Pharos Global Health Advisors

Synthesis review of transition and sustainability readiness assessments and plans supported by the Global Fund

Prepared for the Global Fund by Pharos Global Health Advisors

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Executive Summary

Since the release of its new Sustainability, Transition and Co-financing (STC) policy in 2016, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) has invested heavily in analysis, technical assistance, and country and partner dialogue on STC. This report responds to the GF Secretariat's desire to conduct a synthesis review of the experience to date with the implementation of S&T country "preparedness" or "readiness" assessments and S&T Plans developed with the support of the GF over the past five years.

Through this study we aim to answer the following key questions: What are the main topics that have arisen across the S&T portfolio? Have certain topics recurred everywhere or almost everywhere? And what are the main recommended actions emerging from the Transition Readiness Assessments (TRA)? How good is the quality of the work? Which of the assessment tools (and modified versions of these, plus "add on" modules) have proven to be most useful? What should the Fund do in the future to derive the greatest value from the S&T tools and processes?

To help answer these questions, we reviewed 39 documents covering 23 countries, employing a custom-build Excel based instrument. We analyzed multiple aspects of the documents including the S&T issues and challenges facing countries, the main emerging recommendations, the quality and coherence of the risk analysis and formulation of recommendations, and the process behind the conduct of the S&T assessments and plans. We also examined the tools employed, including the assessment guides developed by Curatio International and Aceso Global/APMG. To enrich the desk review, we carried out a series of semi-structured interviews with GF staff from the different regions of the portfolio and from UNAIDS.

While we approached this study with maximum openness and objectivity, we acknowledge that our views may be biased by our many years of involvement with the Global Fund and past assignments related to country eligibility, co-financing, and transition, the GF allocation model, and country assessments of sustainability and transition in several countries. At this same time, our previous experience undoubtedly helped us to gain rapid insights into the topics we cover in this study.

Key Findings

1. **Transition Risk Areas Are Diverse But Certain Themes Recur.** Despite the wide diversity of countries across all geographic regions and the use of two distinct tools to assess transition risks, certain transition and sustainability risk areas came up again and again across the 23 Lower and Upper Middle-Income countries we examined. The most prominent risk related to sustainable financing and the need to mobilize additional domestic resources to replace declining donor aid, especially for prevention and CSO-led activities, and to achieve 100% national funding for drugs, diagnostics, and other commodities. The risk that CSOs might not be adequately supported as donors withdraw was cited as the second most important risk, followed by risks tied to inadequate national political support for the three diseases and lack of robust national institutions/committees to oversee sustainability and transition. Weaknesses in national procurement and supply chain policies and organizations and limits in service delivery (often tied to shortages of health workers and in program information systems were also important areas of sustainability risk.

2. **Recommended Actions Align with Risks and Also Repeat Across Countries.** The most commonly cited recommended actions to mitigate these S&T risks also emerged across countries and diseases, and included:

a) Financing: increased government budget allocations, especially for prevention and CSOs and use of incipient public health insurance schemes as a sustainable source of revenues, plus application of results-based financing instruments to public, private, and CSO delivery of AIDS TB, and malaria services.
b) Governance: strengthened national leadership from the health ministry and other senior levels, and creation of a representative coordination body to drive and monitor the S&T plans
c) CSOs: design and launch of a legal/administrative framework conducive to social contract of CSOs to deliver prevention and treatment services to key populations, and cost-sharing between government and donors so that domestic funds can gradually replace external financing for CSOs
d) Procurement and supply chain: improving the capacity of national institutions to manage purchasing and supply in a timely and efficient manner, and/or reforming laws and regulations to allow transitioning countries to participate in pooled purchasing schemes
e) Service delivery: Maximizing government funding for disease program workers while phasing down dependence on donor funding for human resources including technical experts, and integrating HIV, TB, and Malaria services with primary health care platforms
f) Information systems: Completing the integration and inter-operability of information modules within and across diseases and with the rest of the Health Management Information System, and indigenizing the staffing and financing of strategic information services

3. **Quality of TRAs and S&T Plans Is Generally Good But Variable.** A large number of the TRAs and S&T Plans we reviewed were of good quality – meaning that analysis of risks was clear and well-documented with data; recommended actions were specific and concrete, and aligned with the identified risks; and there was evidence that the TRA and S&T Planning process was widely consultative and drew in national stakeholders from government, civil society, and the private sector.

   At the same time, quality was fair or inadequate in several TRAs, for a number of reasons: recommended actions were vague and lacked implementation milestones; recommendations were too numerous and were not prioritized; the development of recommendations by consultants was not subjected to in-country validation and appropriation by national stakeholders; risk assessments were not followed by the drafting of an agreed action plan for Sustainability and Transition, leaving a large gap in time and momentum that reduced the chances that the TRA would have a real impact on the country.

4. **Existing Tools for S&T Assessments and Plans Have Been Useful, But There Are Now Gaps that Need to Be Filled.** The key tools developed with support from the Global Fund in 2015-17 by Curatio International and Aceso Global have been helpful in conducting systematic and in-depth assessments of S&T risks. But both tools have generated large and somewhat unwieldly products that are hard to digest, and that place more emphasis on broad and unranked risk analysis than on designing implementable time-bound actions to mitigate the risks and ensure successful transition. More can be done to draw from other existing background studies without repeating them in the TRAs; to target and prioritize the most important risks and corresponding actions in order to narrow the focus of the TRAs and S&T Plans; and to promote a more deeply consultative country owned process for validating S&T Plans and seeing that they are incorporated in national disease program strategies and government budgets, Global Fund grants, and support from other key partners such as PEPFAR. The Curatio tool has been widely used in EECA and many users are familiar and comfortable with it. If countries in the region prefer to continue using the Curatio tool, it would be useful to update it in the light of experience and some of the suggestions presented here. Since the Aceso/APMG tool is often promoted by the Global Fund and has been applied in more than 20 countries in several regions, it could be especially valuable to revise and reissue the Aceso/APMG guidance materials to incorporate the observations and recommended improvements contained in this report, along with other inputs that could be gathered in the course of such an exercise.

Key Suggestions to the Global Fund:

A. Improve Quality of Reports

1. **Shorten reports.** TRAs should be short and compact (less than 50 pages) with a 3-5 page Executive Summary. Background information on the epidemiology of three diseases, the history of the national disease programs, the country's health system and overall health financing should be summarized in the main body of the report and/or moved to Annexes. Existing documents such as NSPs, PEPFAR COPs and GF Grant Requests already contain much of the relevant information on HIV, TB, and Malaria Program performance. These can be cited in the TRAs to avoid repetition and dilution in the TRA/S&T Plan.

2. **Increase specificity and concreteness.** Findings and recommendations need to be specific and actionable – a number of TRAs contain high level recommendations (e.g. more money for health, improve human resources for health) that are too general or not implementable within the scope of what the country, the GF, PEPFAR and other partners can do. Ideally, program evaluations (carried by the WHO, UNAIDS, PEPFAR, etc.) should be seen as the phase zero of the S&T process and the TRA can be a more in-depth look at the specific areas highly dependent on external support and most vulnerable to donor drawdown and exit (such as HIV prevention, second line TB drugs and treatment, malaria surveillance, and CSO-managed activities).

3. **Raise focus.** Since the same half dozen major transition and sustainability issues tend to recur in each country (greater domestic resource mobilization; increased political commitment to the diseases and to KPs; taking over and managing procurement efficiently; including CSOs as providers under government social contracting; building and maintaining information systems; strong governance and monitoring of the S&T Plan), risk analysis and recommendations should a priori focus on these areas. A narrower set of specialized set of tools could be developed to carry out this focused analysis. For the risks and recommendations that are of highest priority, more in-depth assessment may be warranted. Fortunately, there are now instruments being developed to look at domestic resource mobilization, CSOs and social contracting, and procurement and supply chain that can be applied to these recurring sustainability issues.

4. **Enhance linkage between risks and recommendations.** Recommendations should be linked directly to risks, and should be ranked and classified by importance, potential impact, urgency, and feasibility. Major risks should not be left hanging without proposed solutions, and solutions should tie back clearly to the identified problem or risk around sustainability. The use of standardized tables, especially in the Executive Summaries, can be effective to show the greatest S&T risks and what can be done to mitigate them.

5. **Enrich Financing and CSO Analysis**. Given the importance of increasing domestic funding for HIV, TB, and Malaria programs and of CSO social contracting across nearly all TRAs, assessments could consider dedicated analysis and possibly detailed annexes on these topics. For financing, analysis could cover current disease spending by source and program area, projected future needs, and various scenarios for boosting domestic funds from government, social health insurance, the private sector, as well as the implications for co-financing. CSO analysis should cover the existing landscape, current roles and performance and future potential of CSOs in HIV, TB, and malaria programming, government laws, regulations and practices in CSO contracting, and CSO capacity to participate in social contracting, while identifying relevant challenges, opportunities and actions.

B. Enhance S&T Tools

1. **Modify core modules.** Bring forward "optional" modules in the Aceso guidelines on financing, procurement, and CSOs and make them core, while encouraging country teams to summarize what is called for in the core modules and moving background information to Annexes. To help teams to focus, it might be useful to include a proposed TRA outline with suggested length, key tables and graphs to be included. A new section on how to develop S&T Plans could be added.

2. **Make other upgrades to the Aceso toolkit.** The existing toolkit which is now several years old could benefit from additional changes including: additional guidance and examples on S&T risks related to human resources for health, information systems, and program integration; greater emphasis and depth on the analysis of all sources external funding (beyond the Global Fund) and on options for domestic resource mobilization; and methods and for prioritizing S&T risks and actions and engaging country stakeholders in the prioritization process In terms of the reporting and planning. A chapter on M&E of transition plans would also be a valuable upgrade to the toolkit.

C. Support the S&T Process

1. **Link or combine risk analysis with transition planning**. To streamline the country process and enhance impact, the GF could consider merging country readiness/risk assessments with S&T planning in a single exercise with one document or using two tightly-linked documents conducted separately but with the express intent of having the TRA lead directly to practical plans and actions. This would help maintain momentum and make the TRA phase less academic and more motivating for country stakeholders. Good experiences with this have occurred in several countries, e.g., Honduras and Algeria. These could be replicated elsewhere.

2. **Optimize national and international staffing.** While purely country-run TRAs with 100% national teams has been an interesting experiment in a few counties, in general the use of a mixed team of 4-6 international and national consultants has led to the strongest TRAs and S&T Work Plans, facilitating country dialogue and sharing of global best practices.

3. **Improve communication with country stakeholders.** There are several best practices emerging from our review that could be replicated widely: (a) allocating extra time and budget to separate CSO workshops and dialogue, to ensure that information and ideas are flowing between civil society and other stakeholders and that CSOs own the S&T process; (b) having at least two missions to countries, both to conduct the initial risk assessment and to validate the main findings and recommendations for action; using short 1-3 page policy briefs and supporting materials to engage ministers of health and other senior policy-makers (see the experience of Colombia).

4. **Promote monitoring and evaluation of Transition Plans by country stakeholders.** As mentioned above (under "Tools"), guidance and templates should be developed to help countries to monitor Transition Work Plans and focus on priority actions. Monitoring transition is a critical country function requiring a high-level committee or working group with legitimacy and authority. The GF Secretariat could help shape and guide these S&T committees and promote their continued involvement in overseeing implementation of S&T Plans

D. Continue Strengthening GF Policies and Capacities around S&T

1. **Maintain the use of upstream S&T assessments and plans.** While it can be challenging to persuade and motivated country stakeholders to carry out TRAs many years before the Global Fund is expected to exit the country and complete transition, there are significant benefits to starting S&T

analysis and dialogue early. Showing that donor funding (not only Global Fund but also from bilateral sources such as PEPFAR and PMI, as well as funding from Gavi and the World Bank for other health programs) is likely to decline over several years can help to stimulate productive S&T assessment and planning. S&T actions are increasingly understood by countries as forming an integral part of national strategic plans for HIV, TB, and Malaria, and this is motivating the countries to engage on the TRAs/Plans, too.

2. **Ensure that S&T figures prominently in GF grants.** Transition plans should specific and feasible, and built with the understanding that content could be used for grant-making process. There are opportunities for the GF to increase the yield and usefulness of the TRAs/Work Plans in follow-on grants. This can be done by optimizing the timing of these processes and by bringing the FPM fully into the findings and recommendations of the TRAs. Consultants assisting with the TRAs could potentially be retained more fully at the grantmaking stages.

   It seems that recent TRAs are feeding more directly into Global Fund grant requests and concept notes, as compared to the first TRAs back in 2015-17 (this hypothesis needs to be examined with data – it is outside the scope of our current assignment). This is a good thing and should be further promoted. Grant agreements can be structured to stipulate that countries increase and use their counterpart financing commitments to implement S&T priorities (e.g., financing a larger share of prevention and HIV/TB/malaria drugs and other commodities, establishing lines in the national budget for the diseases, etc.). GF grant resources can also be used for investments that promote sustainability and transition (e.g., building the legal and administrative framework for social contracting of CSOs, creating the regulatory framework for including HIV and TB care as services covered by national health insurance benefits packages). Many S&T plan recommendations may require more detailed studies or the setting up of pilots, which can also be funded through GF grants. It could be useful to document best practice examples where countries used the S&T plan to design a set of activities supported through subsequent GF grants.

3. **Keep building knowledge and skills of GF staff.** While staff are increasingly familiar with and enthusiastic about S&T analysis and planning, more can be done to train and equip them with the latest tools and lessons of experience -- both FPMs and specialists in S&T and other areas. Several suggestions emerged from this project, such as the use of refresher courses and modules on S&T as part of larger GF staff training programs, on-line materials, and access to “just in time” technical assistance and coaching from experts. We would suggest that further capacity-building for GF staff on S&T be systematically examined and a proposal put forward.

4. **Use the GF “tracking” systems to monitor and evaluate sustainability and transition investments.** Some FPMs are using the Work Program Tracking Mechanisms (WPTM) systematically to see whether some of the key prioritized S&T activities are being implemented. This good practice that keeps a spotlight on country performance in improving sustainability could be extended to other countries.

I. Introduction

I.A. Background and Objectives

Since the release of its new Sustainability, Transition and Co-financing (STC) policy in 2016, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) has invested heavily in analysis, technical assistance, and country and partner dialogue on STC. Through this, the GF has become a global leader in the field of sustainability and transition (S&T), signaling its recognition of the importance of this issue for the Fund. This is especially relevant as a significant number of countries face the challenges of sustaining their disease responses as external support from the GF, PEPFAR, and other funders declines.

To support its efforts on Sustainability and Transition (S&T), the Fund has recently launched a number of studies and evaluations to examine its S&T policies, processes, practices, and tools:

- The Fund's Technical Review Panel has issued recommendations for the 2017-19 grant cycle (https://www.theglobalfund.org/media/9053/bm42_08-trppbservations2017-2019allocationcycle_report_en.pdf?u=637111509640000000).
- The GF's Office of the Inspector General (OIG) has prepared an Audit Report on the GF Transition Management Processes. The report examined the experience of 10 countries, visiting 4 of them, and stated that early planning for sustainability and transition has become a priority of the Secretariat and can help to strengthen country dialogue, promote co-financing commitments, and influence grant design. The report also recognizes that country Transition Readiness Assessments (TRAs) often lack specific details of transition challenges, thus limited the identification and design of tailored mitigation actions included in Transition Plans
- The GF's independent Technical Evaluation Reference Group commissioned an evaluation of the new STC policy to capture the lessons learned to date. The TERG report, which has just been released

To complement these other studies and to help shape STC activities during the next replenishment period (2020-22), the GF secretariat asked Pharos Global Health Advisors to conduct a synthesis review of the experience to date with the implementation of S&T country assessments (sometimes called Transition Preparedness Assessments, Transition Readiness Assessment, or Sustainability Readiness Assessments) and related country S&T action plans (sometimes called Sustainability Strategies, Roadmaps, or S&T Plans) developed with the support of the GF over the past five years.

The specific objectives of the Pharos assignment were to:

a) review the performance of a large representative sample of TRAs and S&T Plans, with special focus on synthesizing (i) the scope and content of the most frequently identified and important S&T risks and recommendations across countries and (ii) the quality of the assessments and plans
b) examine and comment on the underlying tools being used for the country work, as well as adaptations and add-ons developed by TRA teams in the course of undertaking practical exercises
c) develop recommendations for improving the S&T practices of countries and partner organizations including the Global Fund.

I.B. Methods

This report is based on a desk review of a sample of 39 Transition and Sustainability documents, encompassing assessments and plans from 23 countries developed since 2015[1]. For the sample selection we considered region, disease and country income level. Most studies in the sample were commissioned by the Global Fund, but a few of them were led by UNAIDS (Cambodia, Jamaica, Morocco and the Philippines). See the Appendix 1 for the characteristics of the sample.

