

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 jointly by the World Health Organization (WHO) and United Nations Office on Drugs and Crime (UNODC).

Panama does not promote national prevention, treatment, care, recovery, rehabilitation, or social integration measures and programs, with a comprehensive and balanced drug demand reduction approach, or promote nationally recognized standards by member states on drug use preventions, the “International Standards on Drug Use Prevention,” or the “International Standards for the Treatment of Drug Use Disorders,” both developed jointly by WHO and UNODC.

**OBJECTIVE
2**

ESTABLISH OR STRENGTHEN AN INTEGRATED SYSTEM OF EVIDENCE-BASED UNIVERSAL, SELECTIVE, AND INDICATED DRUG USE PREVENTION PROGRAMS THAT PRIORITIZE AT-RISK POPULATIONS,² AS WELL AS ENVIRONMENTAL PREVENTION, THAT INCORPORATE A HUMAN RIGHTS, GENDER, AGE, AND MULTICULTURAL PERSPECTIVE.

Priority Action 2.1: Develop and implement evidence-based drug use prevention strategies and/or programs in the school, family, work, and community settings.

Priority Action 2.4: Implement selective prevention programs aimed at at-risk populations, in particular at 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.

Panama develops and implements the following prevention programs:

Population group	Estimated coverage		Program name	Program type
	Target population	Coverage rate		
School children and university students:				
• Primary	Primary (3rd-6th)	-	<i>Cazadores de Humo</i>	Universal
• Secondary	Junior High and High	-	- <i>Jóvenes contra el Delito</i>	Universal
	Junior High and High	-	- <i>Juntos por una comunidad sin violencia</i>	
Migrants and refugees	Persons in migratory transit	-	Prevention of risk factors	Universal
Incarcerated individuals	1,003	100%	Individuals subject to custodial and non-custodial measures	Comprehensive Intervention Model

The country does not carry out selective or indicated prevention strategies or programs, nor does it implement specific programs for the following population groups: pre-school children, university or tertiary level students, street population, family, male/female gender, LGBTIQ+ population, community, indigenous population, or people in the workplace.

² 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 2.2: Develop and strengthen situational assessments to identify specific needs, risk, and protective factors of each target population of drug use prevention programs.

Panama has not conducted or strengthened situational assessments to identify the specific needs, risks, and protective factors of each target population of drug use prevention programs.

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).

Panama does not promote the exchange of research findings, experiences, or good practices to improve the effectiveness of prevention programs, taking into consideration the WHO/UNODC International Standards on Drug Use Prevention.

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.

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).

Panama has the following comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health and social protection network: early intervention (brief intervention, counseling), crisis intervention, various treatment modalities, dual pathology (co-morbidity), and social integration and recovery support services.

Panama’s programs and services do not take into account the “International Standards for the Treatment of Drug Use Disorders” of the WHO and UNODC.

Panama does not 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.

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.

Panama implements mechanisms to continuously monitor and evaluate the results of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities.

These mechanisms take into account the inclusion of approaches based on human rights, age, and cultural context during the evaluation and monitoring of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities. Thus, the supervision of the health regions is a mechanism for ensuring compliance with the current regulations on mental health care for the general population, which include:

- Human rights approach: recognizes individuals' rights in order to ensure that health interventions are conducted with dignity, free of stigma, and without distinction, and that they reach the most marginalized segments of the population.
- Age group approach: determined by age and by specific stages in the human life cycle.
- Cultural context approach: promotes the interest in recognizing and developing health actions and interventions, based on the reality of people and families in their communities and environments, at all times recognizing their intercultural competence.

Priority Action 3.3: Promote measures to protect the rights of persons in treatment.

Panama has mechanisms in place to protect the rights of people in treatment in treatment programs and services by means of Law N°68 of November 20, 2003, which regulates the rights and obligations of patients with regard to information and free and informed decision-making.

These mechanisms have protocols in place to protect the confidentiality of information provided by people receiving those services, including the provision of adequate treatment information and informed consent.

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.

Panama has early intervention, care, treatment, rehabilitation, recovery, and social integration service alternatives for criminal offenders who use drugs, through the following programs:

- Evidence-based social reintegration model, for incarcerated individuals. La Nueva Joya Penitentiary Center.
- Chemical Dependency and Other Addictions Program. Penonomé Penitentiary Center.
- Chemical Dependency and Other Addictions Program. Chiriqui Penitentiary Center.

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

Panama offers the following early intervention, care, treatment, rehabilitation, recovery, and social integration programs for incarcerated drug users:

- Evidence-based social reintegration model, for incarcerated individuals. La Nueva Joya Penitentiary Center.
- Chemical Dependency and Other Addictions Program. Penonomé Penitentiary Center.
- Chemical Dependency and Other Addictions Program. Chiriqui Penitentiary Center.

