

**DESK REVIEW OF HIV, TB AND MALARIA  
NATIONAL STRATEGIC PLANS FOR THE  
INCLUSION OF SUSTAINABILITY AND TRANSITION  
PREPAREDNESS IN ELEVEN COUNTRIES IN THE  
ANGLOPHONE REGION**

**DESK REVIEW REPORT ON THE INCLUSION OF  
SUSTAINABILITY AND TRANSITION PLANNING IN  
THE NSPS**

# TABLE OF CONTENTS

LIST OF ABBREVIATIONS .....	3
EXECUTIVE SUMMARY .....	4
<b>1. INTRODUCTION .....</b>	<b>10</b>
1.1 Context of the Desk Review .....	10
1.2 The Role of Civil Society Organisations and Community Groups .....	11
1.3 Overall and Specific Objectives of the Consultancy .....	11
1.4 Review Scope and Methodology .....	11
1.5 Access to National Strategic Plans .....	12
1.6 Structure of Report .....	13
<b>2. SUSTAINABILITY PLANNING AND TRANSITION PREPAREDNESS.....</b>	<b>13</b>
2.1 Introduction.....	13
2.2 Sustainability, Transition and Co-Financing.....	13
Figure1: Transition Preparedness Continuum (Adapted from the STC and Development Continuum.....	14
2.3.1 Experience and Learnings .....	14
Box 1 PEPFAR'S Definition of Country Ownership .....	22
2.3.2 Critical Success Factors and Transition Preparedness Derivable Indicators .....	22
<b>3. FINDINGS .....</b>	<b>17</b>
3.2 Participation of CSOs and Community Groups.....	17
3.3 Inclusion of Sustainability and Transition Planning.....	17
3.4 Findings for Upper-Middle Income Countries .....	17
3.3 Value Contributions CSOs and Community Groups.....	20
<b>4. CONCLUSION .....</b>	<b>21</b>
4.1 Introduction.....	21
Social Contracting, Capacity of CSOs and Community Groups .....	21
4.2 Potential Good Practices.....	22
<b>5. RECOMMENDATIONS .....</b>	<b>23</b>
5.1 Introduction.....	23
<b>REFERENCES.....</b>	<b>24</b>
<b>ANNEX 1:DOCUMENTS REVIEWED.....</b>	<b>25</b>
<b>ANNEX 2: KEY SUCCESS FACTORS, GLOBAL FUND STC FOCUS AREAS, ELEMENTS AND THEMES FROM NSPS FROM 11 ANGLOPHONE COUNTRIES .....</b>	<b>26</b>
<b>ANNEX 4: SUMMARY OF KEY SUCCESS FACTORS AND RISK AREAS FOR TRANSITION PREPAREDNESS.....</b>	<b>28</b>
<b>ANNEX 5: PROPOSED INDICATORS SUSTAINABILITY PLANNING AND TRANSITION PREPAREDNESS FOR 11 COUNTRIES IN THE ANGLOPHONE REGION .....</b>	<b>29</b>
<b>ANNEX 6:PROPOSED INDICATORS FOR THE INCLUSION OF SUSTAINABILITY PLANNING IN HIV NSPS: 11 COUNTRIES IN THE ANGLOPHONE REGION.....</b>	<b>30</b>

# LIST OF ABBREVIATIONS

<b>CSOs</b>	Civil Society Organisations
<b>EANNASO</b>	Eastern Africa National Networks of AIDS and Health Service Organisations
<b>FBOs</b>	Faith Based Organisations
<b>GAVI</b>	Global Alliance for Vaccines and Immunisation
<b>GDP</b>	Gross Domestic Product
<b>HIV</b>	Human Immunodeficiency Virus
<b>IMF</b>	International Monetary Fund
<b>PEPFAR</b>	The United States President's Plan for AIDS Relief
<b>GF</b>	The Global Fund for Fight AIDS, Tuberculosis and Malaria
<b>NSAs</b>	National Strategy Applications
<b>NDPs</b>	National Development Plans
<b>NHSPs</b>	National Health Strategic Plans
<b>NSPs</b>	National Strategic Plans
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>STC</b>	Sustainable, Transition and Co-Financing Policy
<b>ST</b>	Sustainability and Transition Planning
<b>STIs</b>	Sexual Transmitted Infections
<b>TAE</b>	Technical AIDS Expenditure
<b>THE</b>	Total Health Expenditure
<b>SDGs</b>	Sustainable Development Goals
<b>UMI</b>	Upper Middle-Income
<b>USAID</b>	United States Agency for International Development

# EXECUTIVE SUMMARY

## Introduction

An increasing number of countries are moving from low-income to middle-income status<sup>1</sup>, and shifting from external funding toward domestically funded health systems. When countries grow economically, they are able to increase spending in health, and move closer to achieving universal health coverage” (Global Fund). Further, countries, together with global development partners, have financed historic progress in the fight against HIV, tuberculosis and malaria. But ultimately ending these epidemics will only be achieved with sustainable health systems that are fully funded by countries through their own domestic resources. <sup>2</sup>However, the forecast for economic growth in the short to medium term demands caution because of rising protectionism which is likely to fuel global tensions in trade and access to technologies. This situation is likely to cause lower commodity prices, negatively affecting the region’s resource-intensive countries. Consequently, economic growth in the region is projected to remain at 3.2 percent in 2019 and will rise to 3.6 percent in 2020. The forecast is going to be slower than previously envisaged for about two-thirds of the countries in the sub-continent. The downward revision reflects a more challenging external environment, continued output disruptions in oil-exporting countries like Angola and Nigeria, and weaker-than-anticipated growth in South Africa. Further, the region continues to suffer from weather-related shocks and the advent of COVID-19 pandemic will push-back macroeconomic recovery globally and in the region<sup>3</sup>. Severe droughts caused by El Niño have affected Angola, Botswana, Ethiopia, Kenya, Lesotho, Namibia and Zambia causing food insecurity, migration, inflation pressure (owing to supply constraints), fiscal pressure, electricity shortages, and lower trade balances (IMF Staff Projections). This disposition is already having policy and strategic implications regarding the level and mix of domestic funding for HIV, TB and Malaria and investments in universal health coverage (UHC); particularly in LMICs. <sup>4</sup>

Sustaining development goals at global and national level provides an impetus towards an integrated and interdependent multisectorality to achieving improved and sustained health outcomes. This places greater policy and strategic emphasis on increased domestic resource mobilisation efforts to ensure sustained health services underpinned by sustainable health financing for UHC. In this regard, while most countries that were selected by the client for this desk review experienced relatively consistent economic growth over the past decade and have allocated increased domestic resources in health; domestic financing for health in the low middle-income countries (LMICs) remains constrained to harness and sustain the gains recorded during the same period<sup>5</sup>. However, there is a recognition by these countries that continued dependence on external sources for the implementation of HIV, TB and Malaria programmes poses programmatic and fiscal risks. Invariably, initiatives and strategies to strengthening sustainable health financing for UHC are being pursued by the target countries. This includes the adoption of cost-effective service delivery innovations.

## Context of the Desk Review

The Sustainability, Transition and Co-financing (STC) Policy of the Global Fund was approved in April 2016. In cooperation with countries and partners the Global Fund began to implement the STC Policy during the 2017-2019 allocation period. In addition the STC Policy underpins the overarching strategy of the Global Fund for 2017-2022 which embeds the key focus areas and principles<sup>6</sup>. The embedding of the STC key focus areas and principles influences the way the Global Fund conducts its business from grant making to audit and the issuance of guidance related to the implementation of the STC policy at national level.<sup>7</sup> Clearly, the Global Fund has taken steps to operationalise and implement the STC Policy throughout its business processes. What is not clear and at the centre of this desk is the extent to which the eleven countries in the Anglophone region have embedded guidance on the implementation of the STC Policy in their business processes related to HIV, TB and Malaria strategic planning, programming, monitoring and reporting.

<sup>1</sup> Shanta Devarajan is the chief economist for Africa at the World Bank. Wolfgang Fengle: World Bank Lead Economist.

<sup>2</sup> Focus on Sustainability, Transition and Co-financing

<sup>3</sup> Africa Ebola crisis of 2013-2016 demonstrated that pandemics can leave lasting economic scars and set development back for years, if not decades (World Bank)

<sup>4</sup> IMF Staff projections

<sup>5</sup> Five upper middle-income countries (Angola, Botswana, Mauritius, Namibia and South Africa) and six low middle-income countries (Eswatini, Ghana, Lesotho, Kenya, Nigeria and Zambia).

<sup>6</sup> Technical Evaluation Reference Group (TERG) Thematic Review on Sustainability, Transition and Co-financing (STC) Policy, June 24, 2019

<sup>7</sup> The STC Guidance Note was updated in December 2019.

## Review Scope and Methodology

### Data Collection and Analysis

Data was mainly collected from national strategic documents using web-based desk review, thematic and content analysis approaches (See Annex C). The scope of the desk review sought to contextualise the extent to which the eleven countries included sustainability and transition planning in the national development plans (NDPs), national health sector strategic plans (NHSSPs) and disease specific national strategic plans (NSPs). This entailed scanning the websites of Ministries of Health, National AIDS Commissions and National Planning Ministries for sector, disease-specific and national development plans; respectively. The inclusion and exclusion of plans and other literature was informed by the period of implementation of the Global Fund STC Policy mentioned above. Additionally, the Global Fund STC Policy country-level operationalisation processes and approaches were examined through the prism of policy and guidance materials. The key focus areas or elements of the STC Policy were used to anchor the identification of key themes in the national strategic documents and other related literature from other sources to address the overall objective of this research. These include the STC focus areas together with some of their key thematic elements<sup>8</sup>:

- a) Strengthened national planning, including development of robust, costed and prioritized National Strategic Plans (NSP):
    - Strengthen the capacity to set evidence informed priorities to ensure that available funds are used to maximize and sustain equitable and quality health outputs, outcome and impact. Explore options for innovative service delivery modalities; including the allocation of resources to the most cost-effective interventions, providing them with quality at minimum cost and achieving desired health outcomes;
    - Conduct funding scenarios-based cost-impact analysis supported by the application of allocative efficiency tools to help policy makers identify opportunities for efficiency gains and allocate resources across interventions, geographies and population groups to maximize impact;
    - Interventions and systems to achieve programme goals should be costed to define the full funding need over the period of the NSP, following appropriate methodology and using suitable tools and;
    - Disease-specific NSPs should be accompanied by plans detailing how they will be financed. Resources from all funders should be mapped against the funding need to provide a financial gap analysis
  - b) Strengthening domestic resource mobilization for health and the three diseases;
    - Development and implementation of health financing strategies;
    - Institutionalize national health accounts and National AIDS Spending Assessments processes to track domestic expenditure on health and HIV, so that data on past spending can be used regularly to inform health sector policy-making and monitor the implementation of national health financing strategies.
  - c) Implementing grants through and strengthening alignment with national systems;
    - Implementing through and strengthening alignment with national systems including social contracting and public-private partnerships'
    - Include systems strengthening measures in their funding requests so that national systems can be increasingly used to implement interventions. When grants are currently implemented through parallel structures, countries should articulate plans to enhance implementation of donor-financed programs through country systems.
  - d) Include activities to strengthen health systems in funding requests and enhance domestic investments for these activities in order to enhance strategic investments in resilient and sustainable systems for health (RSSH);
- Reviewing the strategic content in the NSPs, NHSPs and NDPs sought to identify themes whose elements could be used to support sustainability and transition planning in response to the focus areas mentioned in the preceding paragraphs. and content related to these focus areas. However, the themes and content elements identified are being as viewed as policy and strategic intentions for the following reasons.