The majority of the documents were drawn from upper-middle income countries (74%), with an additional nine studies from lower-middle income countries (23%) and a document from a high-income country (3%). Studies from Latin American and the Caribbean comprised almost half the sample (19 documents), 49%), with nine studies from EECA (23%), six from SEA (15%), and 5 from Africa (13%). This reflects that fact that the largest numbers of TRAs have been carried out in LAC and EECA. By disease, the majority of the documents included in the sample addressed HIV (33 documents, 85%); 18 documents looked at TB (46%), mostly in conjunction with HIV (only one standalone TB report) and six covered malaria (15%). Sixteen documents addressed the transition and sustainability of more than one disease component.

Country	TRA	TP	Other	Region	Income Group	HIV	TB	Malaria	Tool
Algeria	X			AFR	Upper middle income	X			Aceso Global, APMG (MODIFIED)
Bostwana	X	X	X	AFR	Upper middle income			X	Curatio, *Transition Preparedness Assessment Framework (TPAF)* - MODIFIED
Morocco	X			AFR	Lower middle income	X	X		Curatio, "TPAF"
Albania	X	X		EECA	Upper middle income	X	X		Aceso Global, APMG (MODIFIED)
Belarus	X			EECA	Upper middle income	X	X		Curatio, "TPAF"
Georgia	X			EECA	Upper middle income	X	X		Curatio, "TPAF"
Kazakhstan	X			EECA	Upper middle income		X		N/A (similar to Curatio)
Kosovo	X		X	EECA	Upper middle income	X	X		Curatio, "TPAF"
Turkmenistan	X			EECA	Upper middle income		X		Curatio, "TPAF"
Ukraine	X			EECA	Lower middle income	X	X		Curatio, "TPAF"
Belize	X	X		LAC	Upper middle income	X	X		Aceso Global, APMG
Bolivia	X	X		LAC	Lower middle income	X	X	X	Aceso Global, APMG (MODIFIED)
Colombia	X	X		LAC	Upper middle income	X			Aceso Global, APMG (MODIFIED)
Costa Rica	X	X	X	LAC	Upper middle income	X			National Assessment
Cuba	X	X	X	LAC	Upper middle income	X			Hybrid
The DR	X	X	X	LAC	Upper middle income	X	X		Aceso Global, APMG
Honduras	X	X		LAC	Lower middle income	X			Aceso Global, APMG (MODIFIED)
Jamaica	X			LAC	Upper middle income	X			Curatio, "TPAF" (MODIFIED)
Panama	X			LAC	High Income	X	X		Aceso Global, APMG
Cambodia	X	X		SEA	Lower middle income	X			Curatio, "TPAF" (MODIFIED)
Malaysia	X	X		SEA	Upper middle income	X			N/A
Philippines	X			SEA	Lower middle income	X			Curatio, "TPAF"
Sri Lanka	X			SEA	Upper middle income			X	UCSF Malaria Elimination Transition Readiness Assessment Tool
23	23	11	5						

[1] These documents emerging from the different stages of the Global Fund's S&T process include: 1) Transition Readiness Assessment – TRAs (also called Sustainability Readiness Assessment (SRA) in some places and Transition Preparedness Assessment (TPA) where the Curatio tool was used)[1]; 2) Transition Roadmap, Action Plan or Transition/Sustainability Work Plan; and 3) implementation and monitoring of the Action Plan or Workd Plan. In this report the terms TRA and Transition Work Plan are generally used.

To structure the analysis, we developed a data collection instrument in Excel. The tool was piloted by two of the consultants in four countries, and then modified and applied to the remaining study sample.[2]

Within the tool, we selected a set of categories to express a range of document characteristics relevant for the analysis including: (i) document description (i.e. country name, year conducted, type of assessment, diseases included, language); (ii) summary of key risks and recommendations; (iii) quality of risks and challenges, and recommended actions; (iv) overall quality of the report; (v) presence of enabling factors to support a smooth transition/sustainability process; and (vi) promising signs of downstream impact. In addition, we collected more in-depth information about financial gap analysis and social contracting since these are two areas of key relevance for the GF's investments and pose major transition and sustainability risks.

For each category, we designed several questions to generate information about the documents' completeness, coherence, and value.[3] For instance, to grade the overall quality of the report we sought to answer the following questions:

- Is the executive summary compelling?
- Is the methodology clearly described?
- Is there a summary table of key risks and recommendations?
- Does the conclusion mention an implementation roadmap or concrete next steps?
- Is there any reference to M&E indicators and responsible stakeholders for transition?
- Are the recommendations included in the transition plans costed?

After the first round of reviews was completed, ten countries were selected for a second review by another member of our team to test the consistent use of the evaluation instrument. No significant discrepancies were found between the results of the original data collection and the second-round validation.

The information was complemented by a series of semi-structured phone interviews with eight GF staff and one S&T specialist at UNAIDS (See Appendix). An interview guide was developed and reviewed by all members of the team (see Appendix). The interviews took place between July 12th and August 26th, 2019. The interviews were later coded and analyzed using the Dedoose, a web platform for mixed-methods research.

I.C. Limitations

While this review provides a solid assessment of the individual country documents' risks and recommendations – including these content and quality, and of the tools used and underlying processes for conducting the TRAs, we recognize two main limitations in our findings.

1. We mainly judged the TRAs based on desk review. There may be other factors affecting their quality and impact that we could not capture from the desk review (e.g., performance of consultants, receptivity of the country counterparts, availability of documents and data). Such information could emerge from additional interviews and field visits which were out of scope.

[2] Belize, Costa Rica, Morocco and Panama.

[3] The exact inputs used for each country for each question are shown in the attached Excel spreadsheet.

2. Our findings relate mainly to the TRAs and S&T Plans themselves. We were not able to analyze the upstream and downstream stages of the sustainability and transition process before and after the TRA (e.g., the pre-TRA dialogue between the GF and country, the post-TRA grant making process and the use of the TRA in the national disease strategic plan). This was also out of scope. We recognize that an excellent TRA might not lead to much downstream impact while a mediocre TRA could stimulate strong downstream action, depending on other circumstances in the country and in the GF's relationship with its country clients.

An important disclaimer -- Pharos Global Health was involve in six of the countries examined in this report: Algeria, Cambodia, Colombia, The Dominican Republic, Honduras, and Morocco. While we have tried to remain objectives at all times, some bias may have crept into our analysis. On the other hand, our firsthand knowledge of conducting TRAs and S&T Plans and our use of the Curatio and Aceso tools no doubt allows us to gain greater insights into the country dynamics surrounding S&T studies.

II. Synthesis review of S&T documents

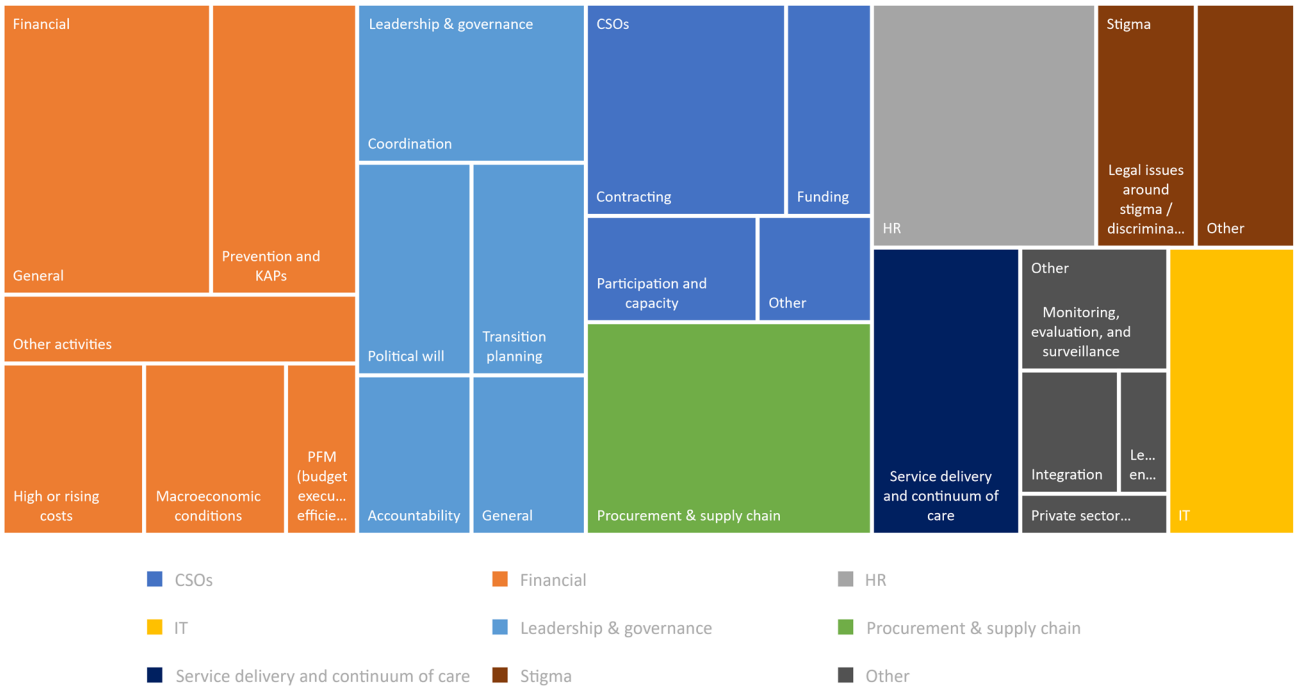
II.A Transition and Sustainability Risks – Content and Quality

II.A.1. S&T Risks and Challenges – Scope and Content

Since the main stated purpose of the TPA/TRAs is to document the most important risks facing countries transitioning from GF support and in sustaining their HIV/AIDS, TB, and malaria responses, we first looked at the risks captured in the 39 documents we reviewed. Not surprisingly, we found that certain risks and challenges to transition—ranging from economic stressors to political obstacles—feature prominently across the document sample, while others only come out occasionally in a few countries.

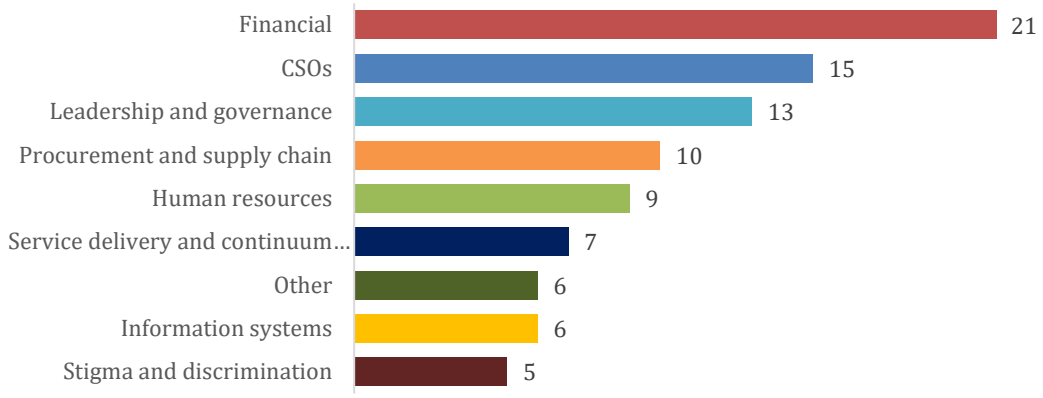
Figure 1 below provides a visual summary of the risks identified by category and sub-category. Risks associated with the **sustainable financing** of disease response programs are most widely featured, followed by challenges related to **CSO engagement** and to **leadership and governance**.

Figure 1. Risks identified by the desk review. The size of each wedge corresponds to the number of countries facing the given transition risk.



. The risks grouped by category are listed below, in order of the frequency they are reported in transition documents (see Figure 2).

Figure 2. Number of countries (n=23) assessed as facing major risks and/or challenges by category



Financing

The vast majority of countries in the desk review (91%) are experiencing or risk facing at least one type of financial challenge in the context of transition. Seventeen countries (74% of the sample) face insufficient government spending and/or a reliance on external funding. In these countries, transition analyses report that public expenditure for HIV and TB is stagnant or insufficient to cover the needs of disease response programming. The need to identify alternative mechanisms to mobilize resources to replace Global Fund resources is underscored across different assessments.

Reliance on external financing is notably high for HIV prevention and for programming for key and vulnerable populations, an issue reported by one in three countries in the sample. The sustainability risk posed by this underfunding of targeted preventative services is heightened due to the numerous barriers to service delivery faced by key and vulnerable populations (see Stigma and Discrimination below).

A smaller subset of countries (4 reports) faces financial challenges due to rising costs, especially due to the increase of drug resistant HIV and TB. In Kazakhstan, for instance, a rise in drug-resistant TB among persons deprived of liberty has increased the demand for expensive M/XDR-TB drugs. In Honduras, the emergence of drug resistance in both HIV and TB has required the adoption of more complex treatment schemes, requiring more expensive drugs. Demographic and epidemiologic shifts, coupled with efforts

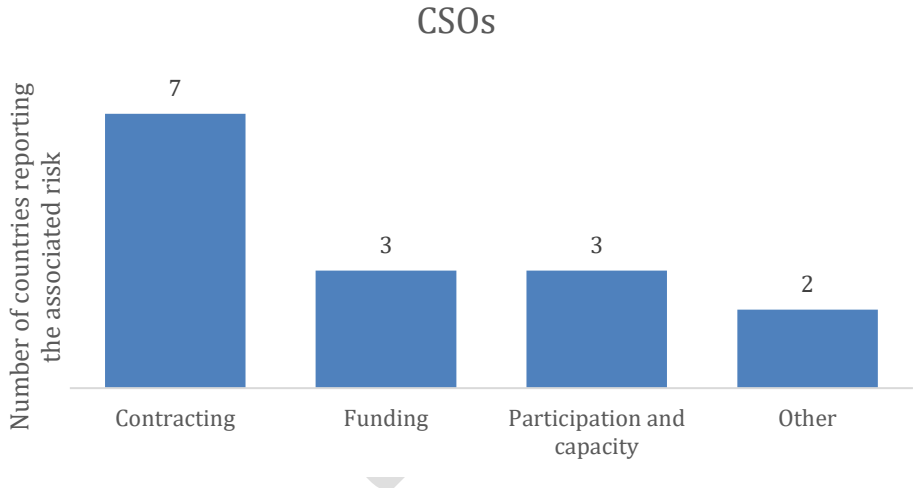
to improve coverage of services (often in pursuit of universal health coverage targets) further increase costs as the number of patients seeking care and the quantity of drugs, reagents, and staff required grows.

Finally, approximately one quarter of countries face financial challenges arising from either macroeconomic conditions or weaknesses in public financial management. Poor economic forecasts for economic growth, and high debt to GDP ratios pose a threat to long-term sustainable financing from domestic sources. Rigidities in national budgeting and low budget execution rates create further difficulties in achieving efficient financial management and program implementation.

Community engagement

Fifteen of the countries analyzed in the desk review face challenges related to the engagement and function of civil society organizations within the context of disease response. Nearly half of these relate to CSO contracting by national governments. The main challenges to sustainable and effective CSO contracting include: 1) the absence of a legal framework enabling public institutions to contract CSOs; 2) the absence of clear administrative rules and procedures to facilitate contracting; 3) laws and frameworks that actively hinder contracting and the work of CSOs (e.g., laws that may defund CSOs that work with individuals engaged in criminalized behaviors); and 4) limited public funds for CSOs.

The work CSOs perform to access and assist key and vulnerable populations—particularly those engaged in stigmatized or criminalized behavior—is particularly at-risk during transition. Even in environments favorable for social contracting, criminalization of sex work, same-sex intercourse, and drug use may place further financial restrictions that limit the support CSOs receive from public sources. Some CSOs may be prohibited from providing services to populations engaged in illegal activities.

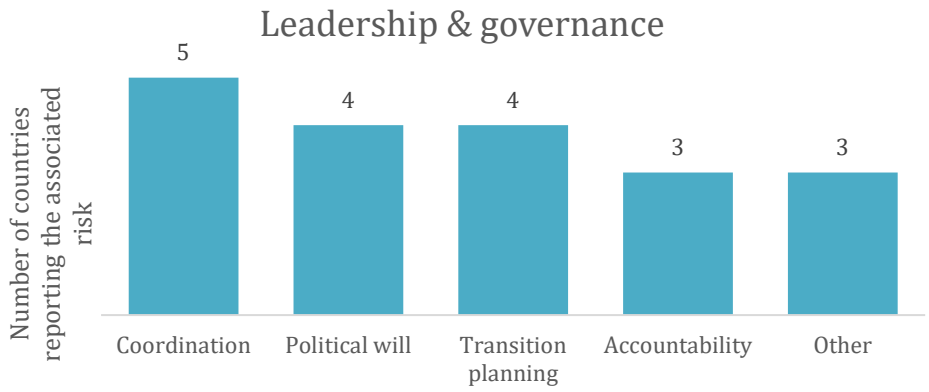


Transition assessments also highlight the financial uncertainty that many CSOs face. With limited public financing available in some cases, CSOs rely on donors such Global Fund and PEPFAR to provide financial security, but even this external financing may dry up as donors transition. CSOs require help in building capacity for project planning, monitoring and evaluation, contracting, and revenue generation—activities that are difficult to sustain in the context of limited and uncertain funding. Unpredictability of financing can also hamper CSO's ability to attract and retain human resources and technical capacity

Leadership and governance

Over half of the countries in the desk review reported transition challenges associated with leadership and governance. These challenges range from ensuring accountability from government and program implementors/providers amid varied roles and responsibilities in the health sector to establishing sufficient political support for investing in health and adequately planning for the transitioning of donor funds.