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.

Panama implements the following cooperation mechanisms with social and community actors that provide social and community support services in order to contribute to the social integration of drug users:

Organizations	Programs
Narcotics Anonymous	Chemical Dependency Program
Alcoholics Anonymous	Chemical Dependency Program

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.

Panama does not promote regional or international cooperation or share best practices in increasing access to and availability of evidence-based recovery and treatment services, including access to naloxone and other medications used in the treatment of substance use disorders.

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.

Panama does not promote measures to address the stigma and social marginalization associated with substance use disorders.

OBJECTIVE

4

FOSTER ONGOING TRAINING AND CERTIFICATION OF PREVENTION, TREATMENT, AND REHABILITATION SERVICE PROVIDERS.

Priority Action 4.1: Implement ongoing competency-based training mechanisms, in collaboration with academic institutions and other specialized organizations.

Panama implements ongoing competency-based training in the areas of prevention, treatment, and rehabilitation as indicated below:

- Specialization in Addictions – *Universidad Católica Santa María La Antigua*-Panamá.
- Master in Clinical Psychology, with emphasis on Cognitive-Behavioral Therapy – *Universidad de las Américas* (UDELAS) - Panama.

The country participates in the following prevention, treatment, and rehabilitation training programs offered by specialized international agencies:

International organizations	Type of program	Program name	Approaches taken into account
CICAD-OAS / National Autonomous University of Mexico (UNAM)	Treatment and rehabilitation	Universal Treatment Curriculum	Public health, human rights, gender
CICAD / Colombo Plan	Prevention	Universal Prevention Curriculum	Public health, human rights, gender
Cooperation Program between Latin America, the Caribbean, and the European Union on Drugs Policies (COPOLAD)	Prevention	Comprehensive approach for the prevention and reduction of the adverse consequences of drug use in highly vulnerable populations	Public health, social security
COPOLAD	Prevention and treatment	Step-by-step planning workshop	Social security, human rights, etc.
CICAD-OAS / Colombo Plan	Treatment	Training course on the Universal Treatment Curriculum for substance use disorders	Social security, human rights, gender, etc.

These programs take account of the gender perspective through the inclusion of specific modules on the topic in their curricula.

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).

Panama does not certify personnel working in prevention, treatment, rehabilitation, or social integration services.

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.

Panama has not conducted situational assessments to identify the training needs of personnel working in prevention, early intervention, care, treatment, rehabilitation, recovery, or social integration programs.

Priority Action 4.4: Develop specialized programs in response to training needs identified by the situational assessment.

Panama has not developed specialized programs in response to the training needs identified by situational assessments.

**OBJECTIVE
5****ESTABLISH AND/OR STRENGTHEN GOVERNMENT INSTITUTIONAL CAPACITIES TO REGULATE, ENABLE, ACCREDIT, AND SUPERVISE PREVENTION PROGRAMS AND CARE, TREATMENT, REHABILITATION, AND REINTEGRATION SERVICES.**

Priority Action 5.1: Establish and implement regulatory measures that include quality criteria for the accreditation of prevention programs and care and treatment services.

Panama has no regulatory measures to accredit prevention programs.

The country does have an accreditation process for care and treatment services. Under the regulatory measure, Agreement N°04-2011, Chapter III, the accrediting entity is the National Commission for the Study and Prevention of Drug-Related Crimes (CONAPRED), and it is a voluntary process in which treatment centers submit an application to said institution.

Panama uses CICAD's Indispensable Criteria for the opening and operation of drug treatment centers.

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.

Panama does not have supervisory mechanisms to ensure its prevention programs comply with international quality standards.

As a supervisory mechanism to ensure compliance with international quality standards in public and private treatment and rehabilitation services, the country uses Agreement N°04-2011, which is a guiding instrument for supervising and monitoring centers that perform functions in the treatment and rehabilitation areas, and the institution responsible for supervision is CONAPRED.

As for actions taken in connection with public and private treatment and rehabilitation services that do not meet international quality standards, Article 87 of Agreement N°04-2011 states that rehabilitation and treatment services that do not meet the standard cannot provide treatment services.

Priority Action 5.3: Assessment, at the national, regional, and local levels, of the needs and supply of primary care, treatment, and reintegration services.

Panama has not conducted assessments at the national, regional, or local levels to determine primary care, treatment, and reintegration service needs and supply during the evaluation period.

EVALUATIVE SUMMARY

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, community and take into account the guidelines and/or recommendations of specialized international and/or regional organizations.