- a) The content elements or themes in the strategic documents do not provide the extent of operationalisation and implementation of the strategic intent related to increasing domestic funding in health or the three diseases, for example. For instance, the development of health financing strategies, while an important instruments for enhancing resource mobilisation and the mapping of potential sources of funding; it does not move the needle until the health financing strategy is fully deployed.
- b) My experience in the way countries development policies and strategic documents from a compliance perspective precludes me from ignoring the weaknesses inherent in their operationalisation and translation into action <sup>9</sup>

The findings of the desk-review were used to develop questions for the key informant interviews and online SurveyMonkey. This approach was intended to triangulate the interpretation of themes obtained from the online secondary data and to put voices of the stakeholders in the conclusions drawn. The survey response rate was poor to the extent that only three country countries (27%) out of eleven submitted responses. Since all the respondents were from the five upper middle-income (UMI) countries; the response rate improves to 60%.

## Shared responsibility and National Solidarity

While the transition of the strategic intentions into sustainability planning actions would require further review including key informant interviews with policy makers in the Ministries of Health and Finance, and civil society organisations (CSOs), development partners and other stakeholders in the target countries; content and thematic analysis of the strategic plans suggests the employment multisectoral practices their development. This was corroborated by survey respondents. Participatory and multisectoral engagement in the development of national development plans, health and disease strategic plans harnesses collective intelligence from national and global partners. Further, this disposition is consistent with the principles of the Global Fund STC Policy. This situation can be harnessed to strengthen national shared responsibility and solidarity in the mobilisation of national partnerships and resources to ensure effective sustainability planning and transition preparedness. Implicit to the national shared responsibility and solidarity is that each partner contributes to the development of policies, national priorities and strategies that are consistent with the shared national vision<sup>10</sup>. Civil society organisations, people living with HIV, key and vulnerable populations and community groups are part of the partners mentioned here.

## SUMMARY OF FINDINGS AND RECOMMENDATIONS

These findings are from the content analysis of the NSPs which identified themes related to the inclusivity of the development of NSPs and sustainable financing of health and HIV, TB and Malaria programmes from the Global Fund STC Policy lenses. Survey responses were used to triangulate the findings from the NSPs with other literature to the gap of strategic intentions in the content of the NSPs and the translation of those intentions into health financing strategies and actions. The findings are grounded on the overall objective of the review and informed by the elements discussed in the preceding paragraph.

Generally, the eleven target countries are at different levels of addressing programme and financial sustainability. With respect to transition preparedness; one upper middle-income country is projected to transition from Global Fund HIV grant funding in 2020-2022 allocation period as it moves to high-income country status and one disease component is projected to transition during the same period.<sup>11</sup>

<sup>9</sup> Very often the researchers rely on their experience of particular settings to be able to read the information provided by the subjects involved in the study (Verma and Mallick (1999:29) and Morrison (2012:22,24)

<sup>10</sup> Most countries in the Anglophone region have developed national Visions as part of the national development plans to domesticate the implementation of the sustainable development goals (SDGs). Sector policies, strategies and programmes are ostensibly aligned to the national development plans and visions on which they are anchored.

<sup>11</sup> [https://www.theglobalfund.org/media/9017/core\\_projectedtransitionsby2028\\_list\\_en.pdf](https://www.theglobalfund.org/media/9017/core_projectedtransitionsby2028_list_en.pdf)

## Inclusion of Sustainability and Transition on Planning

All the eleven countries acknowledge the need to increase domestic investments in health and the three diseases in order to reduce dependence on external financing. Further, the need to addressing programme efficiencies is also acknowledged as one of the success factors that could contribute to programme sustainability. In this regard, some countries are taking concrete steps to developing health financing policies and strategies that are predicated on innovative domestic health financing options like national health insurance schemes (Botswana, Ghana, Kenya, Namibia, Nigeria, South Africa and Zambia) . The five UMI countries have on-going initiatives aimed at strengthening sustainable health financing for universal health coverage and programme sustainability.

**Inclusive Planning and Priority-Setting:** The content of the national strategic plans includes consultations with and participation of civil society organisations and community groups in the development process; including priority-setting<sup>12</sup>. In this regard, the national development plans provide a policy context regarding sustainable health financing and the strengthening of governance and leadership to ensure effective implementation of plans and programmes. These thematic areas intersect with the Global Fund's STC focus area on the development of robust, evidence-informed and costed national strategic planning processes.<sup>13</sup> However, constituency engagement during pre-NSP development, Concept Note development, during and post the development processes is still a challenge according stakeholders. In addition, the level of knowledge, information and participation of civil society organisations (CSOs) and community groups in national planning and budgeting generally needs to be improved. Sustainable Financing for Health and UHC: While not all NSPs or national health sector strategic plans reviewed are explicit on the issue of sustainability planning; the need for increased domestic investments to sustain service delivery is expressed as a policy intent in national development plans. In the case of upper middle-income countries this situation is different in that policy initiatives and strategies are more explicit on programme and financial sustainability for the delivery of UHC. This includes the introduction of national health insurance initiatives in order enhance risk pooling and strategic purchasing.

Tracking of health and HIV resources is taking place in all countries, albeit intermittently. These include conducting ad-hoc national health accounts (NHA) surveys, national AIDS spending assessments (NASA), public expenditure reviews (PER) and state-based fiscal space analysis in Nigeria. Although there is no evidence from the documents reviewed that tracking resources for health and HIV has been institutionalized in any of the target countries except one; intermittent practice was in evidence in the majority of target countries with Ghana being explicit on the need to institutionalize NHA and NASA. Mauritius is the only country where NHA is institutionalized.

**Knowledge of STC Policy:** Some CSOs and community groups are aware of the STC policy; however, there is a need to further strengthen the knowledge of CSOs and community groups regarding the Global Fund STC Policy and how it can be applied in national strategic planning; programming and resource mobilisation.

**Engagement of Policy Makers:** Stakeholders felt that policy makers in the ministries of health and finance are not being adequately consulted and engaged with to ensure that the Global Fund STC Policy focus areas are contextualised and embedded in national policies and strategies.

<sup>12</sup> This was augmented by the responses received from some stakeholders surveyed.  
<sup>13</sup> Global Fund Guidance Note: Sustainability, Transitioning and Co-financing



## CONCLUSIONS

### Sustainability and Transition Planning

Generally, the eleven countries recognize the need to strengthen health financing and sustainability by increasing domestic resource mobilization initiatives and innovations. With the global economic growth slowing down and uncertainty rising; it is anticipated that fiscal space for health will contract in all the countries in the region will have to prepare for further possible downturns. This situation will invariably affect the region's fiscal space capabilities and ability to open budgetary space for investments in health including the implementation of 2030 Sustainable Development Goals (SDGs); including sustainable financing for UHC.

UMI countries are implementing policy reforms which include the introduction of national health insurance predicated on extensive consultations and fiscal policy assessments. In two (Botswana and Namibia) of the five UMI countries the reforms will include strengthening institutional capacities and systems (health and community systems) to support the implementation of social contracting in to ensure the effective use of available, albeit limited resources. This includes strengthening and reforming national procurement and supply systems to open space for social contracting and innovative public-private partnerships in the delivery of public health programmes. Mauritius is the only country out of the eleven that has taken steps to institutionalize national health accounts (NHA). In addition, it is projected that the country will transition into a high-income country status during the 2020-2023 window. In this regard, it will also transition from Global Fund HIV grant support.

Although there is no evidence of transitioning planning in the HIV NSPs; malaria funding in Botswana and Eswatini is transitioning from the Global Fund to national funding initiatives.

Clearly, countries are at different stages of developing and implementing strategies for sustaining health financing and programmes in the three diseases. In this regard, most LMI countries have developed or are in the process of developing health financing strategies grounded on sustainable health financing options for the implementation of UHC. These efforts are supported by commitments in pursuing innovative initiatives in countries like Eswatini, Ghana and Kenya. However, this situation is likely to be constrained by the contraction in fiscal space for health discussed in the preceding paragraphs. This observation notwithstanding; commitment to domestic resource mobilisation and investments in people centred and integrated services remains a policy intent by all target countries. Although there is no evidence from the documents reviewed that tracking resources for health and HIV has been institutionalized in any of the target countries except one; intermittent practice was in evidence in the majority of target countries with Ghana being explicit on the need to institutionalize NHA and NASA. Mauritius is the only country where NHA is institutionalized.

The implementation of sustainable planning and transition preparedness within the ambit of the Global Fund STC Policy at country level is not embedded in the country's policy structures and systems. Therefore, not country owned and led<sup>14</sup>. Consequently, it takes prominence during the development of funding requests to the Global Fund. This is a fundamental weakness.



## RECOMMENDATIONS

### Inclusive Strategic Planning and Priority Setting

It is imperative that steps are taken to build on the CSOs and community groups participation and contributions in strategic planning and priority-setting by reviewing quality of participation by assessing contribution not just attendance registers. Support CSOs to unpack issues related to public health priorities, financing and costing of NSPs. A demand-driven situation analysis of national planning and budgeting cycle and a capacity assessment of CSOs and community groups is highly recommended. The findings of this process could be used to develop tools and approaches for supporting CSOs and community groups to effectively participate in national planning and budgeting processes; advocacy and social accountability. A platform for CSOs in Botswana and Namibia where social contracting is being planned could be created for sharing lessons on their contribution in policy dialogue and findings from the studies with their constituencies.

### Inclusion of Sustainability Planning and Transition Preparedness

Including and embedding sustainability planning and transition preparedness in national planning and resource mobilisation is a policy imperative which requires a proactive and deliberate participation of policy makers in the ministries of health and finance. While each country will decide how this process is managed at policy and political leadership level; a multisectoral and inclusive approach is recommended. This approach could culminate in the development of a National Sustainability Planning and Transition Preparedness Road Map. This Road Map could be driven by the Ministry of Finance in collaboration with the Ministry of Health and membership of key institutions like the Central Bank and strategic partners. In addition, the Road Map may provide policy direction on the following:

- Translation of national health financing strategies as tools for the coordination and mobilisation of stakeholders around the development of innovations for sustainable resource mobilisation.
- Strengthening the capacity of CSOs and community groups to employ evidence informed advocacy for increased domestic resource mobilisation and participation in policy dialogue mentioned above.
- Develop tools and approaches to strengthen CSOs and community groups' participation and role in domestic resource mobilisation from the prism of national planning and budgeting; and resource tracking (NHA and NASA).
- Strengthen the capacity of CSOs and community groups on the focus areas and elements of the STC Policy and how they are translated into strategic themes.

In pursuit of the recommendation mentioned above; EANNASO could collaborate with the East, Central and Southern Africa (ECSA) Health Community<sup>15</sup> in Arusha to advocate for the institutionalisation of NHA. In countries where NHAs and NASAs have been conducted CSOs will need orientation on the findings so that these could be used as part of the evidence for policy advocacy. In this regard, CSO and community group representatives in the CCM could engage with development partners like the UN (UNAIDS for NASA and WHO for NHA) for technical assistance.

<sup>15</sup> The ECSA Secretariat through its Health Systems Development Programme, in collaboration with ABT Associates, Bill and Melinda Gates Foundation and WHO have supported some countries in the Sub-Region plan and conduct NHA Surveys.

## 1. INTRODUCTION

An increasing number of countries are moving from low-income to middle-income status, and shifting from external funding toward domestically funded health systems. When countries grow economically, they are able to increase spending in health, and move closer to achieving universal health coverage” (Global Fund). Further, countries, together with global development partners, have financed historic progress in the fight against HIV, tuberculosis and malaria. But ultimately ending these epidemics will only be achieved with sustainable health systems that are fully funded by countries through their own domestic resources<sup>16</sup>. However, the forecast for economic growth in the short to medium term demands caution because of rising protectionism which is likely to fuel global tensions in trade and access to technologies. This situation is likely to cause lower commodity prices, negatively affecting the region’s resource-intensive countries. Consequently, economic growth in the region is projected to remain at 3.2 percent in 2019 and will rise to 3.6 percent in 2020. The forecast is going to be slower than previously envisaged for about two-thirds of the countries in the sub-continent. The downward revision reflects a more challenging external environment, continued output disruptions in oil-exporting countries like Angola and Nigeria, and weaker-than-anticipated growth in South Africa. Further, the region continues to suffer from weather-related shocks and the advent of COVID-19 pandemic will push-back macroeconomic recovery globally and in the region. Severe droughts caused by El Niño have affected Angola, Botswana, Ethiopia, Kenya, Lesotho, Namibia and Zambia causing food insecurity, migration, inflation pressure (owing to supply constraints), fiscal pressure, electricity shortages, and lower trade balances (IMF Staff Projections). This disposition is already having policy and strategic implications regarding the level and mix of domestic funding for HIV, TB and Malaria and investments in universal health coverage (UHC); particularly in LMICs<sup>17</sup>.