Six of the countries analyzed (26%) face challenges regarding the coordination of disease response programs. Some, like Morocco have no legally established coordinating bodies within the government that are empowered to coordinate HIV, TB, and malaria responses. In these countries the CCM acts as the default coordinating mechanism. This raise concerns that coordination and programming will deteriorate once the CCM dissolves at the conclusion of Global Fund grant financing. Others such as Jamaica have seen their National AIDS Committee go dormant even though it exists on paper. The issue of where the national coordination body should be located – in the health ministry, attached to the office of the head of state, or in a highly-regarded NGO – also emerges in a number of the transition reports.



Generating and maintain sufficient political will in support of investments in health is a further challenge. Countries report resistance from state institutions to establish new commitments to public health spending, particularly if the country is experiencing poor fiscal performance and/or austerity measures. Awareness of the need for sufficient and sustained investments in disease response programming may also be low. In some cases, perceptions of these programs and their resource needs may be quite distorted from reality—in one report, analysts described that a misperception that "the HIV program is "over-funded" contributed to chronic resource shortfalls and a sustained funding gap.

The absence of formal or legally binding transition plans is a risk mentioned in a subset of country transition readiness assessments (4 reviews). Though many countries have undertaken to complete transition plans and roadmaps, formal transition planning is nascent or absent in a number of countries approaching transition.

Additional challenges

Additional areas where country assessments found countries facing risks and challenges to transition include procurement and supply chain management, human resources, quality and coverage of service delivery and continuum of care, information systems, and stigma and discrimination.

- *Procurement and supply chain management*. Transition readiness assessments raise concerns regarding procurement and supply chain management across the continuum of forecasting,

purchasing, and distribution systems. Assessments note that in countries utilizing national procurement systems, capacity to procure and manage supply on time and at low competitive prices may be lacking, creating a sustainability problem. Where international pooled procurement is taking place using the Global Fund's GPP or Wambo, the Global TB Drug Facility, PAHO's Strategic Fund, etc.,, countries face difficult choices – whether to continue to use pooled purchasing mechanisms or revert to national procurement which may be slow, inefficient, and less transparent. The TRA in Ukraine, for instance, noted that the country used non-integrated procurement systems for commodities, and that procurement costs were roughly 5% above international benchmark prices.

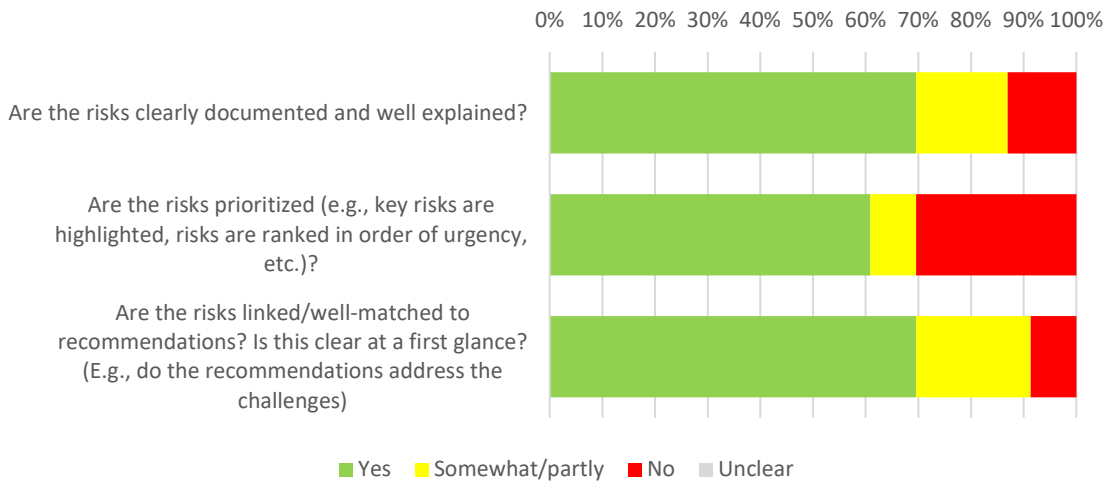
- *Human resources*. Challenges primarily concern general shortage of qualified and trained staff in the health sector, donor-funded training for health personnel, and aging worker cohorts approaching retirement. Specialists in the HIV, TB, and malaria programs who provide high-level technical support in e.g., procurement, surveillance, laboratory management, and strategic information are often funded by external sources, raising concerns about the status of these posts following transition. Trainings are similarly often funded via development assistance, with numerous transition assessments flagging that Global Fund supported trainings have not been formally institutionalized. The number of specialized health workers may be declining as older providers retire without new ones being recruited. In Kazakhstan and Turkmenistan, for instance, a large share of TB professionals re approaching retirement age, while the inflow of young professionals in TB is low.

- *National surveys and studies*. In many countries, surveys and studies (such as Demographic and Health Surveys, Integrated Behavioral and Biological Surveys, population size estimates, epidemiologic projections, National AIDS Spending Assessments, etc.) rely heavily or completely on donor funded. Transition assessment express the concern that the flow and quality of data collection will ebb if countries are not prepared to pay for the implementation and integration of these surveys and studies. Inconsistent surveillance and a reliance on paper-based information systems underscore this risk.

- *Stigma and discrimination*—both within the health system and the supporting legal environment—pose threats to sustained care of vulnerable populations. As mentioned previously, laws that criminalize sex work, drug use, and same-sex sexual intercourse create significate barriers to service delivery and risk driving key populations underground. The lack of national systems to provide for the protection against discrimination, hate crimes, and other abuses further challenges effective service delivery, leaving both patients and providers at risk. The Belize TRA, for instance, highlights stigma and discrimination against transgender women and men who have sex with men as one of the three key challenges. In Belize and in other countries efforts to reduce stigma and discrimination are highly reliant on donor funding and could struggle to maintain support following transition.

II.A.2 S&T Risks and Challenges – Quality and Coherence

To assess the quality of risks and challenges, documents were examined along three dimensions; clarity and coherence, effective prioritization, and linkage to recommendations. See Figure below.



Are the risks clearly documented and well explained?

The majority of the transition documents reviewed (16 countries, 70% of the sample) adequately document and explain key risks and challenges in compelling descriptions. Assessments generally provided strong analysis of risks in executive summaries and the main text, using citations, tables, and frameworks to structure the documentation of risks. These reports represent a broad regional diversity (AFRO, EECA, LAC, and SEA) and use of different transition tools.

Seven country assessments either only partially explained risks and challenges (or did so with limited analysis) or contained limited descriptions and documentation of transition risks. One document—a transition workplan prepared by a national Ministry of Health— mentioned numerous dimensions of risks but downplayed their severity or likelihood to such an extent that no risks or challenges appeared significant, raising concerns that the analysis was neither rigorous nor objective.

Are the risks prioritized (e.g., key risks are highlighted, risks are ranked in order of urgency, etc.)?

While the tools call for prioritization/ranking of risks, only 14 of the 23 country assessments actually did so. Those that prioritized typically followed an explicit framework and/or methodology developed by Curatio or adapted from Aceso/APMG. Prioritization that appeared in executive summaries as well as the main text was particularly useful, assisting policymakers and other stakeholders to grasp quickly the most salient and pressing risks. Nine of the country assessments (concentrated in LAC, SEA, and EECA) did not prioritize risks or attempt to classify them by severity/potential impact. The presentation of long lists of 20-30 risks or more reduced focus and visibility of the most important issues in the country's transition path. In order not to lose the richness of the full list of risks, the entire list could be included in an annex to the TRA/SRA and consulted from time to time, but having a shorter and tighter number of prioritized risks helped to drive the development and enhance the implementation of the country S&T Plan.

Are the risks linked/well-matched with corresponding recommendations (do they align?)

In the great majority of country reports, identification and analysis of risks fed well into recommendations. In the best practice examples (Algeria, Cambodia, Panama, Sri Lanka), the recommendations were directly linked with specific risks (e.g., a risk would be identified, and specific action steps would be recommended to address it. Two assessments had transition challenges that were not tied to

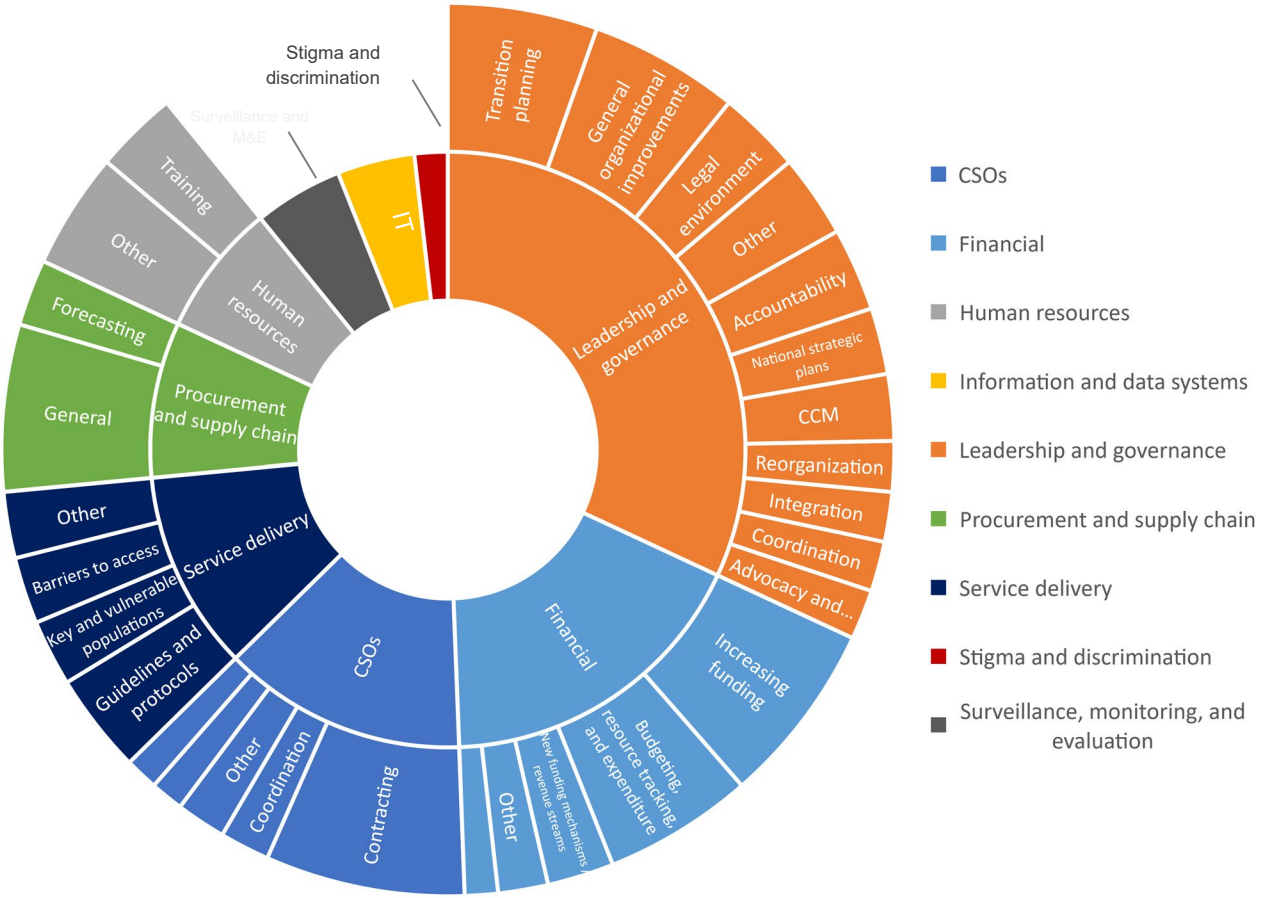
recommendations and left the risks hanging in the air, or were presented in such vague terms that it was not possible to establish a link between risks and recommended actions, undermining the value of the TRA to the country and donors.

II.B. Transition and Sustainability Recommended Actions – Content and Quality

II.B.1 S&T Recommendations – Scope and Content

The recommendations issued in country assessments were also synthesized. See Figure 3 below provides a visual summary. The widest wedges in the first ring capture the categories of recommendations most frequently raised in the TRAs.

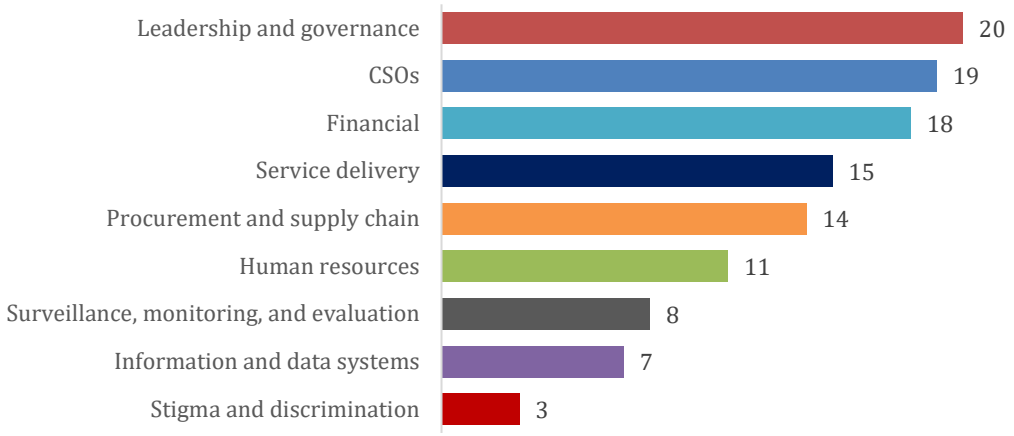
Figure 3. Relative frequency of recommendations identified by the desk review, sorted by category. The size of each wedge corresponds to the number of country assessments that include references to a given category of recommendations.



Perhaps not surprisingly, the recommendations related to the most often identified risks also appear most frequently with a more diverse set of proposed actions. But the order is slightly different. Recommendations aimed at improving *leadership and governance* – the third most important risk area –

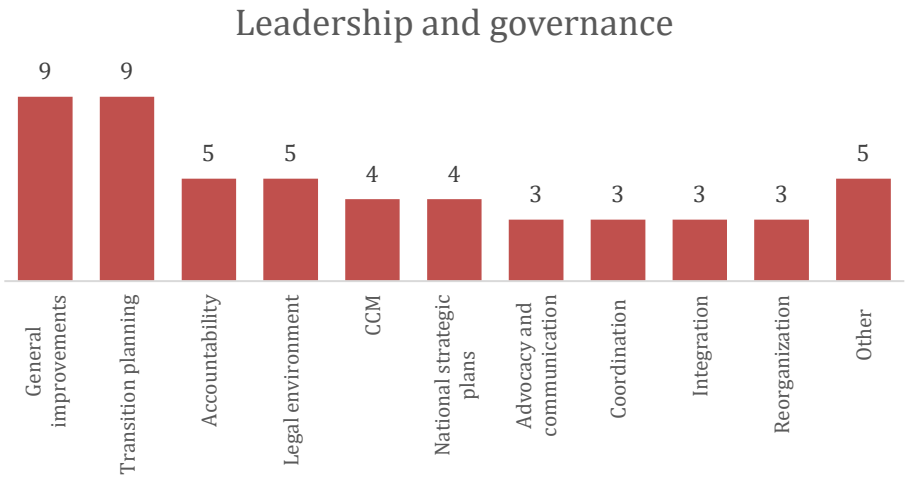
appear most frequently in the country assessment (85% of the time). Action steps to enhance the role and engagement of *civil society organizations* – the second most cited risk area – and to improve *financing practices* -- the most important risk area – via enhanced budgeting, resource mobilization and allocation, and expenditure tracking) were proposed in over three-quarters of the country assessments. At the other end of the spectrum recommendations to address risks in *stigma and discrimination, surveillance, and information systems* appeared in less than a third of the country TRAs.