CICAD notes that Panama has drug demand reduction policies that include programs in the areas of health promotion, early intervention, treatment, care, rehabilitation, social integration, and recovery. These programs do not include approaches based on gender, age, community, or cultural context. However, the country does not have an officially established prevention policy. The programs and projects carried out by Panama in this area are initiatives by institutions undertaken by reason of their functions within the state structure. In addition, CICAD notes that the country does not develop, strengthen, or implement coordination mechanisms to collect, analyze, disseminate, and access information on prevention, treatment, rehabilitation, recovery, and social reintegration services. CICAD further notes that Panama does not have monitoring instruments for its drug demand reduction programs, nor has it conducted process or outcome evaluations of its drug demand reduction programs. The country has, however, conducted an evaluation of one of its drug use prevention programs. CICAD also notes that the country does not develop or implement coordination mechanisms to support the development and implementation of drug demand reduction programs that allow for participation by and coordination with civil society and other actors. In addition, CICAD notes that Panama does not promote national prevention, treatment, care, recovery, rehabilitation, or social integration measures and programs, with a comprehensive and balanced drug demand reduction approach, or promote nationally recognized standards by member states on drug use preventions, the “International Standards on Drug Use Prevention,” or the “International Standards for the Treatment of Drug Use Disorders,” both developed jointly by WHO and UNODC.

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.

CICAD notes that Panama develops and implements drug prevention programs for various population groups. It does not, however, implement specific programs for other important population groups. CICAD also notes that the country has not conducted or strengthened situational assessments to identify the specific needs, risks, and protective factors of each target population of drug use prevention programs. CICAD also notes that Panama does not promote the exchange of research findings, experiences, or best practices to improve the effectiveness of prevention programs, taking into consideration the International Standards on Drug Use Prevention jointly developed by WHO and UNODC.

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.

CICAD notes that Panama has comprehensive and inclusive care, treatment, rehabilitation, recovery, and social integration programs and services in the public health care and social protection networks. Additionally, CICAD notes with concern that the country does not take into account the “International Standards for the Treatment of Drug Use Disorders” of the WHO and UNODC and does not use the “Technical Guidance for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users,” published by WHO, UNODC, and UNAIDS. In addition, CICAD notes that Panama implements mechanisms to continuously monitor and evaluate the results of care, treatment, rehabilitation, recovery, and social integration programs and comprehensive public and private facilities. These mechanisms take into account the inclusion of approaches based on human rights, age, and cultural context. CICAD also notes that the country has mechanisms in place to protect the rights of persons undergoing treatment in treatment programs and services, which have protocols to protect the confidentiality of information provided by those receiving services and include the provision of adequate treatment information and informed consent. CICAD further notes that Panama has early intervention, care, treatment, rehabilitation, recovery, and social integration alternatives for criminal offenders who use drugs, through various programs. In addition, CICAD notes that the country offers early intervention, care, treatment, rehabilitation, recovery, and social integration program for incarcerated drug users. CICAD notes that Panama implements cooperation mechanisms with social and community actors that provide social and community support services that contribute to the social integration of drug users. CICAD also notes that the country does not promote regional and international cooperation or share best practices in increasing access to and availability of evidence-based recovery and treatment services, including access to naloxone and other medications used in the treatment of substance use disorders. CICAD also notes that Panama does not promote measures to address the stigma and social marginalization associated with substance use disorders.

Objective 4

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

CICAD notes that Panama implements ongoing competency-based training in the areas of prevention, treatment, and rehabilitation, and participates in training programs in prevention, treatment, and rehabilitation offered by specialized international agencies. In addition, CICAD notes that the country does not certify personnel working in prevention, treatment, rehabilitation, or social integration services. CICAD further notes that Panama has not conducted situational assessments to identify the training needs of personnel working in prevention, early

intervention, care, treatment, rehabilitation, recovery, or social integration programs. CICAD also notes that the country has not developed specialized programs in response to the training needs identified by situational assessments.

Objective 5

Establish and/or strengthen government institutional capacities to regulate, enable, accredit, and supervise prevention programs and care, treatment, rehabilitation, and reintegration services.

CICAD notes that Panama does not have regulatory measures for accrediting prevention programs but that it does, however, have an accreditation process for care and treatment services run by the National Commission for the Study and Prevention of Drug-Related Crimes (CONAPRED) and uses the CICAD Indispensable Criteria for the opening and operation of drug use disorder treatment centers. In addition, CICAD notes that the country does not have supervisory mechanisms to ensure its prevention programs comply with international quality standards; Panama does, however, have supervisory mechanisms to ensure compliance with international quality standards in public and private treatment and rehabilitation services. CICAD further notes that the country has not conducted an assessment to determine needs for care, treatment, or reintegration services at the national, regional, and local levels during the evaluation period.



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