Sustaining development goals at global and national level provides an impetus towards an integrated and interdependent multisectoral to achieving improved and sustained health outcomes. This places greater policy and strategic emphasis on increased domestic resource mobilisation efforts to ensure sustained health services underpinned by sustainable health financing for UHC. In this regard, while most countries that were selected by the client for this desk review experienced relatively consistent economic growth over the past decade and have allocated increased domestic resources in health; domestic financing for health in the low middle-income countries (LMICs) remains constrained to harness and sustain the gains recorded during the same period.<sup>18</sup> However, there is a recognition by these countries that continued dependence on external sources

for the implementation of HIV, TB and Malaria programmes poses programmatic and fiscal risks. Invariably, initiatives and strategies to strengthening sustainable health financing for UHC are being pursued by the target countries. This includes the adoption of cost-effective service delivery innovations.

### 1.1 Context of the Desk Review

The Sustainability, Transition and Co-financing (STC) Policy of the Global Fund was approved in April 2016. In cooperation with countries and partners the Global Fund began to implement the STC Policy during the 2017-2019 allocation period. In addition, the STC Policy underpins the overarching strategy of the Global Fund for 2017-2022 which embeds the key focus areas and principles<sup>19</sup>. The embedding of the STC key focus areas and principles influences the way the Global Fund conducts its business from grant making to audit and the issuance of guidance related to the implementation of the STC policy at national level<sup>20</sup>. Clearly, the Global Fund has taken steps to operationalise and implement the STC Policy throughout its business processes. What is not clear and at the centre of this desk review is the extent to which the eleven countries (Angola, Botswana, Eswatini, Ghana, Kenya, Lesotho, Mauritius, Namibia, Nigeria, South Africa and Zambia) in the Anglophone region have embedded guidance on the implementation of the STC Policy in national policies, strategies and business processes related to HIV, TB and Malaria strategic planning, programming, monitoring and reporting.

As part of the Global Fund’s March 2018 document “Projected Transitions from Global Fund support by 2025 – projections by component, all low-income and lower-middle income countries should: “Focus on long-term programmatic and financial sustainability planning including by supporting the development of robust national health strategies disease specific strategic plans and health financing strategies, as well as enhancing alignment with country systems, strengthening efficiency and encouraging gradual domestic update of key program costs.”

To support countries to do this, the Global Fund’s Sustainability, Transition and Co-financing Policy, commits the Fund to<sup>21</sup>:

- Support countries to develop robust, inclusive (including key and vulnerable populations), evidenced-based or accurately costed NSPs;
- Ensuring that NSPs have sufficient detail regarding sustaining coverage of HIV, TB, and/or malaria programs
- Support countries (either at the country level or on a component basis) to begin the process of transition, as appropriate through the application of a ‘transition readiness assessment.

<sup>16</sup> Focus on Sustainability, Transition and Co-financing

<sup>17</sup> IMF Staff projections

<sup>18</sup> Five upper middle-income countries (Angola, Botswana, Mauritius, Namibia and South Africa) and six low middle-income countries (Eswatini, Ghana, Lesotho, Kenya, Nigeria and Zambia).

<sup>19</sup> Technical Evaluation Reference Group (TERG) Thematic Review on Sustainability, Transition and Co-financing (STC) Policy, June 24, 2019

<sup>20</sup> The STC Guidance Note was updated in December 2019.

<sup>21</sup> [https://www.theglobalfund.org/media/4221/bm35\\_04-sustainabilitytransitionandcofinancing\\_policy\\_en.pdf](https://www.theglobalfund.org/media/4221/bm35_04-sustainabilitytransitionandcofinancing_policy_en.pdf)

## 1.2 The Role of Civil Society Organisations and Community Groups

Eastern Africa National Networks of AIDS and Health Service Organisations (EANNASO) is a regional network that brings together national networks of AIDS and Health service organizations working with civil society organisations (CSOs) and community-groups aimed at informing policies and improving the implementation of HIV, Tuberculosis, Malaria programmes other health issues present in communities. As a regional network that has evolved through the years, EANNASO's work includes but is not limited to working with key vulnerable populations on matters related to HIV, TB and Malaria. This includes tapping into regional and international expertise to empower CSOs and community groups to effectively contribute to the prevention of HIV, TB and Malaria infections, through strengthening institutional and programmatic capacities, promoting sharing of experiences, best practices and identifying priorities of CSOs through working closely with the CRG Global Fund secretariat. This ensures CSOs and community groups engage in policy dialogue related to Global fund grants, have their voices heard and their issues included in decision making spaces/platforms including country funding request development and program implementation.

EANNASO was in 2017 re-selected to host the Regional Coordination and Communication Platform (Regional Platform) for Anglophone Africa for the period 2017 - 2019. It is imperative to underscore that both EANNASO and the Regional Platform note that most of the Anglophone countries are not yet in transition and that the majority of the civil society organizations (CSOs) and community groups do not have access to information around the Global Fund's sustainability, transition and co-financing (STC) Policy resulting in low engagement during country processes related to STC Policy dialogue on focus areas and related to elements. With this in mind, it is key that CSOs and community groups understand how these focus areas and elements are included in national policy and strategic developments and investments in RSSH. The inclusion of the STC Policy focus areas grounded on each country's socio-economic context will become more urgent as disease components and countries become ineligible for Global Fund grant support. The role of CSOs and community groups as agents of change will need to be enhanced and strengthened.

To address the situation recounted above; EANNASO commissioned a consultancy to conduct an online desk review of the NSPs from eleven countries. The desk review was intended to assess and determine the extent to which the inclusion of sustainability planning and transition preparedness in the HIV, TB and Malaria NSPs of Angola, Botswana, Eswatini, Ghana, Kenya, Lesotho, Mauritius, Namibia, Nigeria, South Africa and Zambia the select countries as reflected in the milestones on HIV, TB and Malaria. Through this study, EANNASO will analyze the extent to which NSPs have incorporated investments in sustainability. The findings will be summarized into information sheets and EANNASO will host a webinar to share with civil society and community groups with the intention of improving CS and CG knowledge to

strengthen engagement during the country dialogue which begins with the NSP development.

The overall aim of the consultancy was to analyze the inclusion of sustainability and transition preparedness in the national HIV, TB and malaria strategic plans in eleven lower and upper middle-income countries in Anglophone Africa.

## 1.3 Overall and Specific Objectives of the Consultancy

### 1.3.1 Specific Objectives of the study

- To analyze the HIV, TB and malaria NSP sustainability and transition preparedness gaps, opportunities and recommendations for strengthening the NSPs.
- To develop NSP sustainability and Transition Preparedness HIV, TB and Malaria scorecard in 11 lower-middle and upper-middle income countries in Anglophone Africa
- To evaluate and develop 11 country specific information sheets on several sustainability and transition-related indicators, including (but not limited to):
  - » The level of domestic funding available, as a proportion of total funding.
  - » Whether and how much domestic funding is being dedicated to programs that are particularly vulnerable to donor transition, such as key populations and human rights programs
  - » The prioritization of civil society and community implementers as part of the national response, and sustainable sources and mechanisms of funding for them
  - » Whether certain key indicators are included in the plan's M&E framework, and if the targets set high enough to achieve global goals and epidemic control
  - » Whether there are multi-stakeholder accountability mechanisms built into the NSP to ensure maximum buy-in from a diverse range of domestic actors
- To document good practices and lessons learnt around sustainability and transition in the context of HIV, TB and malaria.
- To analyze to the extent to which civil society and community groups were involved in the development of the NSP.

## 1.4 Review Scope and Methodology

### 1.4.1 Data Collection and Analysis

Data was mainly collected from national strategic documents using web-based desk review, thematic and content analysis approaches. The scope of the desk review sought to contextualise

the extent to which the eleven countries included sustainability planning and transition preparedness in the national development plans (NDPs), national health sector strategic plans (NHSSPs) and disease specific national strategic plans (NSPs). For the purpose of this report all the plans reviewed will be called NSPs. The review process was preceded by scanning the websites of Ministries of Health, National AIDS Commissions and National Planning Ministries for sector, disease-specific and national development plans; respectively. The inclusion and exclusion of NSPs and other literature was informed by the period of implementation of the Global Fund STC Policy mentioned above. Any NSPs that predated the 2017-2019 allocation period were not reviewed. Additionally, the Global Fund STC Policy country-level operationalisation processes and approaches were examined through the prism of policy and guidance materials including lessons learnt from PEPFAR and GAVI. The key focus areas or elements of the STC Policy were used to anchor the identification of key themes in the national strategic documents and other related literature from other sources to address the overall objective of this research. These areas together with some of their key thematic elements include the following<sup>22</sup>:

- a. Strengthened national planning, including the development of robust, costed and prioritized National Strategic Plans (NSP):
  - Strengthen the capacity to set evidence informed priorities to ensure that available funds are used to maximize and sustain equitable and quality health outputs, outcome and impact. Explore options for innovative service delivery modalities; including the allocation of resources to the most cost-effective interventions, providing them with quality at minimum cost and achieving desired health outcomes;
  - Conduct funding scenarios-based cost-impact analysis supported by the application of allocative efficiency tools to help policy makers identify opportunities for efficiency gains and allocate resources across interventions, geographies and population groups to maximize impact;
  - Interventions and systems to achieve programme goals should be costed to define the full funding need over the period of the NSP, following appropriate methodology and using suitable tools and;
  - Disease-specific NSPs should be accompanied by plans detailing how they will be financed. Resources from all funders should be mapped against the funding need to provide a financial gap analysis
- b. Strengthening domestic resource mobilization for health and the three diseases;
  - Development and implementation of health financing strategies;
  - Institutionalize national health accounts and National AIDS Spending Assessments processes to track domestic expenditure on health and HIV, so that data on past spending can be used regularly to inform health sector policy-making and monitor the implementation of national health financing strategies.
- c. Implementing grants through and strengthening alignment with national systems;
  - Implementing through and strengthening alignment with

national systems including social contracting and public-private partnerships'

- Include systems strengthening measures in their funding requests so that national systems can be increasingly used to implement interventions. When grants are currently implemented through parallel structures, countries should articulate plans to enhance implementation of donor-financed programs through country systems.
- d. Include activities to strengthen health systems in funding requests and enhance domestic investments for these activities in order to enhance strategic investments in resilient and sustainable systems for health (RSSH);

Reviewing the strategic content in the NSPs, NHSPs and NDPs sought to identify themes whose elements could be used to support sustainability and transition planning in response to the focus areas mentioned in the preceding paragraphs. and content related to these focus areas. However, the themes and content elements identified are being as viewed as policy and strategic intentions for the following reasons.

- a. The content elements or themes in the strategic documents do not provide the extent of operationalization and implementation of the strategic intent related to increasing domestic funding in health or the three diseases, for example. For instance, the development of health financing strategies, while an important instrument for enhancing resource mobilization and the mapping of potential sources of funding; it does not move the needle until the health financing strategy is fully deployed.
- b. My experience in the way countries development policies and strategic documents from a compliance perspective precludes me from ignoring the weaknesses inherent in their operationalization and translation into action<sup>23</sup>

The findings of the desk-review were used to develop questions for the key informant interviews and online SurveyMonkey. This approach was intended to triangulate the interpretation of themes obtained from the online secondary data and to put voices of the stakeholders in the conclusions drawn and related recommendations. The survey response rate was very good in that seven countries (64%) out of eleven submitted responses. 60% of the respondent countries were from the five upper middle-income (UMI) countries; while four (67%) from the six low-middle income countries.