Figure 4. Number of country assessments issuing transition-related recommendations by category (n = 23)



Leadership and governance

Beyond general improvements to the leadership and governance-wide functions of the health sector (e.g., strengthening organizational capacity, enhancing stewardship and oversight functions of disease response programs, clarifying roles and responsibilities of government actors, etc.), the improvement of transition planning itself was the most commonly recommended action. Nine assessments called for the establishment and/or formalization of a transition plan, with time-bound activities, roles and responsibilities, M&E indicators, and clear implementation plans. Assessments additionally recommended that these plans be costed and that Global Fund and other actors (e.g., WHO, Roll Back Malaria, etc.) be engaged to harmonize transition planning. Four assessments recommended that national strategic plans incorporate the main result from transition assessments.



Other governance and leadership recommendations appeared in five country reports or less, suggesting that while actions related to governance were frequently seen as important for ensuring a successful transition away from Global Fund (and other donor) support, the nature of these governance changes was highly varied. Recommendations included:

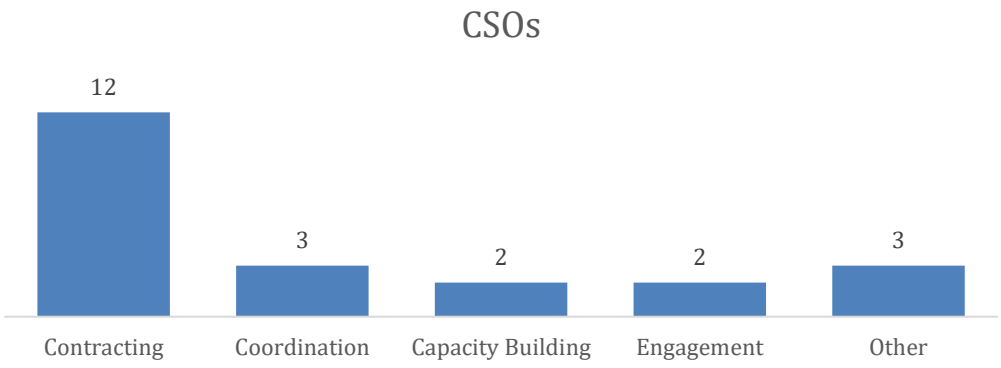
- Improvements in *public accountability and transparency*, to counter the risk that reporting on programmatic and financial performance might decline as the Global Fund reduces its support and exits the country.
- Fostering a *conducive legal environment*, particularly by removing legal barriers to care for key and vulnerable populations for HIV. These recommendations took aim at legal barriers to access to care, including laws that restrict the age of consent for HIV services, hinder access to condoms for female sex workers, and block access to safe injection materials for people who use intravenous drugs. Since these kinds of activities are heavily (sometimes entirely) funded by donors, either the legal environment needs to change before external support is reduced, or governments and other domestic sources need to start backing legal and human rights reforms during and after donor exit.
- Addressing concerns regarding the *future of Country Coordinating Mechanisms* after the withdrawal of Global Fund support. Recommendations proposed that CCMs evolve into formal and permanent oversight bodies for disease programs and identify sustainable funding sources. A few TRAs —including those for Albania, the Dominican Republic, and Panama—suggested that should the CCM be dissolved, more funding and additional seats for CSOs ought to be included in the national coordinating bodies that need to replace and sustain the efforts of the CCM.
- Strengthening advocacy for increased financing for health and HIV, TB, and malaria (e.g., by completing investment cases and using their results and for strategies to reach stigmatized and vulnerable populations

Community engagement

Over half of the country assessments urged action steps to establish or improve *social contracting mechanisms for health*. Recommendations called for studies to identify and quantify services that could be optimally provided by CSOs vs. the public sector; clear rules and procedures (registration, bidding, selection, reporting and accountability) that would permit effective contracting; and increased funds

dedicated to social contracting. Pilots were proposed in several countries to test the feasibility of social contracting.

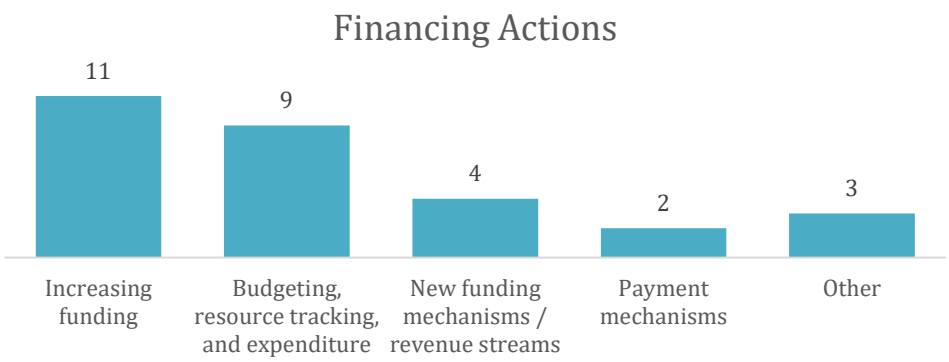
TRAs also recommended investing in activities to strengthen the organizational capacity of CSOs and heightening their involvement in transition planning. In Honduras, for example, emphasis was placed on strengthening the financial and technical capacities of CSOs through a dedicated plan for capacity building. Reports further urged improvements in coordination of CSOs and public agencies, either through CCMs or other national oversight platforms such as national AIDS Councils and Committees.



Financing

Nearly half of the country assessments in the desk review (11 of 23) recommended that the government *increase funding for HIV, TB, and malaria programs,* as a way to gradually reduce financial dependence on external financing and improve overall domestic resource mobilization for health. A number of reports highlighted commodities (e.g. HIV drugs, viral load tests, malaria RDTs, bed nets, ACTs, first- and second-line TB drugs) as a priority for increased domestic financing, in order to ensure sustainable, uninterrupted supply. In the Dominican Republic, for example, it was proposed that the government assume responsibility for procuring and distributing condoms and move from partial funding of ARVs to 100% financing for AIDS drugs.

Just less than half country transition assessments recommended improvements to *budgeting, resource tracking, and spending management.* Recommendations included: streamlining budgeting processes; increasing budget execution rates, particularly at sub-national and local levels; clarifying funding allocation formulae among government agencies (where mandates for health and social services overlap); and implementing rigorous expenditure tracking including using Systems of Health Accounts or disease spending studies.



Four country assessments urged governments to identify new funding mechanisms and revenue streams for health, such as introducing special levies and taxes earmarked to disease response programs. One called for mobilizing funds for health from other non-MOH ministries and local government units. Only a few of these reports provided details on how they would be implemented or estimated the additional revenue that would be raised.

Additional recommendations

- *Service delivery*. Of the 15 country-assessments that highlight this area, the largest share called for updating treatment and outreach protocols (6 assessments) by: 1) formally approving disease-specific guidelines for prevention and treatment services; 2) improving adherence to protocols and quality assurance systems; and 3) revising HIV treatment protocols to be in line with international standards, including immediate ART initiation and revised testing protocols (e.g., use of two rapid tests to confirm infection). Four of the TRAs called for improved services for key and vulnerable populations (4 assessments) including new or expanded programming for migrants, persons deprived of liberty, and border-crossing laborers.

- *Procurement and supply chain.* Action in this area were recommended in 14 of the 23 country assessments, primarily the scaling up of domestic capacity for procurement as international financing for commodities and the use of global pooled purchasing declines. Three reports pointed to the need to improve national commodity forecasting and quantification.

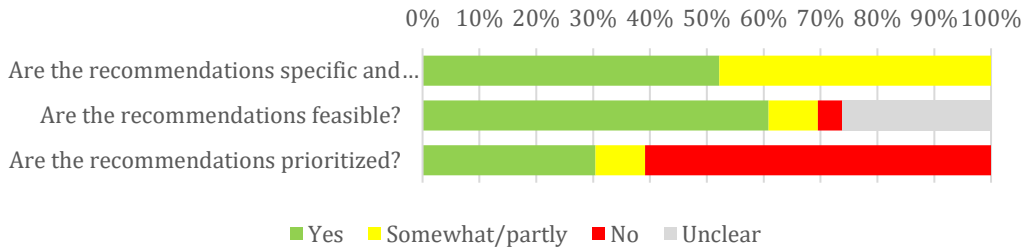
- *Human resources.* Just under half the country reports called for actions in this area. Most issued general recommendations to enhance capacity and ensure an adequate and continuous supply of qualified health workers, especially for the three diseases. Detailed proposals on how this could be achieved, however, were not mentioned. Several reports called for integrating health worker training modules for HIV, TB, and malaria into national systems for training doctors, nurses, counselors, and community-based health workers.

- *Information systems and surveillance, monitoring, and evaluation.* Recommendations underscored the need for rapidly generating reliable data on the three diseases to drive decisions. Recommended actions included: integrating disease program databases into national health information systems; establishing clear requirements for data reporting and standard operating procedures; implementing electronic information systems in place of paper-based ones; and producing routine disease surveillance reports.

- *Stigma and discrimination.* Only a few country assessments (3 out of 23) issued specific recommendations to combat stigma and discrimination, covering: forging alliances with key stakeholders to defend human rights for vulnerable communities; implementing human rights-based programs to reduce discrimination; and strengthening political will, leadership, and senior-level commitments to fighting stigma and discrimination. While stigma and discrimination are serious issues in many countries, especially for accessing HIV services, the small number of TRAs recommending actions in this area may suggest that combatting stigma and overcoming deeply ingrained prejudice is hard to achieve.

II.B.2 T&S Recommendations – Quality and Coherence

To assess the quality of recommendations and proposed actions, we considered three dimensions: 1) were the recommendations specific and actionable? 2) were they feasible; and 3) were they prioritized? The results are presented below and are discussed in greater detail in the following sections.



Are the recommendations specific and actionable? Just over half of country assessments (12 of 23) provided recommendations that were judged to be clear, specific, and operationalizable. The most compelling recommendations were described in-depth, with proposed targets, timelines, and possible implementors. These assessments tended to utilize the Aceso Global transition tool and were located in the AFR and LAC regions. The quality of recommendations in the remaining assessments was less consistent, particularly for EECA countries, where many proposed actions were vague or generic.

Are the recommendations feasible? Rating whether recommendations were feasible encompassed considering: demonstrated political will and support for action; sufficient resources and technical capacity to implement recommendations; likelihood that the Global Fund (with or without other donor partners such as World Bank and WHO) could positively influence the needed changes; and ability to plan and monitor results. Of the 23 TRAs reviewed, about 70% fully or partially met these criteria These countries were geographically diverse, with assessments that used the Aceso transition tool scoring higher.

Recommendations were more likely to be feasible when they were vetted in workshops with stakeholders, outlined in comprehensive workplans, and validated by senior staff in government ministries. The feasibility of 6 country assessments (4 from EECA) were difficult to assess, as the recommendations were vague or went outside of the scope of the disease response programs and called for larger health systems reforms (e.g., improve macroeconomic and fiscal performance, raise health sector spending) where the Global Fund may not have the leverage to achieve such wide-ranging changes. Other health system changes, however, such as integrating HIV and TB treatment in national health insurance benefits packages and integrating HIV, TB, and malaria services into primary health care platforms, were more appropriate and feasible. In a few cases, the recommendations issued appeared to be clearly unfeasible given the transition environment; in one report, recommendations to increase spending on key and vulnerable populations and to mobilize resources for HIV from non-heath sectoral ministries ran counter to the assessments of political will to make such changes. The review of the assessments and interviews with Global Fund staff alluded to the potential of working with other donors such as WHO, World Bank, and IADB to effect larger system changes, but few concrete examples were actually cited. This may be a promising area for future work.

Are the recommendations prioritized? Over 60% of the country assessments did not prioritize recommendations or key actions, with none of the EECA countries in the sample prioritizing recommendations. Although the assessments used different frameworks to conduct the analysis and then sorted recommendations according to the categories of the frameworks, the recommendations themselves were often not prioritized or sorted by importance, urgency or timeframe. In only 7 of the 23 country assessments, recommendations were prioritized by urgency in the main text, executive summary, or summary sections. An exception was Cambodia, for example, where recommendations were categorized by the severity of their associated risks potential impact. As mentioned earlier, the full list of risks identified could be captured in an annex to the assessments, for the sake of completeness and to have a repository to draw upon in the S&T planning phase and in grant-making. At the same time, having a shorter list of prioritized risks has consistently proven helpful in assisting countries to transform their risk analysis into an S&T action plan that can be implemented.

II.C. Transition Planning Process and Signs of Early Impact

Process

As mentioned earlier, it is difficult to comment fully on whether the process behind the TRAs was optimal or not, based solely on a document review of TRAs and Transition Action Plans, or to analyze fully whether it formed part of a strong larger chain of downstream stages including Transition Roadmaps, country engagement and commitment to implementing transition plans and the incorporation of recommendations downstream in future Global Fund grants (and PEPFAR and PMI operations) and in national AIDS, TB, and Malaria strategies.

Nevertheless, in this section we discuss some of what we see as the enabling factors for a successful process surrounding the TRAs and for strong downstream implementation.

Seven countries from our sample decided to create a "Transition Task Force" or "Transition and Sustainability Committee", or "Steering Committee" to guide and own the TRA process. This task force, composed of national program managers, civil society representatives, the private sector, and donor agency officials, played the role of authorizer, coordinator, and reviewer for the TRA. In some countries this task force was a Subcommittee of the CCM, while in others it reported to the minister of health or the head of the national AIDS authority. Among the seven countries that used such a task force for country leadership of the TRA, only Belize fully listed its membership.[4]

While the role of this task force could be extended to lead the development of a transition plan, negotiation of transition activities in Global Fund grants, and monitoring of implementation, few countries appear to have developed ToRs for such a group or created incentives for them to continue with monitoring. In some countries another government body was assigned the oversight of transition activities, such as the General Coordination Ministry (Secretaría General de Coordinación de Gobierno) in Honduras.

Engagement from the Ministry of Health is a key ingredient to secure domestic resource mobilization and co-financing commitments and agreements on key action recommendations such as social contracting. MoH participation appeared in 20 of the 23 countries reviewed, including evidence of strong engagement in Botswana, Kazakhstan, Ukraine, Costa Rica and Colombia. In the latter country, the health minister

[4] The 15-member Transition Task Force includes the NAC Secretariat, members from the Ministry of Health (MOH), and representation from various key stakeholders, including United Nations Development Program (UNDP), the Pan-American Health Organization (PAHO), key populations (KPs), National Youth Council, and the Human Rights Commission of Belize.

formally endorsed the TRA and Roadmap. In Jamaica the Transition Committee sought the approval of the government cabinet.

Most of the studies show evidence of wide multisectoral participation in the form of interviews and workshops during the TRA's diagnostic stage. In some of the reports the methodology is not described in detail, making it difficult to gauge whether the process behind it was participative.[5] In certain countries early stakeholder participation does not appear have been matched by consultation and validation of the TRA's findings and recommendations.

Based on the documents reviewed, the types of institutions involved in the TRAs were extracted and listed in the table below. CSOs and the GF participated heavily in most countries, followed by UNAIDS, WHO/PAHO, UNDP and PEPFAR/USAID. Only a few countries reported conversations with the World Bank or other development regional banks. This could be a missed opportunity. An exception was Sri Lanka, where the Global Fund invested underspent funds in the WB-managed Multi-donor Trust Fund to carry out analytical work on transition for the three diseases.

	Albania	Algeria	Belarus	Belize	Bolivia	Cambodia	Colombia	Costa Rica	The DR	Georgia	Honduras	Jamaica	Kosovo	Morocco	Panama	Philippines	Turkmenistan	Ukraine
Ministry of Health	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CSOs	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
UNAIDS		X	X			X			X		X	X		X	X	X		X
UNDP	X	X	X	X					X		X				X		X	
UNICEF	X	X	X													X		X
UNFPA	X	X					X								X			
WHO/PAHO	X			X			X		X	X	X			X	X		X	
Global Fund	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X
PEPFAR/USAID						X			X		X	X			X		X	X
Multilateral Development Banks						X	X						X			X		X
Other Bilaterals						X										X		
Ministry of Finance	X				X	X			X		X	X		X	X	X		
Ministry of Education					X	X			X					X		X		

[5] Botswana, Cuba, Kazakhstan and Sri Lanka.

Ministry of Planning					X	X	X											
Other Ministries	X	X			X		X	X	X		X	X			X			
Social Security or Health Insurance								X			X							
Human Rights Organization				X							X			X	X			
High-level Executive Officers	X				X				X		X	X				X		
Municipalities					X													

Source: TRAs/SRA documents, especially acknowledgements and interviewee lists
Note: Botswana, Cuba, Kazakhstan, Kyrgyzstan and Malaysia assessments did not include a list of stakeholders consulted and participating.

Signs of Early Impact

Although it is generally too early to assess the impact of the TRAs on national strategies and budgets and Global Fund grants, from document review, interviews and our own experience there appear to be several cases where this down impact is taking place.

In Cuba and Kosovo, the TRA reports state that recommendations/commitments would be included in the new NSP. In Jamaica, the report recommends that recommended actions should become an integral part of the AIDS NISP, while Morocco plans to include a TB/HIV Transition Chapter in their NSP. A further example is the addition of a Sustainability and Resilience Chapter in the new HIV NSP (2019-2023) of the Dominican Republic, drawing upon the TRA and other technical studies from USAID and UNAIDS. In Kazakhstan, the Comprehensive Plan for TB Control 2014-2020 includes commitments proposed in the TRA.

In Algeria, for example, the Transition Plan lays out a proposal to use the Global Fund's HIV transition grant to promote policy and program actions listed in the Plan (in the areas of expanded government budgeting, social contracting, monitoring and evaluation) during the three years leading up to Global Fund exit. Another example is Botswana, where the TRA and Work Plan aim to guide the implementation of the country's the transition from Global Fund support for HIV and TB. In Colombia, Honduras, the Dominican Republic and Ecuador transition plans have also been used as an input for new GF funding requests.

To systematically evaluate whether S&T assessment reports and plans are actually being linked to and are influencing national government policy changes and decisions to increase domestic budgets for the three diseases, and are being picked up and included in Global Fund grants and in the actions and financing of other partners such as PEPFAR and PMI, it would be valuable to have the Global Fund commission a study of this expected impact. Now that a significant number of TRAs and Plan have been completed, such a study should be feasible.

III. Review of Sustainability and Transition Planning Tools

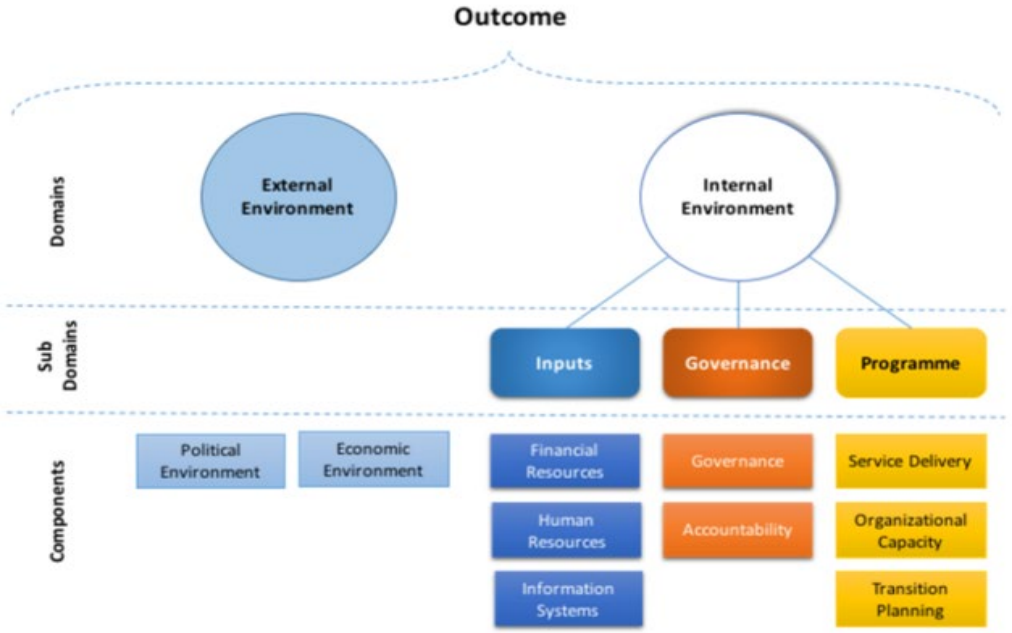
III.A. Tools Developed and Promoted by the Global Fund

Nine of the 23 countries studied used Aceso Global's Guidance for Analysis of Country Readiness for Global Fund Transition and an equal number applied Curatio International Foundation's Transition Preparedness Assessment (TPA) Framework. Two of the 23 countries used the UCSF Malaria Elimination Transition Readiness Tool, while the remaining 3 applied ad hoc and home-grown national methods

III.A.1. TPA Framework - Curatio

Description

The TPA framework developed by Curatio (see Figure below) proposes two general domains: the external and internal environment. The external environment considers factors outside of the health sector that have impact on the three disease-programs. The related sub-domains are political and economic environment. The internal environment refers to factors related to the health sector and the disease programs and covers several sub-domains: inputs (financial resources, human resources, and information systems), governance (governance and accountability), and program performance (service delivery, organizational capacity, and transition planning).



Source: *Source: Amaya, A.B., Gotsadze, G. and Chikovani, I. (2016). The road to sustainability: Transition Preparedness Assessment Framework. Tbilisi, Georgia: Curatio International Foundation.*

Among the countries reviewed here, the Curatio tools was used to develop TRAs in Belarus, Georgia, Jamaica, Kazakhstan, Kosovo, Morocco, Philippines, Turkmenistan, and Ukraine.

Strengths

- **Transition Score.** The Curatio tool proposes a scoring system for each of the components: 2=low or no risk, 1=medium/moderate risk and 0=high risk. While the score aims to assess the transition risk by each category, it does not point to the root causes making it more difficult to identify specific recommendations.
- **Color Coded Risk Summary.** Similar to the Sustainability Index Dashboard (SID) from PEPFAR, the tool includes a summary table with key standard risks and grades. The color is helpful when communicating the priorities to country stakeholders.
- **Consistency.** The user manual gives detailed guidance on the implementation of interviews, data collection (Excel spreadsheet provided), outline of the reports and PowerPoint presentation to stakeholders. Consequently, there is a high degree of consistency across report structure and communication with stakeholders.

Limitations

- **Over-Emphasis on Background Description.** Because a lot of effort and energy goes into describing the national HIV/TB situation and program and the transition risks, the Curatio reports tend to lack detail on recommended actions, including operational specificity, targets, timelines, and cost estimates.
- **Limited Focus.** Curatio-driven reports typically contain dozens of recommendations, making it hard to identify the top priorities for action. Moving the full set of risks and recommendations to an annex, while highlighting a smaller list prioritized by stakeholders and the consultants assisting the TRA/SRA could be one way to handle this.
- **Lack of Financial Projections and Analysis.** The TRA framework does not call for an estimation of future funding needs, availability of donor and government funding, and related gap and cost-sharing analysis. This makes it difficult to appreciate the urgency of donor phase out and the need for and magnitude of increases in domestic funding.
- **Unclear Feedback from National Stakeholders.** Some of the reports suggest that a lot of interviews and discussions took place during the data collection and diagnostic phase of the TRA but do not show that there was downstream consultation, discussion, and validation of findings and recommendations by stakeholders after the report was drafted. Anecdotal evidence from Morocco and Jamaica suggests that in fact the national stakeholders did not buy into the TRAs generated using the Curatio tool.

III.A.2. Guidance for Analysis of Country Readiness for Global Fund Transition - Aceso Global and APMG

Description

The tool was commissioned by the Global Fund in 2016, and piloted in four countries: Cuba, Paraguay, Panama and the Dominican Republic. The final version of the tool (May 2017) was updated to include

lessons learned from the pilots. Since then, more than 20 countries have used this tool or some modified version to develop S&T assessments and plans.

The tool is organized by modules which allows countries to identify programmatic areas of transition risk in a standardized way. It includes three core modules (Summary of Global Fund Support to the Country; Epidemiologic Situation and Program Context; and Institutional, Human Rights and Gender Environment) and three optional modules (Health Financing and Transition; Services Delivery, Health Products Procurement, Human Resources, and Information Systems; and Civil Society Organizations). The Aceso guidance note suggests that while the core modules should be applied everywhere, the optional ones should be used selectively according to specific country needs. For each module there are templates or model tables and lists of criteria to be evaluated and questions to be asked.

Among the countries reviewed here, the Aceso tool was used to develop TRAs in Albania, Armenia, Belize, Bolivia, Cambodia, Colombia, Dominican Republic, Honduras, and Panama.

Strengths

- **User-friendly.** The guidance document is easy to read and the process for using it as a tool is straightforward.

- **Flexible.** The tool is flexible to allow consultants to analyze in depth key areas of GF support (health financing, service delivery, human rights and civil society organizations) and the country to select their areas of focus.

- **Comprehensive and Targeted.** While the Curatio tool touches on legal, human rights, and gender issues and on the importance of CSOs in the three disease programs, the Aceso tool goes deeper in this area, especially with the addition of supplementary frameworks and questions from APMG.

- **Well-Defined Process.** The outlined process for carrying out these assessments (before, during, and after the country mission) is systematic and logical and highlights country participation.[6]

Limitations

- **Tendency Toward Verbosity.** If followed verbatim, the tool generates very long reports (e.g. 50-75 pages) with "shopping lists" of issues, which makes it hard to focus and prioritize. The modules also call for substantial background information on the epidemiology of the three diseases, the country's wider health financing system, and the legal and human rights environment, which swells the length of the report and can also distract from the transition risks and solutions.

- **Potentially Incorrect Signaling.** The tool's guidance material makes the Core modules mandatory and the Optional Modules discretionary, but in terms of centrality originality, and value-added for transition analysis, the Optional modules turn out in practice to be more important than the Core Ones. Much of the content of the Core Modules is already available for the chosen countries via health financing studies, AIDS spending assessments, epidemiological surveys and projections, etc., and can simply be referenced and summarized in a few tables. On the other hand, the S&T issues related to insufficient domestic financing, lack of political and financing support for CSOs, and weaknesses in human resources, information systems, and governance are key to S&T but are given

[6] The process consists of 6 phases: 1) preparatory (introductions, forming transition working group, data collection and analysis, definition of the scope of analysis, and identification of key stakeholders); 2) mission; 3) preparation of draft report; 4) report consultation; 5) report finalization and publication; and 6) follow-up and transition work planning.

less importance in the Aceso tool and appear late in the TRAs. It may be useful to downplay the areas in the Core modules and highlight the ones in the Optional modules.

- **Missing Elements.** The modules would benefit from the addition of questions and model tables in specific aspects of S&T that tend to be pervasive across countries, as this review has shown, such as: options for increased domestic resource mobilization, social contracting of CSOs, and analysis of HR shortages and weakness in program information systems and surveys. Annex 8 gives examples of ways in which key themes in transition and sustainability could be further fleshed out in the Aceso tool.

- **Going Beyond Global Fund Transition:** While the TRAs and guidance tools were originally motivated by the prospect of reduced Global Fund grant financing and eventual exit of the Fund, it has become clear from experience that the TRAs also need to take into account the transition of other partners, especially the US Government's PEPFAR and PMI programs, and the simultaneous transition of donor aid for health for e.g., immunization, polio, and maternal and child health. This needs to be added to the GF's transition toolkit.

- **Prioritization and Linkage to Transition Planning:** While the Aceso tool mentions the translation of TRA findings into S&T Plans which can be implemented, this linkage need to be spelled out in the GF's toolkit. Developing a methodology for prioritizing risks and recommendations and making the latter more specific and operational by using and implementation matrix that specifies activities, responsible parties, timelines and milestones, and related costs would help to launch the TRAs faster and more directly toward S&T Plans.

III.A.3. Transition Readiness for Malaria – Malaria Elimination Initiative (UCSF)

Description

The TRA-M Guidance and Tool, which has so far only been used in a handful of countries such as Sri Lanka and Thailand, was developed by University of California San Francisco based on research, consultation and piloting. Its main objective is to identify programmatic and finance domains that are likely to experience the greatest strain as a result of transition of national malaria programs. After some piloting, the Global Fund internally developed their own simplified tool while UCSF published a revised version. For the purposes of this report both versions were considered.

Strengths

- **Malaria-specific sections.** In contrast with the other tools, the TRA-M has separate sections for malaria case management, vector control and surveillance.
- **Risks and Solutions at a Glance.** The tool uses an Excel spreadsheet with a number of thematic tabs to capture key information on risks and recommendations, rather than having findings presented in a traditional narrative text with accompanying figures. Gaps are easy to see as they appear as blank cells in the spreadsheet.
- **Promotes national leadership.** The methodology calls for the assessment to be carried out by the national malaria program itself supported by an external technical consultant
- **Transition Section.** In this section the tool aims to measure the degree of integration of interventions into national programs and the quality of transition planning and stakeholder engagement.

- **Comprehensive Approach to Human Resources and Information Systems.** The TRA-M has indicators to measure current staff capacity and future staffing needs. Information systems are broken into M&E, operational research, inventory management and financial management.

Limitations

- **Complexity and Labor-Intensity.** The level of detail required to fill out the spreadsheet template is high and may require more time in the field for the local/international team carrying out the TRA as compared to the Curatio and Aceso tools.
- **Lack of Linkage to S&T Planning.** The work plan is included as an outcome but there is no guidance or sample on how to create such a plan.
- **Attention to CSO Issues.** The tool does not cover the role of communities and of CSO involvement.
- **No Guidance on Prioritization.** The prioritization of risks and solutions is not addressed in the TRA-M manual, making it difficult for team and countries to rank findings and actions.

III.B. Country Developed Tools or Add-ons

During our review we found that countries have developed additional ad hoc tools to deepen TRA analysis and advance the process of converting this analysis to transition plans and actions. These ad hoc tools include ones for: 1) costing and budgeting transition recommendations for the Global Fund grant requests; (2) briefing materials to advocate for MoH endorsement and national ownership of key recommendations; (3) tracking the implementation of transition activities; and (4) monitoring and evaluating the outcomes of transition activities. There could be considerable value in capturing and documenting the use of these ad hoc tools, which could then be standardized and shared with other countries. The tools are summarized below

Tool	Country	Description
Costing tool for HIV, TB and Malaria	Bolivia	A detailed costing spreadsheet that systematically estimates the cost of transition activities and links them to specific items to be included in the Global Fund Concept Note
	Algeria	A matrix in which the costs of each activity in the Transition Plan is costed and summed to match the size of the expected Transition Grant
Supporting materials for political advocacy	Colombia	A policy brief and a PowerPoint summarizing the key transition recommendations for MoH leadership.
Tracking tool for Work Plan	Botswana	A detailed spreadsheet to track the implementation of activities included in the Transition Plan
M&E Appendix	Costa Rica	The reports include a map of the information flow and responsible stakeholders for M&E

IV Further Insights from Selected Interviews

As we completed the desk review, we realized we needed more information to have a complete picture of the successes and challenges of carrying out these assessments. Therefore, through semi-structured interviews of nine GF and UNAIDS staff we sought to understand if any impact has been achieved to date and what could be learned from the past experiences. The image below displays the main themes discussed during these interactions (the larger the font, the more often the issue emerged from the interviews).

IV.A. Overall Feedback

Most of the interviewees in our study recognized that TRAs are valuable in: 1) organizing transition problems in a structured way; 2) promoting discussion and collaboration across key stakeholders; and 3) encouraging national stakeholders to think about possible solutions.

Interviewees suggested that a good TRA should:

- Have clear findings and a small number of practical recommendations, avoiding generalities
- Be focused on the areas that the GF is financing and where future funding cuts could undermine gains
- Illuminate risks and opportunities on topics where the country has less understanding such as funding flows, social contracting barriers, CSO capacity-strengthening needs, and efficiency measures and regulatory changes needed to improve service delivery and supply chain
- Be catalytic and used to influence innovations
- Be a product of a country-owned process, where stakeholders understand its impact

An issue raised in the interviews was that some countries still do not recognize the value of these exercises and see TRAs mainly as a GF process where the country must *"check a box".* This is especially the case in countries where no date for transition has been set and grants are continuing, and thus there may not seem to be any urgency for the country to take over activities supported by donors. More effort is needed to explain to national stakeholders that even if Global Fund and other donor support will only diminish gradually, it is important for the country to start preparing for transition and program sustainability early and to adjust to lower levels of external financing. In this regard, it may be especially useful to show

country stakeholders the downward trend in Global Fund and PEPFAR financing, as has been done in Honduras and Morocco. Of course, when the country is on its last Global Fund grant, as in Algeria for HIV or TB in the Dominican Republic, the urgency of dealing with transition becomes more obvious and pressing.

Another view that emerged from the interviews was that countries perceive TRAs as more academic, while Transition Plans focusing on a narrower set of practical actions are seen as more compelling. Thus, it may be important to "rebalance" the Transition Process so that the TRA is swiftly followed by S&T Planning. As one respondent said: *"The TRA is like rolling-up the sleeves. It becomes less interesting after the analysis is done and country discussions take place. Country success consists in moving from questions to recommendations, in a dynamic way."* Where long delays have occurred between the TRA and the Transition Plan, momentum and interest have been lost.

IV.B Challenges and Opportunities

Assessment process. In general, interviewees highlighted the complexity of carrying out these assessments. They recognized that the process is highly dependent on country's capacity, and that it takes a lot of time to develop a detailed plan, sensitize the government and other stakeholders, and find the right timing to integrate the activities into the grant and to negotiate the financing agreements. In addition, during this process the GF must rely on national program teams for logistical support, and this can be challenging where the CCM is weak or involved in other simultaneous tasks such as audits, strategic planning, annual reporting, etc.