## 1.5 Access to National Strategic Plans

The absence of a list of focal CSO institutions or persons in the eleven target countries militated against access to key documents and in-country contacts within the civil society environment and other key stakeholders. Consequently, all the NSPs reviewed were searches from the internet and government intranets. Literature from IMF, World Bank, PEPFAR, WHO, UNAIDS and other peer reviewed on sustainability and transition preparedness were reviewed strengthen the robustness of findings from the NSPs (See Annex 1 of documents reviewed).

<sup>22</sup> [https://www.theglobalfund.org/media/5648/core\\_sustainabilityandtransition\\_guidancenote\\_en.pdf](https://www.theglobalfund.org/media/5648/core_sustainabilityandtransition_guidancenote_en.pdf)

<sup>23</sup> Very often the researchers rely on their experience of particular settings to be able to read the information provided by the subjects involved in the study (. Verma and Mallick (1999:29) and Morrison (2012:22,24)



### 1.5.1 Rationale of Report

The report will provide conclusions and recommendation drawn for the findings derived from the SurveyMonkey responses and issue-based review of NSPs and relevant strategic documents from the Global Fund and other partners. NSPs for purposes of this report include sector strategic plans and disease specific strategic plans. In this regard, the report will provide in section 1 the conceptual understanding of two principles that will continue to underpin the contribution of CSOs and community groups in the implementation of the Global Fund's Sustainability, Transition and Co-Financing (STC) Policy in the Anglophone Region.

### 1.6 Structure of Report

Section 2 will discuss global experiences and definitions related to sustainability and transition planning and the implementation of the STC Policy by other Regional Platforms. Further and consistent with the client's strategic relationships with CSOs and community groups in the Anglophone region; their value contribution in the translation of the STC Policy focus areas into national policy actions will also be explored from the principle of shared responsibility and national solidarity. Section 3 will discuss the findings from the analysis of documents and other literature; including survey responses from three UMI countries as they relate to the triangulation of the policy and strategic intentions of the respective countries. Section 4 will discuss thematic conclusions, and lessons or good practices from some target countries' initiatives. Section 5 presents recommendations for consideration by EANNASO, the Platform and CSOs and Community Groups informed by the findings, conclusions and good practices discussed in section 3 and 4.

## 2. SUSTAINABILITY PLANNING AND TRANSITION PREPAREDNESS

### 2.1 Introduction

This section discusses global experiences related to sustainability planning and transition preparedness. In addition definitions from different global health partners; including the Global Fund are unpacked. A definition relevant to this review will be suggested based on the intersection of shared responsibility and solidarity as an exhibition of national/country ownership.

### 2.2 Sustainability, Transition and Co-Financing

The Global Fund's Sustainability, Transition and Co-financing (STC) Policy provides a thread between the mandate of the Global Fund and national ownership. OECD defines national ownership as "the effective exercise of a government's authority over development policies and activities, including those that rely – entirely or partially – on external resources. This means articulating the national development agenda and establishing authoritative

policies and strategies". In this report national ownership will be viewed from the perspective of this definition and as a framework for social accountability. This disposition can be linked to other global commitments including the 2030 Sustainable Development Goals and sustainable financing of universal health coverage; among others.

#### 2.2.1 Sustainability and Co-financing

There is a symbiotic relationship between sustainability and co-financing. The Global Fund STC policy defines "sustainability as a country's ability to maintain and scale up service coverage to control and even eliminate each of the three diseases". The same policy renders co-financing as "domestic (public and private) resources that finance the health sector and the three diseases". GAVI definition of sustainability encompasses the co-financing of vaccination schemes as the government 'commitment' and government ownership of vaccination programmes (Saxenian et al., 2014). The United States Agency for International Development (USAID) and the US President's Emergency Plan for AIDS Relief (PEPFAR) define sustainability as "the capacity of a host country entity to achieve long-term success and stability and to serve its clients and consumers without interruption and without reducing the quality of services after assistance ends (USAID, 2013)".

For the purpose of this review sustainability is rendered as the "the capacity of the country and its key stakeholders to align with, and translate global commitments into national policies underpinned by the ability and willingness to invest domestic resources in national systems, strategies and structures to ensure holistic sustainability as a precursor for transitioning from external funding of health care services and the three diseases". While sustainability is a multifaceted concept; the Global Fund focuses on financial and programmatic sustainability within the ambit of the three diseases and the related portfolio of grants.

Based on the definition expressed in the preceding paragraph; the country's willingness and ability to scale up and sustain service coverage to control and eliminate each of the three diseases is dependent on a number of policy and strategic variables anchored on national ownership. These include the country's readiness to transition from external funding to domestic resources. Readiness to transition to domestic resources would include clarity and consistent implementation of the following:

- a. Mapping of alternative and innovative health financing options to launch the strategies for the mobilisation of domestic resources based on a country-relevant public-private partnership framework or compact;
- b. Use the compact to operationalize the priorities which underpin the national health strategy and proactive alignment of the strategy to the sustainable implementation of the national health strategy predicated on the resilience of systems for health and community systems;
- c. Strategic information (Monitoring and periodic programmatic analysis, strengthening community monitoring and social accountability capacity)

- d. Use data from the above to brainstorm options for scaling up and sustaining programme implementation including addressing systemic leakages/weaknesses;
- e. Sustainable plan for disease operational plans and programmes.

The participation and constructive contribution of communities in all the key steps mentioned above is a key aspect of country ownership and an expression of shared responsibility and national solidarity. In this regard, harnessing the collective intelligence ensures that the comparative advantages and local knowledge of communities is deployed in the design, funding, implementation and monitoring of programmes and interventions. “Leaving no-one behind” is a thread that should be evident and deliberately embedded in NSP planning (priority-setting, costing and budgeting of priority interventions, assessment of implementation arrangements and community based monitoring plan), resource mobilization (domestic and external), resource allocation as per costed and budgeted priorities, implementation, monitoring, reporting and evidence based decision-making/advocacy and mutual accountability)

## 2.3 Transitioning from External Funding

The Global Fund notes that transition planning is a process by which a country, or a country-component, moves towards fully funding and implementing its health programs independent of Global Fund support while continuing to sustain the gains and scaling up as appropriate<sup>24</sup>. Consistent with this perspective, the Global Fund considers a transition to have been successful where:

- National health programs are able to at least maintain and preferably improve, equitable coverage and;
- Uptake of services through resilient and sustainable systems for health even after Global Fund support has ended.

Notably, the centre-piece for a sustainable transition process is a resilient and sustainable health system. Contextually, it is incumbent on governments and national partners to ensure that investments are directed to components that support the effective functionality of health and community systems in a resilient and sustainable fashion<sup>25</sup>. Arguably, the rationale expressed in the “STC and Development Continuum” is disease and grant-centric. In order to align the implementation of the STC Policy and its focus areas to national processes, leadership and governance systems; an adaptation of the STC and development continuum has been made. The transition preparedness continuum (Figure 1) is grounded on national ownership. It is therefore argued that the transition preparedness continuum should adopt a health and community systems perspective grounded on the effective implementation of each country’s agenda for long-term sustainability and transition preparedness. Further, transition preparedness; is dependent on a coordinated, harnessed and leveraged national leadership and governance in the implementation of sustainability options and related activities. Annex 2 discusses sustainability options and activities from policy and strategic planning perspective grounded on the intersection between the themes from content analysis of national strategic plans (NSPs), STC focus areas and the related elements<sup>26</sup>. Central to this intersection is the transformative process of aligning policy and strategic business processes to the implementation of the national agenda for sustainability and transition preparedness at national level. This is consistent with the perspective that the Global Fund’s policy and strategic actions are aligned to STC Policy focus areas and themes<sup>27</sup>. Figure 1 below seeks to suggest generic national pathways for embedding sustainability planning and transition preparedness in the eleven Anglophone countries based on country ownership and alignment to national systems, structures, business processes and partnerships. Each country may adapt the pathways according its political, socioeconomic and fiscal policy context and capabilities. What is critical, however, is ensuring that the options of sustainability planning and the implementation of related activities is driven at the highest levels of government within the ambit of the national agenda for sustainability and transition preparedness.

<sup>24</sup> The Global Fund Sustainability, Transition and Co-financing policy

<sup>25</sup> It is trite to remind national governments and partners in all the eleven countries in the Anglophone Region that they are signatories to the Ouagadougou Declaration: on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium and the Framework for its implementation which is predicated on investments in the Revitalisation of the Primary Health Care Approach.

<sup>26</sup> The STC focus areas were used to analyze the themes from the NSPs in order to determine policy and strategic connections on which to anchor long-term sustainability indicators and transition preparedness priorities

<sup>27</sup> Core Sustainability and Guidance Note- FIGURE 2: STC and the Development Continuum Page 4



FIGURE 1: TRANSITION PREPAREDNESS CONTINUUM (ADAPTED FROM THE STC AND DEVELOPMENT CONTINUUM)

### 2.3.1 Experience and Learnings

It is clear from Figure 1 that the strategic connector between long-term sustainability activities and priorities and transition preparedness is national ownership predicated on each country's agenda for sustainability and transition preparedness. A number of experiences and lessons have been gained overtime by regions that have implemented the Global Fund's STC Policy<sup>28</sup> and PEPFAR in HIV concentrated epidemic settings<sup>29</sup>. Harnessing all the national partners and resources around a coherent policy and strategic conversation is the primary aim of the country's agenda for long-term sustainability and transition preparedness for the delivery of sustainable development goals (SDGs) and universal health coverage (UHC). In this review, transition preparedness suggests the country's readiness to own, lead and take over programme costs from the donor in a politically, socio-economic and fiscal sustainable manner.

Translating the principle of national ownership from intentions and declarations into national policies, strategies, systems, structures and relevant skills is a transformative process. While the heads of state and governments from the WHO Afro countries signed the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium; it could be argued that national ownership remains a weak link to sustainable and resilient health systems. See Annex:1 for the Ouagadougou Guiding Principles and Focus Areas underlines the amount of work needed to transform the commitments into national policies, strategies, skills and institutional capacities in all the 11 countries. What is also noteworthy is the fact that these commitments intersect with the Global Fund STC focus areas and if translated consistently into national policies and strategies they have the potential of energizing the efforts highlighted in the content analysis of NSPs.

Clearly, strengthening national systems, governance and leadership capacities is a critical success factor to sustainable transitioning from donor funding to domestic resources. It is also a demonstration of national ownership. Therefore, investments for strengthening health and community systems costs ought to bone by national governments primarily, with the support of domestic partners within the ambit of the country's Long-Term Sustainability Transition Road Map and Work Plan. This could be viewed as the preface for demonstrable national ownership and leadership. Lessons for from Eastern Europe show that to sustain transitioning from the Global Fund or any donor for that matter requires country-owned, led and robust national systems<sup>30</sup>. The development of social contracting

#### BOX 1

#### PEPFAR'S DEFINITION OF COUNTRY OWNERSHIP

"the continuum of actions taken by political and institutional stakeholders in partner countries to plan, oversee, manage, deliver, and finance their health sector. These actions advance sustainable, quality health programs that are locally owned and responsive to the needs of host country nationals".

28 Friends of the Global Fund Europe: Transition from the Global Fund: Work in Progress

29 PEPFAR Transitions to Country Ownership: Review of Past Donor Transitions and Application of Lessons Learned to the Eastern

Caribbean

30 National ownership and leadership could also be viewed as political and policy leadership from the prism of shared governance



mechanisms that allow government financing of civil society-led interventions is deemed essential for smooth and sustainable transition processes. This should include policy reforms and the strengthening of capacities of civil society organizations including capacities for social accountability<sup>31</sup>.

### 2.3.2 Critical Success Factors and Transition Preparedness Derivable Indicators

Vogus and Graff (2015) in the PEPFAR Transition to Country Ownership: Review of Past Donor Transitions and Applications of Lessons Learned to the Eastern Caribbean determined that there are nine areas to assess country readiness for transition. These areas include: leadership and management capacity, political and economic factors, policy environment, alternative funding sources, integration of HIV programs into the wider health systems, the institutionalization of processes, procurement and supply chain management, staffing and training needs, and engagement of civil society and the private sector. Arguably, A number of strategic themes and indicators can be derived from these areas predicated on the STC focus areas and themes from the NSPs. These are presented in Annex 3.