The major technical challenges relate to CSO engagement and the mapping of funding flows. Since the assessment needs to be an outcome of a participative process, it is important to ensure that information is cascading down to civil society and that CSOs understand the value of the TRA for their future. Regarding the funding flows, data are often scarce and scattered.

External factors. Transition assessments are frequently affected by external factors. Interviewees mentioned the presence of simultaneous transitions (e.g. transition from Gavi support, loans and TA from development banks), where some of them might have a larger impact than that of the GF. These simultaneous processes overwhelm local stakeholders and restrict their availability and interest to participate in the process led by the GF.

Country ownership. Country ownership was seen as pivotal but hard to obtain in some places, especially when there is frequent and continuous turnover in the MoH (this is currently the case of Central America). In these circumstances, it is difficult to have deep country engagement in the TRA process or to get the government and/or CCM to coordinate the process tightly.

Implementation of the transition plan. This part of the process was recognized as being especially difficult, as it requires including transition activities into Global Fund grant budget proposals, and at the same time mobilizing additional domestic resources. Better results have been obtained when the Transition Plan has been prepared immediately after the TRA (for example in the DR and Costa Rica). Since new national policies can take time to be adopted, Global Fund grants can also be used to create safe space for piloting sustainability recommendations. For instance, in Armenia the GF assisted in modifying regulations to allow the country to procure HIV and TB commodities through pooled purchasing mechanisms.

Implementation and Monitoring. The follow-up of the Transition Plan by the government and local stakeholders was highlighted by one of the interviewees as the most important challenge. Countries have

problems in measuring and reporting their transition implementation progress, because they lack standardized tools and guidance to support this task. In Suriname this was resolved thanks to the GF's S&T specialist who helped the country to report on its implementation of its sustainability Work Plan.

The overall process of M&E of transition needs to be better planned and supported. Even in countries like Belize where a Transition Task Force was established with explicit membership, quarterly meetings of the Task Force never occurred. Workplan Tracking Measures can also be adapted to monitor transition actions.

Global Fund capacity. The interviewees brought up some opportunities of improvement for Global Fund support. One concern relates to the lack of specialized S&T technical support for Africa and the limited availability of specialists in Asia. Since PFMs are busy with the grant management, they are constrained in the time can they devote to transition and sustainability analysis and planning. While most interviewees had public health training and direct experience in S&T, there was some concern that other FPMs had insufficient training and understanding of S&T, which could lead them to de-emphasize work in this area.

V. Conclusions and Recommendations

The TRA and S&T planning processes, tools and products have evolved significantly over the past five years, starting with the pioneering work of the GF and Curatio in Eastern Europe and Central Asia. Transition Readiness Assessments have led to Sustainability Assessments, S&T Roadmaps/Work Plans, and other products which have stimulated changes in government policies and programs to fight AIDS, TB, and Malaria and have enriched subsequent Global Fund grants.

This synthesis review of S&T documents and underlying processes reveals that there are several S&T risks and challenges that arise in nearly all countries. Similarly, the corresponding recommendations also tend to cluster in certain areas, even though recommended actions are many and cover issues in governance and human rights, financing, service delivery, health systems functions, and civil society organizations, among others. We observed numerous good practices in terms of the quality, completeness and coherence of the analysis and in the strength and specificity of recommended actions to improve the implementation and sustainability of HIV, TB, and malaria responses in the face of declining Global Fund resources. At the same time, we observed weaknesses the specificity and evidence base behind the risk analysis and recommendations in several countries and in the consultative process behind the development of the TRAs and S&T Plans, which need to be corrected. There were also important gaps in some areas such as financing/domestic resource mobilization, CSO contracting, and enhanced human resources, where analytical tools and their application can be improved. Tighter linkages could also be built between TRAs and practical S&T implementation plans, and between the S&T studies and the formulation of country national strategic plans and Global Fund grants.

Key Findings

1. **Transition Risk Areas Are Diverse But Certain Themes Recur.** Despite the wide diversity of countries across all geographic regions and the use of two distinct tools to assess transition risks, certain transition and sustainability risk areas came up again and again across the 23 Lower and Upper Middle-Income countries we examined. The most prominent risk related to sustainable financing and the need to mobilize additional domestic resources to replace declining donor aid, especially for prevention and CSO-led activities, and to achieve 100% national funding for drugs, diagnostics, and other commodities. The risk that CSOs might not be adequately supported as donors withdraw was cited as the second most important risk, followed by risks tied to inadequate national political support for the three diseases and lack of robust national institutions/committees to oversee sustainability and transition. Weaknesses in national procurement and supply chain policies and organizations and limits in service delivery (often tied to shortages of health workers and in program information systems were also important areas of sustainability risk.

2. **Recommended Actions Align with Risks and Also Repeat Across Countries.** The most commonly cited recommended actions to mitigate these S&T risks also emerged across countries and diseases, and included:

    a) Financing: increased government budget allocations, especially for prevention and CSOs and use of incipient public health insurance schemes as a sustainable source of revenues, plus application of results-based financing instruments to public, private, and CSO delivery of AIDS TB, and malaria services
    b) Governance: strengthened national leadership from the health ministry and other senior levels, and creation of a representative coordination body to drive and monitor the S&T plans
    c) CSOs: design and launch of a legal/administrative framework conducive to social contract of CSOs to deliver prevention and treatment services to key populations, and cost-sharing between government and donors so that domestic funds can gradually replace external financing for CSOs

d) Procurement and supply chain: improving the capacity of national institutions to manage purchasing and supply in a timely and efficient manner, and/or reforming laws and regulations to allow transitioning countries to participate in pooled purchasing schemes
e) Service delivery: Maximizing government funding for disease program workers while phasing down dependence on donor funding for human resources including technical experts, and integrating HIV, TB, and Malaria services with primary health care platforms
f) Information systems: Completing the integration and inter-operability of information modules within and across diseases and with the rest of the Health Management Information System, and indigenizing the staffing and financing of strategic information services

3. **Quality of TRAs and S&T Plans Is Generally Good But Variable.** A large number of the TRAs and S&T Plans we reviewed were of good quality – meaning that analysis of risks was clear and well-documented with data; recommended actions were specific and concrete, and aligned with the identified risks; and there was evidence that the TRA and S&T Planning process was widely consultative and drew in national stakeholders from government, civil society, and the private sector.

   At the same time, quality was fair or inadequate in several TRAs, for a number of reasons: recommended actions were vague and lacked implementation milestones; recommendations were too numerous and were not prioritized; the development of recommendations by consultants was not subjected to in-country validation and appropriation by national stakeholders; risk assessments were not followed by the drafting of an agreed action plan for Sustainability and Transition, leaving a large gap in time and momentum that reduced the chances that the TRA would have a real impact on the country.

4. **Existing Tools for S&T Assessments and Plans Have Been Useful, But There Are Now Gaps that Need to Be Filled.** The key tools developed with support from the Global Fund in 2015-17 by Curatio International and Aceso Global have been helpful in conducting systematic and in-depth assessments of S&T risks. But both tools have generated large and somewhat unwieldly products that are hard to digest, and that place more emphasis on broad and non-ranked risk analysis than on designing implementable time-bound actions to mitigate the risks and ensure successful transition. More can be done to draw from other existing background studies without repeating them in the TRAs; to target and prioritize the most important risks and corresponding actions in order to narrow the focus of the TRAs and S&T Plans; and to promote a more deeply consultative country owned process for validating S&T Plans and seeing that they are incorporated in national disease program strategies and government budgets, Global Fund grants, and support from other key partners such as PEPFAR. The Curatio tool has been widely used in EECA and many users are familiar and comfortable with it. If countries in the region prefer to continue using the Curatio tool, it would be useful to update it in the light of experience and some of the suggestions presented here. Since the Aceso/APMG tool is often promoted by the Global Fund and has been applied in more than 20 countries in several regions, it could be especially valuable to revise and reissue the Aceso/APMG guidance materials to incorporate the observations and recommended improvements contained in this report, along with other inputs that could be gathered in the course of such an exercise.

Key Suggestions to the Global Fund:

A. Improve Quality of Reports

Shorten reports. TRAs should be short and compact (less than 50 pages) with a 3-5 page Executive Summary. Background information on the epidemiology of three diseases, the history of the national disease programs, the country's health system and overall health financing should be summarized in the main body of the report and/or moved to Annexes. Existing documents such as NSPs, PEPFAR COPs

and GF Grant Requests already contain much of the relevant information on HIV, TB, and Malaria Program performance. These can be cited in the TRAs to avoid repetition and dilution in the TRA/S&T Plan.

Increase specificity and concreteness. Findings and recommendations need to be specific and actionable – a number of TRAs contain high level recommendations (e.g. more money for health, improve human resources for health) that are too general or not implementable within the scope of what the country, the GF, PEPFAR and other partners can do. Ideally, program evaluations (carried by the WHO, UNAIDS, PEPFAR, etc.) should be seen as the phase zero of the S&T process and the TRA can be a more in-depth look at the specific areas highly dependent on external support and most vulnerable to donor drawdown and exit (such as HIV prevention, second line TB drugs and treatment, malaria surveillance, and CSO-managed activities).

Raise focus. Since the same half dozen major transition and sustainability issues tend to recur in each country (greater domestic resource mobilization; increased political commitment to the diseases and to KPs; taking over and managing procurement efficiently; including CSOs as providers under government social contracting; building and maintaining information systems; strong governance and monitoring of the S&T Plan), risk analysis and recommendations should a priori focus on these areas. A narrower set of specialized set of tools could be developed to carry out this focused analysis. For the risks and recommendations that are of highest priority, more in-depth assessment may be warranted. Fortunately there are now instruments being developed to look at domestic resource mobilization, CSOs and social contracting, and procurement and supply chain that can be applied to these recurring sustainability issues.

Enhance linkage between risks and recommendations. Recommendations should be linked directly to risks, and should be ranked and classified by importance, potential impact, urgency, and feasibility. Major risks should not be left hanging without proposed solutions, and solutions should tie back clearly to the identified problem or risk around sustainability. The use of standardized tables, especially in the Executive Summaries, can be effective to show the greatest S&T risks and what can be done to mitigate them.

Enrich Financing and CSO Analysis. Given the importance of increasing domestic funding for HIV, TB, and Malaria programs and of CSO social contracting across nearly all TRAs, assessments could consider dedicated analysis and possibly detailed annexes on these topics. For financing, analysis could cover current disease spending by source and program area, projected future needs, and various scenarios for boosting domestic funds from government, social health insurance, the private sector, as well as the implications for co-financing. CSO analysis should cover the existing landscape, current roles and performance and future potential of CSOs in HIV, TB, and malaria programming, government laws, regulations and practices in CSO contracting, and CSO capacity to participate in social contracting, while identifying challenges, opportunities and actions.

B. Enhance S&T Tools

Modify core modules. Bring forward “optional” modules in the Aceso guidelines on financing, procurement, and CSOs and make them core, while encouraging country teams to summarize what is called for in the core modules and moving background information to Annexes. To help teams to focus, it might be useful to include a proposed TRA outline with suggested length, key tables and graphs to be included. A new section on how to develop S&T Plans could be added.

Make other upgrades to the Aceso toolkit. The existing toolkit which is now several years old could benefit from additional changes including: additional guidance and examples on S&T risks related to

human resources for health, information systems, and program integration; greater emphasis and depth on the analysis of all sources external funding (beyond the Global Fund) and on options for domestic resource mobilization; and methods and for prioritizing S&T risks and actions and engaging country stakeholders in the prioritization process In terms of the reporting and planning. A chapter on M&E of transition plans would also be a valuable upgrade to the toolkit.

C. Support the S&T Process

Link or combine risk analysis with transition planning. To streamline the country process and enhance impact, the GF could consider merging country readiness/risk assessments with S&T planning in a single exercise with one document or using two tightly-linked documents conducted separately but with the express intent of having the TRA lead directly to practical plans and actions. This would help maintain momentum and make the TRA phase less academic and more motivating for country stakeholders. Good experiences with this have occurred in several countries, e.g., Honduras and Algeria. These could be replicated elsewhere.

Optimize national and international staffing. While purely country-run TRAs with 100% national teams has been an interesting experiment in a few counties, in general the use of a mixed team of 4-6 international and national consultants has led to the strongest TRAs and S&T Work Plans, facilitating country dialogue and sharing of global best practices.

Improve communication with country stakeholders. There are several best practices emerging from our review that could be replicated widely: (a) allocating extra time and budget to separate CSO workshops and dialogue, to ensure that information and ideas are flowing between civil society and other stakeholders and that CSOs own the S&T process; (b) having at least two missions to countries, both to conduct the initial risk assessment and to validate the main findings and recommendations for action; using short 1-3 page policy briefs and supporting materials to engage ministers of health and other senior policy-makers (see the experience of Colombia).

Promote monitoring and evaluation of Transition Plans by country stakeholders. As mentioned above (under "Tools"), guidance and templates should be developed to help countries to monitor Transition Work Plans and focus on priority actions. Monitoring transition is a critical country function requiring a high level committee or working group with legitimacy and authority. The GF Secretariat could help shape and guide these S&T ccommittees and promote their continued involvement in overseeing implementation of S&T Plans

D. Continue Strengthening GF Policies and Capacities Around S&T

Maintain the use of upstream S&T assessments and plans. While it can be challenging to persuade and motivated country stakeholders to carry out TRAs many years before the Global Fund is expected to exit the country and complete transition, there are significant benefits to starting S&T analysis and dialogue early. Showing that donor funding (not only Global Fund but also from bilateral sources such as PEPFAR and PMI, as well as funding from Gavi and the World Bank for other health programs) is likely to decline over several years can help to stimulate productive S&T assessment and planning.

Ensure that S&T figure prominently in GF grants. Transition plans should specific and feasible, and built with the understanding that content could be used for grant-making process. There are opportunities for the GF to increase the yield and usefulness of the TRAs/Work Plans in follow-on grants. This can be done by optimizing the timing of these processes and by bringing the FPM fully into the findings and recommendations of the TRAs. Consultants assisting with the TRAs could potentially be retained more fully at the grantmaking stages.

It seems that recent TRAs are feeding more directly into Global Fund grant requests and concept notes, as compared to the first TRAs back in 2015-17 (this hypothesis needs to be examined with data – it is outside the scope of our current assignment). This is a good thing and should be further promoted. Grant agreements can be structured to stipulate that countries increase and use their counterpart financing commitments to implement S&T priorities (e.g., financing a larger share of prevention and HIV/TB/malaria drugs and other commodities, establishing lines in the national budget for the diseases, etc.). GF grant resources can also be used for investments that promote sustainability and transition (e.g., building the legal and administrative framework for social contracting of CSOs, creating the regulatory framework for including HIV and TB care as services covered by national health insurance benefits packages). Many S&T plan recommendations may require more detailed studies or the setting up of pilots, which can also be funded through GF grants. It could be useful to document best practice examples where countries used the S&T plan to design a set of activities supported through subsequent GF grants.

Keep building knowledge and skills of GF staff. While staff are increasingly familiar with and enthusiastic about S&T analysis and planning, more can be done to train and equip them with the latest tools and lessons of experience -- both FPMs and specialists in S&T and other areas. Several suggestions emerged from this project, such as the use of refresher courses and modules on S&T as part of larger GF staff training programs, on-line materials, and access to "just in time" technical assistance and coaching from experts. We would suggest that further capacity-building for GF staff on S&T be systematically examined and a proposal put forward.

Use the GF "tracking" systems to monitor and evaluate sustainability and transition investments. Some FPMs are using the Work Program Tracking Mechanisms (WPTM) systematically to see whether some of the key prioritized S&T activities are being implemented. This good practice that keeps a spotlight on country performance in improving sustainability could be extended to other countries.

Annexes

Annex 1. Example of Questionnaire for Country Review

Standardized Questionnaire for Country review – Belize's example

Country Belize

Region LAC

Language English

Type of assessment Transition Readiness Assessment

Year conducted 2017 (published February 15, 2018)

Disease(s) included and burden level

- **HIV?** Yes - high
- **TB?** Yes - moderate
- **Malaria?** No

Transition grant expected date

- **HIV** Eligible
- **TB** Ineligible for funding in the 2019–2021 cycle
- **Malaria** NA

Tool applied Aceso Global and APMG, "*Guidance for Analysis of Country Readiness for Global Fund Transition*"

Completed by ICF

Commissioned by Global Fund

Key transition risks

1. Financing gap - with reduced external donor financing, the gap in the HIV/TB response is likely to grow without a substantial effort to raise domestic funds. Nearly all the TB program's $1 million cost is funded by external sources.
2. Off-track to meet 90-90-90 goals due to gaps across the cascade of HIV service delivery. The primary gap in service delivery is the delay in officially adopting and systematically implementing Treat All, which Belize has committed to doing as part of its commitment to achieving the 90-90-90 goals
3. Stigma and discrimination - sociocultural norms and religious values pose a significant challenge to the HIV/AIDS response and stigma and discrimination against key populations (particularly MSM and transgender women) significantly impedes uptake of HIV and TB services. Enabling environmental activities are primarily donor funded.