### 3. FINDINGS

#### 3.1 Economic Outlook in the Sub Region

Rising protectionism is fueling global tensions in trade and access to technologies. This situation is likely to cause lower commodity prices, negatively affecting the region's resource-intensive countries. Consequently, economic growth in the region is projected to remain at 3.2 percent in 2019 and will rise to 3.6 percent in 2020. The forecast is going to be slower than previously envisaged for about two-thirds of the countries in the sub-continent. The downward revision reflects a more challenging external environment, continued output disruptions in oil-exporting countries like Angola and Nigeria, and weaker-than-anticipated growth in South Africa. Further, the region continues to suffer from weather-related shocks. Severe droughts caused by El Niño have affected Angola, Botswana, Ethiopia, Kenya, Lesotho, Namibia and Zambia causing food insecurity, migration, inflation pressure (owing to supply constraints), fiscal pressure, electricity shortages, and lower trade balances (IMF Staff Projections). Further, the "COVID-19 pandemic is putting unsustainable pressure on governments with large fiscal deficits, heightened debt vulnerabilities and weak health systems"<sup>32</sup>.

Clearly, with global growth slowing down, the effects of COVID-19 and uncertainty rising, fiscal space for health in all the countries in the region is likely to be constrained in 2020 going into 2021. This situation will invariably affect the region's fiscal space capabilities and national investments related to the implementation of the 2030 Sustainable Development Goals (SDGs). Preparing for possible downturns, will include balancing growth and sustainability objectives—while also putting more emphasis on reforms to adapt to a fast-changing global economy, fiscal space challenges and the ever-increasing domestic social needs. In this regard, reforms would include strengthening institutional capacities and systems to ensure the effective use of available, albeit limited resources—this includes strengthening and reforming national procurement and supply systems and use of evidence for policy advocacy, decision-making and social accountability. This should also include the transformation of the core purpose and capacities of CSOs and community groups regarding the execution of their shared responsibilities and contributions in programme and financial sustainability

#### 3.2 Participation of CSOs and Community Groups

Generally, the development of National HIV Strategic Plans (NSP) is multisectoral and includes the participation of CSOs and community groups among other stakeholders. Every attempt is made by stakeholder organizations to align their own strategic plans to the priorities indicated in the NSPs consistent with the three-one's principle. In Angola for instance to effectively operationalize the PEN VI (6<sup>TH</sup> NSP); a workshop to engage with the CSOs on

the final document was held to ensure downstream alignment to the strategic interventions. In South Africa participation and contribution in the NSP development process is entrenched in the SANAC Civil Society Forum whose chairperson is also the Deputy Chairperson of SANAC. Additionally, participation of CSOs and community groups in the development of national development plans (NDP) and national health strategic plans (NHSP) is taking hold in most countries informed by the experiences of developing HIV NSPs.

The Global Fund requires an inclusive and transparent concept note development process. Consequently, the participation of CSO, PLHIV and community groups is an eligibility requirement which is assessed at the time of the submission of a funding application or concept note to the Global Fund.

One area that still remains enigmatic for CSOs and community groups is their participation and contribution in national budgeting and resource allocation processes. While this process is generally transparent and participatory in most countries in the region; CSOs appear not to be aware of how national planning and budgeting processes work and their potential intersection to co-financing, programme and financial sustainability and a track to transition planning.

#### 3.3 Inclusion of Sustainability and Transition Planning

Generally, all the eleven countries acknowledge the need to increase domestic investments in health and three diseases. Some countries have taken concrete steps by developing health financing policies and strategies that are predicated on innovative domestic health financing options. The five UMI countries have on-going initiatives aimed at strengthening sustainable health financing, programme sustainability and Universal Health Coverage. In four of the five countries transitioning planning could be a policy and strategy option between now and 2025. However, the implementation of the Global Fund STC Policy will need to be aligned to national planning and budgeting system within each country's fiscal policy and sustainable development goal imperatives

#### 3.4 Findings for Upper-Middle Income Countries

These findings reflect the themes identified from the analysis of strategic documents which included national development Visions and plans, health sector strategic plans and disease specific national strategic plans. Themes related to transformation, strengthening of institutional governance structures at national and sub-national levels; innovations and initiatives in health financing from National Visions and national development plans are placed at policy intent and political leadership level. In other words, these policy intents are likely influence national budgeting decisions<sup>33</sup>.

32  
33

Calderon, Cesar; Kambou, Gerard; Zebaze Djiofack, Calvin; Korman, Vijdan; Kubota, Megumi; Cantu Canales, Catalina. 2020. "Africa's Pulse, No. 21" (April), World Bank, Washington, DC. Most of those intentions are referenced National Budget Speeches and are considered policy stimulus for future investment pathways.

Angola: The Government of Angola (GoA) funds two-thirds of total health expenditure (THE); with the remaining balance coming from private sources, such as companies, insurance, and OOP expenditures (75% of private sources). HIV financing is largely from domestic sources (general taxation). In 2011, general taxation contributed US\$21.5 million, or 63.3% of all funds. In the same year, all other partners contributed US\$12.4 million. The TAE per capita in 2011 was US\$14.51, or 0.03% of GDP. The development of 6<sup>th</sup> National Strategic Plan (NSP) for HIV, Viral Hepatitis and STIs acknowledged the risk of depending on external (PEPFAR and Global Fund) funding. Consequently; the thrust of the NSP is the increase of domestic funding and strengthening implementation capacity of local institutions (Private sector, local government, FBOS and CSOs). This includes investing in resilient systems for health and community systems.

Botswana: The country's Vision 2036: Prosperity for All is grounded on six imperatives. These include transformation of governance and leadership capacity to ensure the effective implementation strategies to deliver on the aspirations of the population in pursuit of sustainability pathways which will balance social and economic growth, protection of the environment underpinned by good governance<sup>34</sup>. Further, the Health Financing Strategy outlines the Government of Botswana's (GoB) plan for building a new health financing structure that will ensure long-term sustainability and better health for all Batswana. A number of initiatives to ensure technical and allocative efficiency are under way. These include exploring strategies for sourcing out non-clinical services to civil society organisations as part of the country's public-private partnership in the delivery of community services.

The GoB funds the national HIV response from own resources (63%), followed by PEPFAR (30%) and Global Fund (7%). With respect to the procurement of health commodities, the GoB spends 95.5% of own resources with PEPFAR contributing 5.4%.

Namibia: This is one of the UMI countries in the region with a number of policy and strategic initiatives aimed at strengthening sustainability and transitioning planning. Currently, the government of Namibia (GRN) is the largest funder (64%) of the HIV/AIDS strategic interventions followed by PEPFAR (27%), Global Fund (6%), and the private sector (1%). However, the analysis of the funding landscape shows that the current financing trajectory is not sufficient to adequately fund the national HIV/AIDS response. To enhance sustainability, efforts are being made to improve efficiencies in service delivery which include strengthening health systems, linkages with communities and improving coordination and management. During the current NSP the country plans to develop a sustainability plan.

Mauritius: The Government of Mauritius is committed to strengthening governance and stewardship underpinned by people centred and integrated services. The country's vision is to become a high-income country. Investments in its people are seen as central

to this vision. However, the country faces a double challenge of communicable and non-communicable diseases; viewed as a threat to its developmental vision. Injecting drug use is the major mode of transmission of HIV and outbreaks of Chikungunya in the past, recent outbreaks of dengue and AH1N1, HIV and AIDS and imported cases of malaria mean that communicable diseases still remain a threat to the population and the economy. HIV/AIDS is placed high on the socio-economic development agenda. Health services, including prevention services to reduce the prevalence of HIV infection among the population and antiretroviral treatment to People Living with HIV/ AIDS (PLHIV), are provided free of any user cost to patients. Within the context of its vision of becoming a high-income country; Mauritius is on its way of being and is likely to transition from the Global Fund.

South Africa: The national HIV response is funded primarily from general taxation, with additional funding from external development partners (donors) and the private sector. SA's financial commitment to HIV programs continues to grow. 71% of the HIV programme are funded by the government, followed by PEPFAR (26%) and the Global Fund (3%). With respect to commodity procurement the government meets 98% of its requirements, with 0.7% from PEPFAR and 1.4% from the Global Fund. Using the PEPFAR Sustainability Index and Dashboard (SID) 3.0; SA is on course to sustain HIV programmes from domestic resources and partnerships. By extension transitioning from both PEPFAR and Global Fund is also on the cards. Full implementation of the NHI and the related reforms will facilitate the process; while ensuring sustainable health financing of Universal Health Coverage

### 3.4.1 Findings from Low-Middle Income Countries

Eswatini: Despite Eswatini's classification as a lower middle-income country, economic indicators such as a weak business climate and low foreign direct investment reflect a low-income country status with a significant income disparity (Gini coefficient of 0.49) and substantial poverty with 62.1% of Eswatini's population living below the lower middle-income country poverty line (\$3.20). The government delivers the majority of direct HIV services in the country and funds ARVs for adults, while donors support critical areas in HIV/TB care, treatment, and prevention, including direct service delivery, technical assistance (TA), commodities, and human resources (HR). PEPFAR contributes 59% towards the national HIV response followed by the Kingdom of Eswatini (KoE) (26%) and the Global Fund (11%). The KoE invest domestic resources (65%) in the procurement of commodities, while the Global Fund invests 19% of procurement needs and 15% from PEPFAR. The NSP acknowledges the strategic need to start investing more domestic resources in the sustainability of HIV programmes. It is anticipated that during the implementation of the NSP one of the strategies will be the design and implementation of an HIV/ AIDS resource mobilisation and sustainable financing strategy and implementation programme. In this regard; a multisectoral



HIV financing committee will be established to steer the country's efforts to mobilise adequate resources for the HIV response. This effort will be complimented by the following strategies:

- Advocate for the establishment of an HIV investment trust: As a long-term financing strategy for the HIV response, the country will explore various revenue sources to support the establishment of the investment fund.
- Institutionalise optimization, programme efficiency and cost-effectiveness analyses of the response: Expenditure tracking tools will be used to interrogate the efficiency of current implementation strategies, and cost efficiency studies will be institutionalized to inform allocative efficiencies. The country will also transition to lower cost treatment regimens and the use of new low-cost technologies.
- Implement effective utilisation of National Sectoral Development Plans with budgets committed to HIV: Develop and make operational HIV mainstreaming implementation mechanisms in collaboration with Government ministries.
- Develop and implement a policy for restricting the shift of the HIV cost burden from the private to the public sector: Policy options will be explored to restrict the shift of cost burden. Advocacy will also be undertaken to encourage the private sector to fund HIV programmes

KoE is preparing for transitioning from external funding in respect of Malaria having reached elimination. In this regard a Malaria Fund has been established based on a public-private partnership framework.

Ghana: The NSP recognises the reduction of funding from the Global Fund since the country became a low middle-income country (LMIC). During the same period funding for the HIV response from general taxation had gone down by 39% according to the NASA (2012 and 2013). Proposed activities include:

- Development of the health financing strategy (This was developed in 2015)
- Increase domestic contribution to the financing of the HIV response
- Advocacy for the identification and establishment of innovative financing mechanism including the national HIV & AIDS Trust Fund
- Institutionalisation of resource tracking (NASA & NHA)

Kenya: Financing Universal Health and HIV Coverage (UHHK) is an important commitment made by East African Community (EAC) Partner States. Pursuant to this the EAC Framework of Action (EFoA) was adopted during the High-Level Ministerial dialogue on Sustainable Financing for Universal Health Coverage and HIV/AIDS, on 23<sup>rd</sup> June 2016. In this regard, the Government of Kenya is working towards taking stock of its financing landscape for health and the three diseases. The review of the health financing landscape also sought to identify opportunities and challenges for sustaining effective coverage of HIV, TB, and malaria services in the long run within the macro-fiscal and institutional constraints. Systemic challenges and weaknesses were identified during the review process. What is clear from the findings is the concurrent relationship between planning for

sustainability and transitioning to domestic resources.

Lesotho: Themes related to sustainability, efficiency and effectiveness were derived from reviewing the country's NDP 2020, the revised health sector strategic plan; the HIV NSP and the PEPFAR COP 2019. Financing and sustainability will be leveraged through better integration and coordination with other sectors. This will be complemented by improved allocative efficiency and the strengthening of health and community systems. PEPFAR (67%) is major funder of the HIV response, followed by the Global Fund (15%) and the Government of Lesotho (GoL) (18%). This excludes the procurement of health commodities. With respect to the procurements of commodities; the GoL is the primary funder (65%) followed by the PEPFAR (24%) and Global Fund (10%), respectively.

Nigeria: There are significant variations in HIV prevalence across the 36 states and the Federal Capital Territory (FCT). A few states such as Benue, Akwa Ibom, Rivers and Taraba continue to report prevalence rates much higher than the national average. The states of Abia, Anambra, Enugu, Delta, Bayelsa and Cross Rivers also report higher than average prevalence. HIV prevalence is highest in Akwa Ibom (5.5%) and lowest in Jigawa and Katsina (0.3%). Regionally, the HIV epidemic remains concentrated in the South-South, South-East and parts of the North-Central regions (COP 2019). The Global Fund and PEPFAR meet 100% costs of HIV commodity procurement.

The National Strategic Health Development Plan II (NSHDP II) (2018-2022) is anchored on the five pillars supported by five strategic priorities. Predictable financing and risk projection is one of the pillars. Scaling up essential services and HSS investments are projected using what has been termed the "moderate scale-up scenario" based on the fiscal space for health considerations. Further, investments in the NSHDP II is expected to propel the implementation of the Primary Health Care Revitalization Agenda which is a key policy thrust of the Economic Recovery and Growth Plan and contribute to investment in UHC.

Zambia: Zambia continues to face significant budgetary challenges, with 87% of the national budget going towards salaries and debt servicing in 2019, making commitments to other national priorities difficult. The HIV response is dependent on external funding with 86% of the expenditure coming from PEPFAR and the Global Fund. Dependence on external sources for financing the public health sector is a risk to human development and the performance of the economy and its growth. The allocation and utilisation of limited domestic resources will be directed towards on investments that assure a resilient and sustainable system for health and access to quality primary care services using the primary health care approach. Decentralized planning and coordination will be strengthened to ensure that leakages and inefficiencies are addressed. Capacity for social accountability and community-based monitoring will be developed as part of decentralized planning, implementation and reporting.

While the NSP does not explicitly address the issue of sustainability; the need for this is implicit in the 7th National Development Plan and the National Health Sector Strategic Plan (NHSP) (2017-2021). In this regard the NSP notes the need for the Government of Zambia to explore alternative and innovative funding options to meet the funding. It also suggests the mobilization of other development partners and the private sector to make increased contributions towards the national response.

### 3.3 Value Contributions CSOs and Community Groups

Twelve respondents from seven of the eleven target countries (64%) submitted answers in response to sixteen theme-based questions in the SurveyMonkey questionnaire. The survey was sent to a list of CSO participants who had attended workshops at the behest of the client and not to focal persons or organisations in the purposively selected countries. As a result, three countries which were not part of the eleven target countries responded. These countries are not included in the seven countries mentioned above.

CSOs and community groups are active in the development of NSPs with some providing thematic guidance. However, the participation and contribution of CSOs and community groups in national planning and budgeting is an area that needs very close attention. Regarding STC Policy knowledge; some CSOs and community groups have a fair knowledge with the majority expressing little knowledge. The general consensus is that sustainability planning and transition preparedness is not included in the NSPs. The respondent countries noted that excluding policy makers in the Ministries of Health and Ministries of Finance in the conversation is an impediment to the inclusion of sustainability planning and transition preparedness in the NSPs.

What is clear from the responses is that there are pockets of good stories related to the participation of CSOs and community groups in planning and the development of funding applications to the Global Fund. The value contribution of CSOs and community groups on this will need to be assessed for depth and coverage beyond attendance.



## 4. CONCLUSION

### 4.1 Introduction

The conclusions discussed in this section recognize the diverse socio-economic and political contexts the eleven countries operate under. While, initiatives being implemented by one country are not necessarily replicable; opportunities for sharing experiences and good practices could be explored.

### Macroeconomic Performance and Fiscal Space for Health

Clearly, with economic global growth slowing down and uncertainty rising, fiscal policy in all the countries in the region should prepare for further possible downturns. This situation will invariably affect the region's fiscal space capabilities and ability to open budgetary space for investments in health including the implementation of 2030 Sustainable Development Goals (SDGs)<sup>35</sup>. Preparing for possible downturns, will include balancing growth and sustainability objectives—while placing strategic emphasis on reforms to adapt to a fast-changing global economy and the demands for responsive, quality, equitable and sustainable domestic social services. UMI countries are implementing policy reforms which include the introduction of national health insurance predicated on extensive consultations and feasibility. The reforms could include strengthening institutional capacities and systems (health and community systems) to ensure effective use of available, albeit limited resources. This includes strengthening and reforming national procurement and supply systems to open space for social contracting and innovative public-private partnerships.

*“Linking priorities to sustainability and the implications thereof was not done to the extent required. We have however managed to get a small grant through MPact to host a workshop on Sustainability, Transitioning and Co Financing with KP groups. At the workshop unpack the implications and chart a way forward around sustainability (especially on issue of social contracting as a viable funding mechanism option)”.*



### Sustainable Health Financing and Transition Planning

Clearly, countries are at different stages of developing and implementing strategies for sustaining health financing and programmes in the three diseases. In this regard, most countries have developed or are in the process of developing health financing strategies grounded on sustainable health financing options for the implementation of UHC. These efforts are supported by commitments in pursuing innovative initiatives in countries like Botswana, Kenya, Namibia, Mauritius, Swaziland and South Africa. However, this situation is likely to be constrained by the contraction in fiscal space for health discussed in the preceding paragraphs. This observation notwithstanding; commitment to domestic resource mobilization and investments in people centered and integrated services remains a policy intent by all target countries. Although there is no evidence from the documents reviewed that tracking resources for health and HIV has been institutionalized in any of the target countries; intermittent practice was in evidence in the majority of target countries with Ghana being explicit on the need to institutionalize NHA and NASA.

### Domestic Resource Mobilization and Programme Efficiency

What is also clear is that sustainability planning grounded on effective domestic resource mobilisation is acknowledged widely by the target countries as a propellant for transitioning from external funding. However, national commitments in this regard need to be followed by sustainable fiscal actions. Strengthening institutional capacity of CSOs and community groups in order to contribute in coordination, planning, social accountability and evidence-based decision making will be catalytic in programme sustainability and transition planning. Most governments in the region, working with PEPFAR, Global Fund and other development partners are beginning to appreciate the



need of strengthening governance, leadership and accountability grounded on strategic partnerships. Investing domestic resources and partnerships in health and community systems for effective service delivery and the deployment of domestic resources in high impact interventions is a strategic option being considered by all Anglophone countries. Countries like Botswana and Namibia are considering social contracting as a policy and strategic option for enhancing programme efficiency, sustainability and effectiveness. Conversations on the effective use of limited resources and sustainability take place during the development of the PEPFAR Country Operational Plans (COP); for instance. In this regard, the five UMI countries have the foundations on which to plan for transitioning from the Global Fund grounded on programme and financial sustainability at the behest of the performance of their respective economies. Mauritius is a case in point. Botswana is implementing a transitioning plan for Malaria. Swaziland from the target LMI countries will be transitioning funding for Malaria from the Global Fund and creating a Malaria Fund to be supported by a public-private partnership initiative.

## Role and Contribution of CSOs and Community Groups

### NSP Development and Funding Applications

CSOs and community groups participate in NSP development processes and contribute in priority setting. In addition, they participate in the development of funding applications (Concept Notes) to the Global Fund. For instance, BONELA network members and other KP groups were represented throughout the NSP development process. It also sits in various technical working groups including the technical working group on social contracting and the Botswana Joint Oversight Committee. Nevertheless, constituency engagement during NSP development and the development of funding applications remains a challenge because of inadequate funding.

## Advocacy for Sustainability and Transition Planning

While information is available regarding the Global Fund's STC Policy and Guidance for implementation; applying the policy and guidance in the advocacy role of CSOs and Community Groups needs to be improved. One respondent noted as follows.

The knowledge and understanding of CSOs and community groups regarding the STC policy and its application to strategic planning and community-based monitoring could be improved. This includes the intersection between the implementation of sustainable health financing strategies and planning for service delivery sustainability.

## Social Contracting, Capacity of CSOs and Community Groups

The role of CSOs and community groups regarding the implementation of community led interventions is being considered by the UMI countries from the point of view of improving programmatic efficiencies and service responsiveness. The implementation of these initiatives calls for the participation and contribution of CSOs and community groups as implementors and agents for social accountability.

## Shared Responsibility and Solidarity

National governments, CSOs, community groups and development partners in the eleven target countries appear to be engaged in addressing the issues related to sustainability in varying degrees punctuated their unique socio-economic circumstances. National ownership and leadership is demonstrable in this regard. PEPFAR and GAVI is already engaging countries on aspects related to sustainability and transition planning. What is clear is that the embedding of Global Fund STC Policy into national strategic plans could gain momentum if it is aligned to national systems, structures, partnerships and processes. This situation could result in national shared responsibility and solidarity in sustainability and transition planning founded on each stakeholders comparative strength and national ownership.

### 4.2 Potential Good Practices

Botswana has ear-marked 30% of the NSP budget to social contracting. Policy is being reviewed to open public financial systems to this strategic shift. Namibia is engaged in efforts to improve efficiencies in service delivery which include strengthening health systems, linkages with communities and improving coordination and management. Financing Universal Health and HIV Coverage (UHHHC) is an important commitment made by Kenya as a Partner State of the East African Community (EAC). Therefore, the initiatives for sustainability and transition planning which are being pursued by Kenya are therefore a regional commitment to the EAC Framework of Action (EFoA) which was adopted during the High-Level Ministerial dialogue on Sustainable Financing for Universal Health Coverage and HIV/AIDS.

The process of developing the national health insurance (NHI) in South Africa included deliberate national consultations and effective contributions by CSOs and community groups. This has resulted in two related outcomes: a) broad-based national ownership and b) strategic partnership between CSOs and community groups; and government.



## 5. RECOMMENDATIONS

The recommendations presented in below are derived from the findings, conclusions, shared responsibility and solidarity; and potential good practices discussed in Section 3 and 4 above.

### EMBEDDING AND ALIGNING SUSTAINABILITY AND TRANSITION PLANNING INTO NATIONAL SYSTEMS, STRUCTURES, PARTNERSHIPS AND PROCESSES

#### NATIONAL GOVERNMENTS

1. Develop and fund a National Road Map and Plan for Sustainability Planning and Transition Preparedness
2. Map strategic partnerships for the implementation of National Road Map and Plan for Sustainability Planning and Transition Preparedness
3. Establish a high-level national committee on Sustainability Planning and Transition Preparedness under the leadership of Ministry of Finance
4. High-level committee will engage the country's political structures, the private sector, CSOs and academia to explore options for investing in resilient sustainable systems for health and other related social development services.
5. Own and lead the process of transforming the CCM and its alignment to national governance structures at national and sub-national level.
6. Lead in transforming the social sector including the revitalisation of the primary health care using the PHCA.