Key recommendations

1. Complete the HIV-TB investment case as an advocacy tool in order to show the value of increasing investment in health - recommended that public expenditure on health be increased to 6% of GDP.

2. Ensure top-to-bottom implementation of internationally recommended treatment guidelines for ART, including Treat All, particularly at the community-level.
3. Continue implementing a comprehensive communication strategy to educate the public on HIV and TB, and to meaningfully address stigma towards PLHIV and people who are LGBT, emphasizing treatability of HIV.

Quality of risks and challenges

Are the risks documented, well explained and compelling? Partly - throughout the report, risks are commented on. Risks are synthesized only in the Executive Summary

Are the risks capturing the main challenges? (e.g., are urgent risks clear and specific?) Yes - however, a challenge that is consistently mentioned in the report is the lack of stability and involvement of CSOs, which is not highlighted as a key risk

Are the risks prioritized (e.g., key risks are highlighted, risks are ranked in order of urgency, etc.)? Yes - the risks are prioritized in the Executive Summary, which highlights three key risks

Are the risks linked/well-matched to recommendations? Is this clear at a first glance? (E.g., do the recommendations address the challenges) Yes - while the risks and recommendations are not linked 1-to-1 directly, it is clear from a first glance that the recommendations are well-adapted to the risks identified

Quality of recommendations to mitigate transition risks

Are the recommendations operationalizable interventions or "token"? Yes - the recommendations are reasonable and operationalizable

Are they feasible? Yes - many recommendations urge that projects currently being conducted or planned be fully implemented

Are the recommendations prioritized? Yes - three key recommendations are made, with additional recommendations sorted by category

Quality of financial gap analysis (if applicable)

Is the gap quantified? Yes for HIV, no for TB (though high donor financing for TB is expected to result in key challenges for transition)- cost of achieving Treat All is being determined by a consultant but is likely to be low in the short term given the low number of PLHIV in Belize

Have they identified additional strategies on how to mobilize resources? Yes - the TRA recommends: 1) the finalization of an investment case to advocate for more public expenditure for health; 2) that the National AIDS Spending Assessment be used to help address issues of budgetary under absorption and improve efficiency; and 3) exploring innovative funding approaches "through private sector engagement; concessionary loans from IDB for health; and/or debt forgiveness programs in exchange for investments in health"

Are there specific budget lines for HIV prevention activities (e.g., activities for KPs) Unclear - not mentioned in TRA

Social contracting and civil society

Is there enabling legislation to facilitate social contracting? Are there legal obstacles to social contracting? Stakeholders were not aware of any legal or institutional barriers to social contracting

Mechanism in place or planned? Report recommends the consideration of social contracting mechanisms from the government as a way to allocate resources to CSOs to provide services. The report notes that CSOs in Belize frequently lack sustainable funding and occasionally dissolve and reform. No mechanisms current appears to exist to facilitate social contracting for health.

Quality of report

Is the executive summary compelling? Yes - the summary highlights key risks and lists recommendations. One limitation is that the recommendations in the summary are exhaustive and are duplicated in the conclusion (i.e., the executive summary does not summarize or condense the bottom-line recommendations)

Is the methodology described? (Or is a link provided to a methodology) Yes - a detailed section of the report notes that ICF conducted a desk review of studies/data, developed an interview guide, conducted a country mission to interview stakeholders, and conducted workshops to gather feedback on a preliminary version of the report.

Is there a summary table of key risks and recommendations? No - risks and recommendations are enumerated but not summarized in a table

Conclusion mentions roadmap or concrete next steps? No - TRA does not include a conclusion section

Is there any reference to M&E indicators and responsible stakeholders for transition? (E.g., plan to monitor the recommendations) No - TRA does not include a monitoring and evaluation section

Are the recommendations, next steps, or transition plans costed? No - TRA estimates that the cost of Treat All would be low in the short term but does not include cost estimates for recommendations

Quality of embedding in transition or sustainability process

Is there a Sustainability and Transition Committee? Yes - The National AIDS Commission (NAC)/Global Fund Country Coordinating Mechanism (CCM), established a Transition Task Force to guide the ICF team and the transition process in order to promote sustainability and integration of externally supported programs into national health systems in the post-Global Fund context. The 15-member Transition Task Force includes the NAC Secretariat, members from the Ministry of Health (MOH), and representation from various key stakeholders, including United Nations Development Program (UNDP), the Pan-American Health Organization (PAHO), key populations (KPs), National Youth Council, and the Human Rights Commission of Belize.

Is the MoH staff acknowledged for their participation? Yes - see above

Was it a result of participative process? Yes - based on the methodology and membership of the Transition Task Force, the preparation of the TRA was participative and inclusive of a diverse group of stakeholders

CSOs involved? Yes - Collaborative Network of Persons Living with HIV, United Belize Advocacy Movement, Trans In Action Belize were represented in the Transition Task Force

Other donors / development partners involved? Yes - United Nations Development Program and PAHO

High-level executive involvement (PM's office, Parliamentarians, etc.) No

Ministries of Finance, Economic Development, Planning, etc. involved? No - Ministry of Finance and Ministry of Economic Development did not appear to be involved, but are mentioned as recommended targets for advocacy efforts in the report

Other ministries or gov't entities involved? Yes - National Youth Council and Human Rights Commission of Belize represented

Is it our sense that the document will lead to impact?

Did it make a difference in how the grants were structured? Unclear

Did it had some impact on other donors? Unclear/unlikely, since PEPFAR has already withdrawn support

What is the link between this document and the NSP? (Will TRA inform NSP? Are recommendations made to be aligned to NSP?) Unclear - NSP covers 2016-2020 and provides background information for the TRA

Did the Minister of Health endorse this document? Unclear

Strengths

1. The report systematically and comprehensively investigates various dimensions of the HIV (predominantly) and TB response programs
2. The executive summary provides prioritized key risks and robust recommendations to address them
3. The report is rich in detail, allowing for a strong characterization of unique challenges, risks, gaps, and issues facing the disease response programs

Weaknesses

1. The lack of a conclusion section and the verbatim repetition of recommendations from the executive summary feels like a lost opportunity to summarize the overall transition landscape in Belize and comment on how the TRA will be used
2. Lack of involvement of other government ministries who, ostensibly, are stakeholders and targets of advocacy efforts (Finance and Economic Development missing from the table)
3. The need for improved CSO capacity is highlighted throughout the report but is not identified as a key risk - recommendations addressing this issue are vague and not as robust as those for other risks.

Annex 2. List of Interviewees

No	Name	Position	Countries of expertise	Date
1	Serena Buccini	Portfolio Manager LAC	El Salvador The DR Honduras REDCA+	July 12th
2	Carmen Gonzalez	STC specialist LAC	The DR Jamaica Cuba Guatemala	July 17th
3	Gonzalo Penacoba-Fernandez	STC specialist SEA	Sri Lanka Malaysia Laos	July 17th
4	Paul Bonilla	STC specialist LAC	Bolivia Peru Ecuador Honduras Colombia Costa Rica Suriname Belize	July 24th
5	Sylwia Murray	Portfolio Manager MENA	Algeria Djibouti Morocco (pre-Emina)	August 5th
6	Corina Maxim	STC specialist EECA	Bulgaria Ukraine Armenia Kazakhstan Belarus B&H	August 7th
7	Nertila Tavanxhi	ST specialist UNAIDS	Morocco Cambodia Vietnam	August 20th
8	Valeria Grishechkina	Portfolio Manager EECA	Armenia Belarus Turkmenistan Macedonia Montenegro	August 23th
9	Tatiana Vinichenko	Portfolio Manager EECA	Kazakhstan	August 26th

Annex 3: Interview Guide

Interview Guide

Date:

Name of the Interviewee:

Position:

1. In what countries have you worked as a (position)?

2. In your experience, what are some of the most successful examples of transition and sustainability readiness assessments and planning among (insert GF region) countries? Why? (check if those countries are in our list, if not ask the same question among the countries in our sample)

3. Are there any country experiences in the region where developing these assessments and plans was challenging or was not very successful? Why? How were these situations resolved?

4. In your region what 3-5 issues/opportunities have emerged from the TRAs/SRAs/plans as being the most important to achieve sustainability and transition?

5. What elements of a TRA/SRA (transition or sustainability readiness assessment) have you found to be the most useful in helping countries prepare for transition?

6. How, if at all, were the available diagnostic tools (ACESO-APMG and TPA framework from Curatio) used throughout the planning process?

7. In your perspective, what can be done to improve the utility of these tools? Anything extra or missing?

8. What support does the GF provide to make sure these documents are country-owned and to support the adoption of recommendations?

9. We are interested in learning about the engagement of Ministry of Health representatives in the TRA process. Who was the more senior MoH staff that participated in this process (in other words, was the Minister involved)? What were the main enablers and obstacles to build country-ownership or to reach higher levels at the MoH?

10. In your opinion, how did the TRA/SRA and planning process lead to the implementation of the recommendations?

11. In what ways have you seen these exercises being linked to new funding requests and/or national strategic plans?

12. Could you describe the support you have as a (position) provided to help countries integrate recommendations from TRA/SRA's into new grant applications? Was there anything that you needed and haven't had available to facilitate this process? - if applicable

13. How would you characterize the follow-up period after the completion of a TRA/SRA

a. Are the TRA/SRA's updated? Is there follow up to monitor whether the recommendations were endorsed by MOH / implemented?

b. Did the S&T Committee (Steering Committee) involved in the transition assessment continue to meet after the TRA/SRA and planning process ended? If not, what could have been done to make this happen?

14. What are examples of the best uses of TRAs you have seen?

15. What practices in the transition planning process would you like to see more of? Less of?

16. In your opinion, is there any additional technical support the Global Fund or others could be providing to strengthen the transition/sustainability planning process?

17. Have your TRAs/SRAs been linked to other concurrent transitions in global health in the same countries (e.g., in immunization or MCH)?

18. In terms of the broader process of transition planning, what elements do you think are more important to a successful transition?

Annex 4. Description of Ad hoc Tools

Tool 1 - Costing Tool for HIV, TB and Malaria

In Bolivia, with the technical assistance of UNDP, the CCM was able to develop a detailed disease-specific costing for the Transition Work Plan (available for HIV, TB and Malaria). The tool costs all the yearly activities for each one of the objectives in the Transition Plan. It breaks down the costs by type of expenditure, source (Global Fund, domestic, no source, etc.), implementer, and by one-time costs vs current expenses. At the very end it includes a table that groups the activities in the Transition Plan and link them to specific activities on the Concept Note (see chart below).

Actividades Plan de Transición		Actividades Nota Conceptual - FM	
Estudio de costos para malaria	3,662	Estudios de costo de malaria	16,523
Estudio de financiamiento y gasto para malaria	7,695		
Elaborar escenarios de financiamiento para malaria	377		
Estudio de gasto de bolsillo para malaria	2,701		
Estudio de costo beneficio para malaria	2,701		
Contratación de RRHH para malaria - Vigilancia Epidemiológica	149,867	Recursos Humanos para la Vigilancia epidemiológica	136,941
Análisis de información Malaria	30,753	Actualización de estadísticos y transcriptores en el nuevo sistema información de malaria y en análisis de situación epidemiológica de la malaria	53,581
Capacitación al personal de salud para la recolección de la información - Malaria	26,446		
Desplazamiento de OSC a espacios de análisis - Malaria	31,390	Reunión de coordinación de acciones conjuntas entre Riberalta, Guayaramerín, La Paz, Pando y Zafreros	75,842
Gestiones de los servicios de salud con el apoyo de las OSC - Malaria	23,354	Movilización social para la promoción de la prevención	170,177
Desplazamiento de OSC en actividades realizadas por servicios salud - Malaria	31,390		
Apoyo de las OSC a los establecimientos en estrategias adherencia tratamiento - Malaria	12,053		
	322,387		453,064

We believe this tool could be helpful during the third phase of the analysis where the CCM needs to link the transition/sustainability recommendations to specific items in their funds request. We believe that often, the limited training and time availability of the CCM staff prevents them to perform this analysis. This might be one of the reasons why only a few recommendations get included in the next grants. A simplified version of the tool and a user's manual can be made available to the CCM for this purpose.

Tool 2 - Supporting materials for political advocacy

In Colombia, the consultants developed a policy brief and a PowerPoint Presentation that was used to present the key recommendations to the MoH and his staff. The policy brief was only 5 pages long and included the following sections:

- Country background related to the GF's support
- HIV in Colombia
- Key topics for the GF (i.e. Principal Recipient selection, migration, etc.)
- A 2-page summary of the 3 key recommendations that emerged from the TRA

The policy brief was sent in-advanced to the meeting, while during the meeting the team used a PowerPoint as supporting material to guide the discussion and lead to the agreements. While the rest of the materials were shared with the MoH staff as well (TRA and Roadmap). The Portfolio Manager and S&T specialist recognized the usefulness of this package. As a result of this advocacy effort the MoH

decided to endorse the Transition Plan and following that meeting, the Vice minister agreed to take the lead to push forward its official publication.

We are not aware of similar efforts in other countries, but we consider some template of this brief and presentation could be included in the toolkit available for countries working in sustainability and transition.

Tool 3 - Tracking Tool for Work Plan

In Botswana, the team developed a tracking tool in Excel for on-going activities and transition arrangements. In general, the table is similar to other Transition Work Plans reviewed, however they decided to include 2 columns that can become helpful for other similar plans:

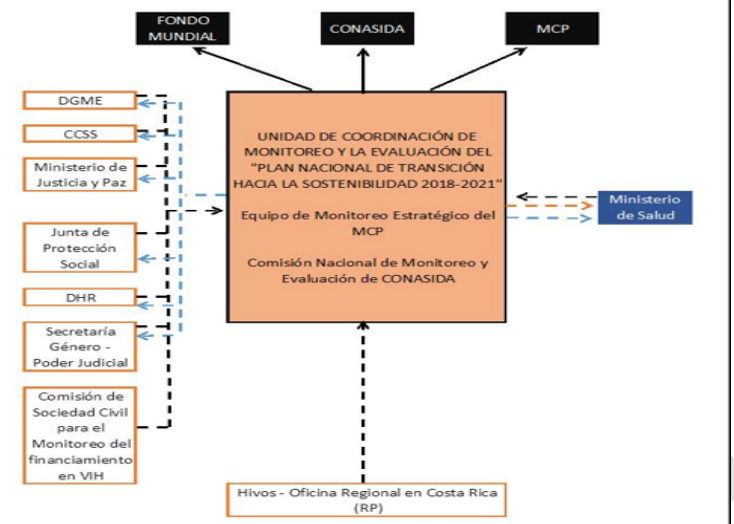
Implementation status	• Completed • On-going/ON Track • On-going/OFF Track • Suspended • Scheduled • Abandoned • Reprogrammed
Transition status	• Continue - 1 year • Continue - 2 years • Continue - 3 years • Continue - One Off • No transition needed • Taken over by GoB • GoB to take over • Currently within PAAR

In addition, the idea of preparing a Standard Transition Plan in Excel with standard displays of costs, activities by frequency of occurrence (once, quarterly, annually and bi-annually), activities to be implemented per year (one tab per year) can be attractive to the stakeholders responsible for tracking the monitoring and implementation the key transition activities.

Tool 4 - M&E Appendix

The team that prepared the TRA in Costa Rica had a strong background in M&E. Consequently, the documents are heavy on that component. With slight simplification, some of the components in their analysis could become helpful when establishing the monitoring responsibilities of the plan. For instance, they included a diagram flow and a table stating which entities are going to report which indicators to the Monitoring Leaders (see below).

FLUJOGRAMA 1



→	Entidades a las que la Unidad de Coordinación de Monitoreo y Evaluación del "Plan Nacional de Transición hacia la Sostenibilidad 2018-2021" reportan sobre avances globales en el Plan.
- - →	Entidades que reportan de avances en intervenciones y actividades del "Plan Nacional de Transición hacia la Sostenibilidad 2018-2021" a la Unidad de Coordinación de Monitoreo y Evaluación.
- - →	Entidades a las que la Unidad de Coordinación de Monitoreo y Evaluación informan sobre avances del "Plan Nacional de Transición hacia la Sostenibilidad 2018-2021".
- - →	Entidades para las que la Unidad de Coordinación de Monitoreo y Evaluación, verifica la calidad de la información y brinda supervisión capacitante.