#### EANNASO

1. Mobilize funding and partnerships for capacity development and strengthening of regional networks and community groups on the Global Fund STC Policy and its implications on national planning and budgeting
2. Build the capacity of CS and CG to engage in National budgeting process, understand Co financing and sustainability mechanisms. This capacity development initiatives should include CS and CG representatives in CCMs....CS should also engage in funding platforms like GFF and PEPFAR and influence decisions
3. Organise learning visits to countries like Botswana, Kenya, Namibia Swaziland and Zambia on the Innovations related to sustainable financing for UHC, Social Contracting, Social Accountability and PPP for innovative financing
4. Collaborate with EAC and SADC Secretariats to align the STC to regional commitments and initiatives related to sustainable financing for UHC and resource tracking.
5. Provide case studies on unpacking STC, how CS and CG are engaging in these processes and strengthen engagement through producing more information materials and holding webinars and regional exchange meetings
6. Organise regional symposia and seminars on S&T Planning using progress on DRM and the related key performance indicators.
7. Use the regional symposia and seminars for sharing country experiences, innovations and good practices on social accountability in S&T Planning.
8. Mobilise technical assistance to map out national planning, budgeting cycle and programme implementation monitoring.
9. Use the findings of the mapping process to develop engagement plans with Ministries of Health, Finance and Parliamentary Committees on sustainable and transition planning.

#### NATIONAL CSOS AND COMMUNITY GROUPS

1. Mobilize funding and partnerships for capacity development and strengthening of National networks and community groups on the Global Fund STC Policy and its implications on national planning and budgeting.
2. Advocate for the establishment of an STC Sub-committee under the CCM Resource Mobilisation Committee.
3. Mobilise resources for constituency engagement on S&T Planning and national progress on the same.
4. Develop community-based monitoring systems including shadow reports and scorecards on health financing. Data collection, analysis and reports should be led by CS and CG
5. Mobilise technical assistance to map out national planning, budgeting cycle and programme implementation monitoring.
6. Use the findings of the mapping process to develop engagement plans with Ministries of Health, Finance and Parliamentary Committees on sustainable and transition planning.
7. Mobilise capacity building on domestic resource mobilisation and national planning and budgeting cycle from the perspective of social accountability and policy advocacy
8. Develop community-based monitoring systems including shadow reports and scorecards on health financing. Data collection, analysis and reports should be led by CS and CG

#### CSO MEMBERS IN THE CCM

1. Engage the CCM Secretariat in planning for the CCM Committee on Resource Mobilisation to participate in the national planning and budgeting cycle and developing a calendar of events related to the monitoring of disease programmes, S&T planning and fulfilment of co-financing commitments.
2. Advocate for the establishment of an STC Sub-committee under the CCM Resource Mobilisation Committee.
3. Engage constituencies on the progress related to commitment actions on domestic resource mobilisation, resource tracking and S&T Planning.
4. Ensure that S&T planning is a permanent agenda item and advocate that the CCM engages with the Ministry of Finance and Ministry of Health on S&T Planning
5. Introduce an agenda item on the tracking of health and HIV and encourage the development partners in the CCM to indicate what technical and financial support could be provided for this.

## REFERENCES

1. Shanta Devarajan is the chief economist for Africa at the World Bank. Wolfgang Fengle: World Bank Lead Economist. Global Fund Focus on Sustainability, Transition and Co-financing Policy
2. The West Africa Ebola crisis of 2013-2016 demonstrated that pandemics can leave lasting economic scars and set development back for years, if not decades (World Bank)
3. IMF Staff projections
4. Five upper middle-income countries (Angola, Botswana, Mauritius, Namibia and South Africa) and six low middle-income countries (Eswatini, Ghana, Lesotho, Kenya, Nigeria and Zambia).
5. Technical Evaluation Reference Group (TERG) Thematic Review on Sustainability, Transition and Co-financing (STC) Policy, June 24, 2019
6. The STC Guidance Note was updated in December 2019.
7. [https://www.theglobalfund.org/media/5648/core\\_sustainabilityandtransition\\_guidancenote\\_en.pdf](https://www.theglobalfund.org/media/5648/core_sustainabilityandtransition_guidancenote_en.pdf)
8. Verma and Mallick (1999:29 and Morrison (2012:22,24)
9. Ouagadougou Declaration: on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium and the Framework for its implementation which is predicated on investments in the Revitalisation of the Primary Health Care Approach.
10. Core Sustainability and Guidance Note- FIGURE 2: STC and the Development Continuum Page 4
11. Friends of the Global Fund Europe: Transition from the Global Fund: Work in Progress
12. PEPFAR Transitions to Country Ownership: Review of Past Donor Transitions and Application of Lessons Learned to the Eastern Caribbean
13. Calderon, Cesar; Kambou, Gerard; Zebaze Djiofack, Calvin; Korman, Vijdan; Kubota, Megumi; Cantu Canales, Catalina. 2020. "Africa's Pulse, No. 21" (April), World Bank, Washington, DC.
14. <https://www.uneca.org/sites/default/files/PublicationFiles/era-en-final-web.pdf>

## Annex 1: Documents Reviewed

COUNTRY	DOCUMENTS REVIEWED
ANGOLA	PEN VI 2018 (6 <sup>th</sup> NSP)
	The National Health Development Plan 2012–2025 (NHDP)
	IMF Country Report 18/156
	IMF Country Report 19/371
BOTSWANA	Vision 2036: Achieving Prosperity for All
	Integrated Health Service Plan: A Strategy for Changing the Health Sector for Healthy Botswana (2010-2020)
	National Development Plan 11 (2017-2023)
	PEPFAR COP 2019
	Strategic Purchasing of Health Care Services in Botswana
	Transitional Financing and the Response to HIV/AIDS in Botswana
ESWATINI	National Development Plan: Towards Economic Recovery (2019-2022)
	The Kingdom of Eswatini Road Map (2019-2022)
	The National Multisectoral HIV and AIDS Strategic Framework (NSF) 2018 – 2023)
	National Strategic Plan for Ending AIDS and Syphilis in Children (2018 – 2022)
GHANA	National HIV and AIDS Strategic Plan (2016-2020)
	Long-Term National Development Plan (2018-2057)
	The National Tuberculosis Health Sector Strategic Plan for Ghana (2015–2020)
KENYA	Domestic Resource Mobilization for Health: National Health Financing Dialogue for Implementation of the Health Sector Domestic Financing Sustainability Plan
	Co-financing Commitments and Strategy: The HIV, TB and Malaria Replacement Challenge: Issue Paper-September 2018
	National Strategic Plan for Tuberculosis, Leprosy and Lung Health
LESOTHO	Final Report: Sustaining Effective Coverage for HIV, Tuberculosis, and Malaria in the Context of Transition in Kenya
	National HIV and AIDS Strategic Plan (NHASP) 2018 – 23
	PEPFAR COP 19
MAURITIUS	Health Sector Strategy (2017-2021)
	Budget Speech 2 0 1 9 - 2 0 2 0
NAMIBIA	Third Medium Term Strategic Plan for Tuberculosis and Leprosy (2017-2022)
	National Strategic Framework for HIV and AIDS Response in Namibia (2017-2022)
	National Health Sector Strategic Plan 2(017 – 2022)
	National Health Accounts Report 2012/13
	PEPFAR COP 19
	Public Private Partnership Strategy
	Ohadi, Elizabeth; Claire Jones; Carlos Avila. June 2016. A Review of Health Financing in Namibia. Bethesda, MD: Health Finance & Governance Project, Abt Associates Inc.
NIGERIA	Revised National HIV and AIDS Strategic Framework (2019-2021)
	Second National Strategic Health Development Plan (2018 – 2022)
	Health, Nutrition and Population (HNP) Discussion Paper: Nigeria Health Financing System Assessment
	PEPFAR COP 19
	Progress Towards Universal Health Coverage (2015-2019)
SOUTH AFRICA	2030 National Development Plan
	National Strategic Plan for HIV, TB and STIs (2017-2022)
	Presidential Health Summit Report 2018
	National Health Strategic Plan (2015 – 2020)
	National Health Insurance Policy Paper
	Chaitkin, M., Guthrie, T., Hariharan, N., Ishtiaq, A., Kamath, A., Blanchet, N. J., & Hecht, R. (2016). HV Financing Integration in South Africa: Policy Scenarios and Feasibility Analysis
	PEPFAR COP 19
ZAMBIA	Seventh National Development Plan (2017-2021)
	National Health Strategic Plan (2017-2021)
	Concept Note for the Implementation of NASF 2017-2021 Mid-Term Review
	PEPFAR COP 19

## ANNEX 2: KEY SUCCESS FACTORS<sup>36</sup>, GLOBAL FUND STC FOCUS AREAS<sup>37</sup>, ELEMENTS AND THEMES FROM NSPS FROM 11 ANGLOPHONE COUNTRIES<sup>38</sup>

KEY SUCCESS FACTORS	FOCUS AREAS	STC ELEMENTS	THEMES FROM NSPS
<b>LEADERSHIP &amp; MANAGEMENT CAPACITY</b>	Evolving the role of the CCM and strengthening the health governance architecture	Modify membership of the CCM and align it to national governance structures	Strengthening governance and national and sub-national coordination
<b>POLITICAL &amp; ECONOMIC FACTORS</b>	Strengthening domestic resource mobilization for health and the three diseases.	<ul style="list-style-type: none"> <li>Development and implementation of health financing strategies: Develop and use a Road Map for Sustainability Planning and Transition Preparedness to engage and consult other stakeholders.</li> <li>Tracking health and disease program spending: Conduct regular national AIDS spending assessments and national health account surveys</li> <li>institutionalized national health accounts processes to track domestic expenditure on health, so that data on past spending can be used regularly to inform health sector policy-making.</li> <li>Develop and implement processes to track spending, by intervention and major sources of funding, to inform program planning, reprogramming, costing and budgeting.</li> <li>Gradual uptake of key program costs: as part of the Global Fund's co-financing approach, all countries are encouraged to gradually pick up key program costs, including those currently funded by external financing. Gradual uptake of these costs can help decrease dependencies on external financing for key interventions and build national capacity to implement and manage interventions that have been traditionally reliant on external financing</li> </ul>	<p>Development of Health Financing Strategies including alternative health financing sources</p> <p>Ad-hoc NHA Surveys and NASA</p> <p>Institutionalisation of Resource Tracking Tools</p> <p>Public Expenditure Reviews</p> <p>Monthly budget execution meetings</p>
<b>POLICY ENVIRONMENT</b>	Implementing through and strengthening alignment with national systems	Global Fund financed programs should be implemented through country systems whenever possible, including using national health information systems, national procurement and supply chain systems and public financial management systems	<p>Reform of health and procurement policies</p> <p>Feasibility Studies for Social Contracting</p> <p>Social Contracting</p>
<b>ALTERNATE FUNDING SOURCES</b>	See DRM above	See DRM above	See DRM above
<b>INTEGRATION OF HIV PROGRAMS</b>	Enhance strategic investments in resilient and sustainable systems for health (RSSH).	Include activities to strengthen health systems in funding requests and enhance domestic investments for RSSH	Strengthening health and community systems including the capacity of CSOs for social contracting
<b>INSTITUTIONALISED PROCESSES</b>	Cuts across all areas and processes	Cuts across all areas and processes	See Resource Tracking
<b>PROCUREMENT &amp; SUPPLY CHAIN MANAGEMENT</b>	Maintaining and strengthening access to affordable, quality health products	See above	See above
<b>STAFFING AND TRAINING NEEDS</b>	See RSSH above	See RSSH above	See RSSH above
<b>PRIVATE SECTOR AND CSO ENGAGEMENT</b>	Inclusive and evidence-based costed and prioritised sector and disease-specific strategic plans	Priority setting: Allocate resources to the most cost-effective interventions. In the event of declining funds from major external donors, including reduced allocations from the Global Fund, a cost-impact analysis supported by the application of allocative efficiency tools can help policy makers identify the opportunities for efficiency gains and allocate resources across interventions, geographies and population groups to maximize impact. By linking investments to health and economic gains, cost-impact analysis can also support advocacy efforts towards Ministries of Health and Ministries of Finance for mobilizing increased domestic financing for health and the three diseases.	<p>Inclusive planning and priority-setting across programmes and interventions. Participation of CSOs and community groups and strategic constituency engagement.</p> <p>NSP Budget and financing scenarios in the NSP... including the mapping of funding sources and programmatic gap analysis and financing gap analysis.</p>

36 PEPFAR Transitions to Country Ownership: Review of Past Donor Transitions and Application of Lessons Learned to Eastern Caribbean: Vogus & Graff (2015)

37 Global Fund Guidance Note on the Implementation of the STC Policy

38 See Annex 5 for proposed indicators

## ANNEX 3: OUAGADOUGOU GUIDING PRINCIPLES AND FOCUS AREAS

The following guiding principles and focus areas were consolidated from the Alma-Ata Declaration on Primary Health Care and other relevant policy documents and declarations, some of which are cited in the Ouagadougou Declaration:

PRINCIPLES	FOCUS AREAS	POSSIBLE INDICATORS
<b>COUNTRY OWNERSHIP</b>	Leadership and Governance for Health	Governance and Coordination Structure comprising senior officials and experts from the public sector, central banks, CSOs and Community Groups to lead a National Road Map for Sustainability and Transition Preparedness and related fully funded Plan Transform Health Financing and Procurement Policies and Strategies in alignment with the objectives of the Road Map. Strengthen leadership and management capacity for health including institutional capacities of CSOs
<b>INTERSECTORAL COLLABORATION</b>	Service Delivery	Revitalize Primary Health Care Social Contracting Mechanisms and PPP
<b>ADEQUATE RESOURCE ALLOCATION AND REALLOCATION</b>	Health Financing	Health Financing Strategies to operationalize the Road Map
<b>DECENTRALIZATION</b>	Community Ownership and Participation	Delivery of community-led interventions and services Community based monitoring
<b>EQUITY AND SUSTAINABLE UNIVERSAL ACCESS</b>	Service Delivery & Human Resources for Health;	Sustainable Health Financing for UHC and enhanced human resources for health development
<b>AID HARMONIZATION AND ALIGNMENT</b>	Partnerships for Health Development	PPP Mechanisms Strengthen national systems and structures
<b>MUTUAL ACCOUNTABILITY FOR RESULTS</b>	Research for Health	Institutionalise Resource Tracking Use of evidence for decision making and advocacy
<b>SOLIDARITY</b>	See Partnership for Health Development, Community Ownership and Participation	Inclusive Policy Reforms, Priority-setting, planning and programme monitoring Strengthen the value contribution of CSOs and Community Groups
<b>ETHICAL DECISION-MAKING INFORMED BY EVIDENCE</b>	Health Information and Research for Health	Investments in health information systems and research and the use of information

## ANNEX 4: SUMMARY OF KEY SUCCESS FACTORS AND RISK AREAS FOR TRANSITION PREPAREDNESS

(Proposed by previous studies and based on the Global Fund experience)

### Preparedness and timing

- Develop a roadmap and a fully funded plan for stakeholder engagement;
- Develop options for transition preparedness
- Prefer medium-term duration of about 5 years.

### Participation and inclusiveness

- Invest in stakeholder participation;
- Build on the capacity and role of non-state actors in service provision;
- Funding of programmes for key and vulnerable populations;
- Discuss governance capabilities of CSOs and Community Groups during and after transition;
- Communicate the plan through high-level diplomacy;
- Involve key public sector financing institutions and think tanks including high-level political structures .

### Implementation and Monitoring

- Provide technical assistance throughout the process;
- Ensure ownership of key interventions and integration into national systems;
- Have reliable, strong M&E systems, including transparent process for tracking financial commitments;
- Build reliable and efficient health products procurement and supply chain systems;
- Support mid-term evaluations and provide long-term M&E support.

### Health Financing

- Get inputs from economic data;
- Define clear and monitorable financial targets for all, including donors and government;
- Include salaries, operational costs and trainings in transition plans and beyond;
- Ensure that HIV strategies are costed through inclusive dialogue;
- Define a series of binding incentives, including penalties and rewards, to meet financial commitments or for failing to attain them.

## ANNEX 5: PROPOSED INDICATORS SUSTAINABILITY PLANNING AND TRANSITION PREPAREDNESS FOR 11 COUNTRIES IN THE ANGLOPHONE REGION<sup>39</sup>

The indicators presented below have been drawn from the content review of NSPs from 11 countries in the Anglophone Region, themes and focus areas from literature review.

THEMATIC AREAS		PROPOSED INDICATORS
<b>A. LEADERSHIP AND GOVERNANCE</b>		
GOVERNANCE		<ul style="list-style-type: none"> <li><b>Indicator 1: Multistakeholder-led Governance body</b> comprising of the private sector, CSOs, central bank, senior officials from the Ministries of Finance, Health, Education, Social Development, schools of public health, health economists; public health experts, development partners, budget and finance experts and programmes managers.</li> <li><b>Indicator 2: A Fully Funded National Sustainability and Transition Preparedness Road Map</b> and Plan to coordinate the National Agenda for Sustainability and Transition Preparedness</li> <li><b>Indicator 3: Oversight</b> of the Implementation of the National Agenda for Sustainability and Transition Preparedness</li> <li><b>Indicator 4: Strengthened CCM Committees on grant sustainability</b> and transition planning based on the National Sustainability and Transition Preparedness Road Map</li> <li><b>Indicator 5: Reform and Align the CCM to existing coordinating structures</b> in health, including at sub national structures</li> <li><b>Indicator 6: Oversight of Grant Sustainability and Co-financing commitments</b></li> </ul>
POLICY		<ul style="list-style-type: none"> <li><b>Indicator 7: Policy and Legal Framework for Social Contracting and Public-Private Partnerships</b> to create an enabling environment for integrated, community-led services and services; including public health partnerships with the private sector and CSOs.</li> <li><b>Indicator 8: Mechanisms for Strengthening the Capacity of CSO and Community Groups</b> to deliver community-led services and community-based monitoring.</li> <li><b>Indicator 9: Health and Public Financial Management Policies</b> allow for the funding of CSOs and Community Groups based defined mechanisms</li> <li><b>Indicator 10: Strengthen Fiscal Policy to expand fiscal space for health</b> as part of the National Sustainability and Transition Preparedness Road Map and enhanced domestic resource mobilisation</li> </ul>
STRATEGIC PLANNING AND MANAGEMENT		<ul style="list-style-type: none"> <li><b>Indicator 11: Participation and contribution of CSOs and Community Groups</b> in Priority Setting, Interrogation of Evidence and Strategic Programmes</li> <li><b>Indicator 12: Fully Funded Constituency Engagement Plans</b> to ensure that the voices of communities are included the NSPs and their implementation</li> <li><b>Indicators 13: NSP includes sustainability and transition preparedness</b> activities and performance indicators</li> <li><b>Indicator 14: Costed and fully budgeted NSP</b> with clear sources of funding during its operating period</li> <li><b>Indicator 15: Enhance strategic investments in resilient and sustainable systems for health (RSSH)</b> Include activities to strengthen health systems in funding requests and enhance domestic investments for RSSH</li> </ul>
<b>B. FINANCING HEALTH</b>		
NATIONAL PLANNING AND BUDGETING		<ul style="list-style-type: none"> <li><b>Indicator 15: Inclusiveness and participation of CSOs and Community Groups</b> in the national planning and budgeting process</li> <li><b>Indicator 16: Increase of the national budget as a % of total health spending</b> bench mark to commitments including Co-Financing commitments</li> <li><b>Indicator 17: Burn-rate of the national health budget</b> to ensure that the expenditure targets are met</li> <li><b>Indicator 18: Annual Public Expenditure Reviews</b></li> <li><b>Indicator 19: Institutionalisation of Resource Tracking</b></li> <li><b>Indicator 20: Development and implementation of Health Financing Strategies</b> including alternative health financing sources</li> </ul>
<b>C. SERVICE DELIVERY</b>		
PROGRAM		<ul style="list-style-type: none"> <li><b>Indicator 21: Services Coverage</b> including community led services</li> <li><b>Indicator 22: Partnerships with CSOs and Community Groups</b> to deliver non-clinical services based a cost best analyses</li> <li><b>Indicator 23: Participation of community structures</b> in program implementation and monitoring</li> <li><b>Indicator 24: Equipment availability, availability of equipment per level of service</b></li> </ul>
HEALTH FACILITY		<ul style="list-style-type: none"> <li><b>Indicator 25: Drug availability, measured as the share of specific drugs</b> that are in stock and not expired on the day of observation.</li> <li><b>Indicator 26: Caseload per health provider, measured as number of outpatient visits</b> divided by number of days the facility was open and the number of health workers who conduct outpatient consultations in the prior three months</li> </ul>
<b>D. PROCUREMENT &amp; SUPPLY CHAIN MANAGEMENT</b>		
PROCUREMENT		<ul style="list-style-type: none"> <li><b>Indicator 27: Framework contracts with CSOs and Community Groups</b> for the provision of non-clinical services</li> <li><b>Indicator 28: Purchase orders met in terms of criteria and terms of the contract</b></li> <li><b>Indicator 28: Records of Services provided by CSOs and Community Groups</b> target geographic area or target population</li> </ul>



## Annex 6: Proposed Indicators for the Inclusion of Sustainability Planning in HIV NSPs: 11 Countries In the Anglophone Region

	DOMESTIC RESOURCE MOBILIZATION				
		PER CAPITA <sup>40</sup>			NHA AND NASA
BENCHMARK	CONSISTENT	>\$86			
NAME OF COUNTRY	INCLUSIVE PLANNING	SUSTAINABLE FINANCING OF HEALTH AND HIV, TB, AND MALARIA	GOVERNMENT SPENDING OF HIV COMMODITIES <sup>41</sup>	EXTERNAL EXPENDITURE ON HIV <sup>42</sup>	SOURCE
UPPER MIDDLE-INCOME COUNTRIES					
ANGOLA		\$115			NHA <sup>43</sup>
BOTSWANA		\$227	63%	37%	NHA and COP 2019
MAURITIUS		\$237	Not COP Country		NHA
NAMIBIA		\$299	64%	33%	NHA and COP 2019
SOUTH AFRICA		\$275	71%	29%	NHA and COP 2019
LOW-MIDDLE INCOME COUNTRIES					
ESWATINI		\$188	26%	70%	NHA and COP 2019
GHANA		\$35			
KENYA		\$47			
LESOTHO		\$80	65%	34%	NHA and COP 2019
NIGERIA		\$29	1%	100%	NHA and COP 2019
ZAMBIA		\$47	14%	86%	NHA and COP 2019
INTERFACE WITH STC FOCUS AREAS AND THEMATIC ELEMENTS					
<ol style="list-style-type: none"> <li>Strengthened national planning, including development of robust, costed and prioritized National Strategic Plans (NSP)               <ol style="list-style-type: none"> <li>Strengthen collaborative priority setting across programmes and interventions;</li> <li>Effective planning should consider all activities that contribute to the disease response, including private sector and civil society organizations</li> <li>Align NSP short and long-term program goals to the country's financial and programme sustainability plan: since NSPs provide the overall strategic direction for a country's health sector or disease program,</li> </ol> </li> <li>Strengthening domestic resource mobilization for health and the three diseases               <ol style="list-style-type: none"> <li>Development and implementation of health financing strategies;</li> <li>Tracking health and disease program spending;</li> <li>Gradual uptake of key program costs from GF to domestic resources (Co-financing)</li> </ol> </li> <li>Implementing through and strengthening alignment with national systems               <ol style="list-style-type: none"> <li>National systems will include social contracting and public-private partnerships</li> </ol> </li> </ol>					STC Policy

<sup>40</sup> Data Presented is NHA Indicator: General Government Health Expenditure (GGHE) per capita in US\$. Indicator is being updated for SHA2011 to Government domestic spending on health, per capita (US\$) (current expenditure).

<sup>41</sup> COP 2019

<sup>42</sup> COP 2019

<sup>43</sup> Africa Scorecard on Domestic Financing for Health



## EANNASO

Regional Platform for Communication and Coordination for Anglophone  
Africa Hosted by EANNASO Arusha, Tanzania

☎: +255 739 210598 ✉ [eannaso@eannaso.org](mailto:eannaso@eannaso.org)

🖱 [www.eannaso.org](http://www.eannaso.org) | 🐦 [eannaso](https://twitter.com/eannaso) | 📘 [facebook.org/eannaso.org](https://facebook.org/eannaso.org)