Tabla 2. Instancias que tienen responsabilidades como fuente de indicadores dentro del Sistema de Monitoreo y Evaluación del *"Plan Nacional de Transición hacia la sostenibilidad 2018-2021"* e indicadores bajo su responsabilidad

INSTANCIAS CON FUNCIONES DE FUENTE DE INDICADOR	INDICADORES BAJO SU RESPONSABILIDAD	CANTIDAD DE INDICADORES
Hivos – Oficina Regional en Costa Rica	A1H1CF1IND01; A1H1CF3IND03; A1H1CF4IND04; A1H1CF5IND05; A1H1CF6IND06; A1H2CF1IND07; A1H2CF2IND08; A1H5CF1IND11; A1H6CF1IND12; A1H7CF1IND13; A2H1CF1IND14; A2H1CF2IND15; A3H3CF1IND28; A3H4CF1IND29; A3H4CF2IND30; A3H4CF3IND31; A3H4CF4IND32; A3H5CF1IND33; A4H1CF4IND43; A4H2CF1IND46; A4H2CF2IND47; A4H2CF2IND48; A4H2CF3IND49; A4H4CF1IND52; A4H6CF1IND55; A4H6CF3IND57; A5H1CF1IND59	27
Ministerio de Salud	A4H1CF1IND38; A4H1CF5IND44; A4H5CF1IND54; A5H1CF2IND60; A5H1CF3IND61; A5H1CF3IND62; A6H1CF2IND64; A6H1CF2IND65	8
CONASIDA	A2H2CF1IND16; A2H2CF2IND17; A2H2CF3IND18; A2H5CF1IND21; A3H2CF1IND26; A3H2CF2IND27; A4H7CF1IND58; A6H1CF1IND63	8
Caja Costarricense de Seguro Social (CCSS)	A4H1CF2IND39; A4H1CF3IND41; A4H1CF6IND45; A4H3CF1IND50; A4H3CF2IND51; A4H4CF2IND53	6
Ministerio de Justicia y Paz (MJP)	A4H1CF2IND40; A4H1CF3IND42; A4H1CF6IND45	3
Secretaría de Género del Poder Judicial	A3H1CF3IND24; A3H1CF4IND25	2
Junta de Protección Social (JPS)	A1H1CF2IND02; A1H3CF1IND09; A1H4CF1IND10; A2H4CF1IND20	4
Defensoría de los Habitantes de la República de Costa Rica (DHR)	A3H1CF1IND22; A3H1CF2IND23; A3H5CF2IND34; A3H5CF3IND35; A3H5CF3IND36; A3H5CF4IND37	6
Dirección General de Migración Extranjería (DGME)	A4H6CF2IND56	1

Annex 5. Best Practices in Document Elaboration and Communication

Best Practice	Example	Rationale
Assessments include both disease-specific and general recommendations	**Country**: Belarus Transition Preparedness and Sustainability Assessment Framework (TPSAF) case study, 2015 **Implementers**: Curatio International Foundation (commissioned by Global Fund)	● Cross-cutting recommendations can be tailored to Ministries of Health, while disease-specific recommendations can be tailored for disease response program managers
Executive Summary extremely compelling	**Country:** Transition Readiness Assessment and Sustainability Roadmap Cambodia, 2017-2018 **Implementers:** Pharos Global Health Advisors (commissioned by UNAIDS)	● A clear and comprehensive ES is important for clear communication of the key risks and recommendations
Compelling Conclusion and summary tables	**Country:** Transition Readiness Assessment and Roadmap Colombia, 2018-2019 **Implementers:** Pharos Global Health Advisors (commissioned by the GF)	● A compelling closure that clearly spells out the next steps and responsible actors. Summary tables are helpful for the reader
Calendar for commodities absorption	**Country:** Transition Preparedness Assessment, Jamaica, 2017 **Implementers:** Curatio International Foundation (commissioned by UNAIDS)	● An absorption calendar for ARV, laboratory reagents, and supplies for viral load and CD4 testing is useful to clarify the recommendations regarding the evolution of co-financing commitments
Summary Presentation of key TPA Results	**Country:** Transition Preparedness Assessment, Kosovo, 2017 **Implementers:** Curatio International Foundation (commissioned by Global Fund)	● A presentation that accompanies the document can be helpful to facilitate upstream communication

Annex 6: Mobilization of Domestic Resources -- Financial Gap Analyses in TRAs

Domestic resource mobilization (DRM) before and during transition from donor assistance is one of the enabling factors to achieve sustainability and a smooth transition. However, government health spending is rigid in most countries, with pressure from other health programs beyond AIDS, TB, and malaria (e.g., hospital care, chronic diseases, etc.) and from other sectors. The inclusion of financial gap analyses in TRA reports is a strong motivator to start discussions and coordination in this direction. A financial gap analysis looks at the actual division of AIDS, TB, and malaria spending by source and by program area, and projects future funding availability from domestic and external sources and compares this with estimated "resource needs" to expand and sustain disease control activities over 5-10 years. To do such an analysis, accurate and reliable past expenditure and future funding needs data must be available.

In this Annex we analyze the extent to which the TRAs we reviewed cover such gap analyses.

Is the gap quantified?

During our desk review, we identified ten countries that had quantified their financing gap during a TRA (Albania, Belize, Cambodia, Cuba, Dominican Republic, Honduras, Kazakhstan, Philippines, Turkmenistan, and Ukraine). We considered countries that had completed an analysis of their projected finances relative to projected costs for their respective HIV, TB, and/or Malaria programs to have adequately quantified their financing gaps. By this definition, 47% of our sample did not conduct a financial gap analysis. The remaining countries (Belarus and Panama) conducted a partial financial gap analysis by only quantifying the financing gap of their TB program and leaving out HIV, which is a significant part of their overall program.

Among countries completing a financing gap analysis, key details described in the S&T reports were not standardized. Ukraine and Belize, for example, focused their analyses on HIV and left out details regarding TB. Others like Honduras went beyond the comparison of resource needs vs. what is spent by modeling different scenarios for declining external aid to determine their financing gap. Similarly, Turkmenistan and Cuba projected future needs by looking into specific components to determine where the gaps will have the heaviest impact in their programs. The box below describes an example of these projections from Cuba's TRA.

1. Monitoring, treatment, and retention in treatment of PLHIV represents 71% of entire budget and requires the largest scale up across all modeling scenarios to reach their respective NSP goals by 2025. The success of the program most heavily depends on investment in this area.

2. Epidemiological surveillance, HR, social contracting, and HIV education/ communication require a less dramatic scale up. The total investment by 2025 is consistent throughout all scenarios (89.64, 16.67, 8.91, and 58.96 MM; respectively) and matches the NSP goals.

Ten countries identified strategies for DRM, however, only 60% of which had also quantified their financing gap (Albania, Belize, Cambodia, Dominican Republic, Honduras, and the Philippines).The remaining 40% identified additional strategies for resource mobilization without adequately quantifying their financing gap in the S&T reports (Bolivia, Colombia, Costa Rica, and Panama), suggesting an acknowledgement of the existence of a potential financing gap by identifying strategies to mitigate it. Nevertheless, this was done without fully knowing the cost savings they would have to generate.

Strategies for DRM included:

- Integration of respective HIV/TB programs into national health insurance (Bolivia, Honduras)
- Implementing innovative financing mechanisms to increase overall health revenues such as by using "seized assets"[7] for grants and promoting philanthropy/private financing. (Albania)
- Improving public financial management to ensure that existing resources are allocated to high value activities and to reduce systemic inefficiencies. (Colombia, Belize, Panama)
- Investing to mobilize private capital for specific up-front costs associated with service expansion through concessionary loans, and/or loan forgiveness in exchange for investments in health (Belize)
- Redistributing budgets from other ministries and local governments (Philippines).

The inclusion of specific budget lines for activities falling within the HIV/TB/Malaria response (e.g., surveillance, prevention, laboratory diagnosis, treatment) within the reports represents a key tool for the mobilization of domestic resources**.** Only 7 out of 23 the countries in our sample either provided specific budget lines for their existing programs (Jamaica, Malaysia, Morocco, Sri Lanka, and Ukraine) or advocated that they be created in the future (Algeria, Honduras). In other words, these countries developed budgets for specific programmatic activities as opposed to a stand-alone budget line that simply include the total cost of the program

Conversely, the budget lines for the Dominican Republic, Panama, and Georgia are unclear because they only highlight a stand-alone budget insofar that they don't include the specific costs for all or most major program activities. For example, Panama has specific programmatic budget lines for some of its HIV program such as CONAVIH (which is responsible for promotion and coordination activities), however, other government agencies that fall in the scope of the HIV response such as CSS (the social security system) do not.

[7] Albania TRA p. 47 (Sec. 9.3 § 18)

Annex 7. Social Contracting and Civil Society Engagement in TRAs

For HIV and, to some degree, for Malaria and TB, CSOs play a key role during the implementation of community-based strategies for prevention, screening, linkage to care and adherence among key and vulnerable populations. As governments often lack the expertise and the interest to collaborate with CSOs, GF's investments in this area have been catalytic in strengthening civil society as service providers. As the external support winds down, countries need to create public financing mechanisms to absorb activities led and delivered by CSOs. Depending on the country's specific context, paying for these activities with public funds might face several legal, political, cultural and financial barriers that need to be explored during the TRA.

For the purposes of this report social contracting is understood as the use of legal and policy mechanisms for contracting CSOs with public funds to implement specific activities and/or provide services.[8] Regular government transfers and subsidies such as the provision of office spaces and commodities (e.g., condoms) are a positive sign, we do not consider them as social contracting because they have less structure, predictability and represent a less business-like relationship; salaries might be the only exception.

Approximately a fourth of the countries in our sample either do not analyze social contracting in any detail (Belize, Bolivia, Cuba, and Turkmenistan) or do not mention social contracting at all (Sri Lanka). For instance, in Bolivia the document mentions the existence of budget lines for transfers, subsidies and donations to non-profit organizations, but the analysis is limited to the description of the current participation of CSOs in the diseases and citing the 2 main relevant laws. The authors failed to describe in detail the legal framework or the existing gaps while they include in the recommendations: "endorse a process to identify legal tools to promote the legitimate participation of CSOs in the responses through social contracting". As a sequel, Bolivia's Work Plan outlines activities to analyze the current status of social contracting and civil society, implement social contracting and implementing strengthening plans. On a different note, Malaysia is a special case since the Transition Plan was focused only on case management of HIV for key populations. While social contracting was not mentioned in the document, Malaysia is one of the few countries with an effective mechanism of transferring domestic funding to civil society: the Malaysian Aids Council established in 1992.[9]

According to our definition, most of the countries in our sample (16/23) reported having an enabling legislation that facilitates social contracting. However, there are a number of caveats which concern the implementation of the existing legislation. In Algeria, Morocco and Jamaica there is a clear problem of contracting CSOs to implement activities targeted to KPs due to criminalization of certain behaviors (homosexuality, sex work, injecting practices). Other highlighted barriers were bureaucratically burdensome registration or accreditation procedures (Philippines), the length of the contracting process (up to 6 months in Kazakhstan), lack of clear policies, rules and procedures (Georgia) and limited experience of the government in carrying out these processes (Panama). The creation of specific budget lines for social contacting and closer collaborations with municipalities/local governments emerged as actions.

The majority of countries have some kind of process that allows them to transfer public funds to CSOs, although most of these mechanisms have restrictions that make it difficult to channel budgets to CSOs.

[8] The Global Fund defines "social contracting" as mechanisms that allow for government funds to flow directly to CSOs to implement specific activities, though the term may vary by country or region (Global Fund, 2017). Governments can finance CSOs through a variety of methods, including grants, procurement and contracting, and/or third-party payments (UNDP, 2010)

[9] Flanagan et al. (2018). Donor transitions from HIV programs: What is the impact on vulnerable populations?

For example they only fund CSOs that provide medical services but not prevention, are tied to the GF grants (i.e. the mechanism is managed by a public Principal Recipient) and thus may not continue if/when the government takes over, prioritize larger CSOs over smaller ones that may be more effective, or are only funded by local but not central government. The most positive experiences appear to occur in Botswana where the government directly funds CSOs and CBOs to support the delivery of health services including community interventions for HIV, TB and Malaria, and in Kazakhstan where there are mechanisms to fund NGOs that provide TB control services.

The quality of the analysis and recommendations on social contracting is higher in countries that used the Aceso Tool in LAC and Asia, perhaps because of the involvement of APMG as specialists in CSOs and human rights. However, given the importance of CSOs as service providers for key populations and human rights advocates within the GF portfolio, a deeper analysis and more specific and detailed recommendations could be expected in TRAs in all regions. It is unclear from the document review how many TRA teams consulted the APMG *Diagnostic Tool on Public Financing of CSOs for Health Service Delivery* though some strong and specific recommendations emerged in the country reports we studied:

> (a) Revise the legal framework to allow community-based testing and train CSOs and MoH health staff (Algeria)
>
> (b) Assess which services are best delivered by CSOs vs MOH and develop a policy and performance-based framework for contracting CSOs for relevant services (Cambodia);
>
> (c) Promote the integration of CSOs in provider networks (Redes Integrales de Prestadores de Servicios, RIPSS) (Colombia);
>
> (d) Strengthen the financial management attributions of CONASIDA (the National Aids Council) so it can become the manager of funds for CSOs (Honduras);
>
> (e) Conduct a thorough analysis of CSOs mechanisms, develop manuals and regulations detailing procedures, and mapping of CSOs (Kosovo)
>
> (f) Establish an NGO 'Consulting body' to support NGOs in their diversification of income sources, build management and planning capacities, and map available resources for NGOs (Ukraine).

In addition, Turkmenistan provides a good example of multi-faceted strategies to strengthen CSO engagement (see box below).

i.	Defining potential areas for CSOs involvement
ii.	Elaborating and institutionalizing operational manuals and job aids for CSOs' activities
iii.	Developing and introducing a mechanism for contracting CSOs for delivering needed services with the state funding after TGF phase out
iv.	Launching small grants program for CSOs for piloting and scaling up community-based TB treatment adherence support interventions

Annex 8: List of TRAs/SRAs and S&T Plans Reviewed

Country	Title
Algeria	Evaluation de la préparation à la transition et l'élaboration d'un plan pour la transition dans le cadre de la pérennité, transition et cofinancement des programmes soutenus par le Fonds mondial en Algérie
Botswana	Malaria Transition Readiness Assessment for Government of Botswana from the Global Fund to Fight AIDS, Tuberculosis and Malaria Funding
Morocco	HIV/AIDS and TB Programs Transition from Donor Support Transition Preparedness Assessment
Albania	Transition Readiness Assessment: Tuberculosis and HIV Supported Programs in Albania
Belarus	Transition From Global Fund Support and Programmatic Sustainability Research in Four CEE/CIS Countries – Belarus Country Report
Georgia	Transition From Global Fund Support and Programmatic Sustainability Research in Four CEE/CIS Countries – Georgia Country Report
Kazakhstan	Sustainability and Preparedness Plan for Transition from International to Domestic Financing of TB Control Activities
Kosovo	Kosovo HIV/AIDS and Tuberculosis Programme Transition from Donor Support. Transition Preparedness Assessment Summary of Major Findings and Recommendations March 2017
Turkmenistan	Transition and Sustainability Risk Assessment for National TB Program in Turkmenistan
Ukraine	Transition From Global Fund Support and Programmatic Sustainability Research in Four CEE/CIS Countries – Ukraine Country Report
Belize	Belize Transition Readiness Assessment. Final Report
Bolivia	Plan Nacional de transición hacia la sostenibilidad de las respuestas al VIH, la Tuberculosis y la Malaria 2018-2022
Colombia	Evaluación de la preparación para la transición Colombia / Ruta crítica para el Plan de Trabajo de Transición Colombia
Costa Rica	Plan Nacional de Transición hacia la Sostenibilidad 2018-2021 / Plan de Monitoreo y Evaluación del "Plan Nacional de Transición hacia la Sostenibilidad 2018-2021" / Costa Rica, un modelo sostenible de prevención combinada y atención a la población de hombres que tienen sexo con hombres (HSH) y mujeres TRANS.
Cuba	Diagnosis of Cuba's level of preparation for the transition of the Global Fund support /Plan de trabajo de Cuba para la transición del apoyo del Fondo Mundial
The DR	Dominican Republic Country Report - Transition Readiness Assessment
Honduras	Estrategia de la Sostenibilidad de la Respuesta Nacional al VIH y a la TB Honduras: / Análisis de riesgos hacia la sostenibilidad. Ruta Crítica del Plan de Trabajo para la Sostenibilidad
Jamaica	HIV/AIDS Program Transition from Donor Support. Transition Preparedness Assessment
Panama	Panama Country Report - Transition Readiness Assessment
Cambodia	Transition Readiness Assessment: Cambodia / Cambodia HIV Sustainability Roadmap
Malaysia	Evaluation of the GF-supported HIV Case Management Project for Key Populations in Malaysia / Transition Plan for Malaysia's Response to HIV among Key Populations
Philippines	The Philippines HIV/AIDS Program Transition from Donor Support. Transition Preparedness Assessment
Sri Lanka	SriLanka_Malaria_TRA_AMC review (Excel spreadsheet)