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HFG EASTERN AND SOUTHERN CARIBBEAN FINAL REPORT



USAID's Health Finance and Governance (HFG) project helps to improve health in developing countries by expanding people's access to health care. Led by Abt Associates, the project team works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions.



ABOUT THE HEALTH FINANCE AND GOVERNANCE PROJECT 2012-2018

The Health Finance and Governance (HFG) Project works to address some of the greatest challenges facing health systems today. Drawing on the latest research, the project implements strategies to help countries increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. The project also assists countries in developing robust governance systems to ensure that financial investments for health achieve their intended results.

With activities in more than 40 countries, HFG collaborates with health stakeholders to protect families from catastrophic health care costs, expand access to priority services – such as maternal and child health care – and ensure equitable population coverage through:

- Improving financing by mobilizing domestic resources, reducing financial barriers, expanding health insurance, and implementing provider payment systems;
- Enhancing governance for better health system management and greater accountability and transparency;

- Improving management and operations systems to advance the delivery and effectiveness of health care, for example, through mobile money and public financial management; and
- Advancing techniques to measure progress in health systems performance, especially around universal health coverage.

The HFG project (2012-2018) is funded by the U.S. Agency for International Development (USAID) and is led by Abt Associates in collaboration with Avenir Health, Broad Branch Associates, Development Alternatives Inc., the Johns Hopkins Bloomberg School of Public Health, Results for Development Institute, RTI International, and Training Resources Group, Inc.

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To learn more, visit www.hfgproject.org





CHALLENGES

When HFG started working in the Eastern and Southern Caribbean, the region had begun making significant progress in combatting HIV. The Caribbean achieved a decline in HIV prevalence, from 1.3 percent to one percent, between 2001 and 2012 (CARICOM, PANCAP 2014). During this time, new infections were reduced by 52 percent, and treatment coverage rates improved.

The region continues to strive towards the goal of ending AIDS as a public health threat by 2030. The HIV epidemic remains the Caribbean's leading cause of adult mortality and progress on HIV outcomes has stagnated.

Countries had long relied on donor aid to support HIV programs, particularly to procure antiretroviral (ARV) medicines, develop human resources for health capacity, and reach key populations. In recent years, donor funds for HIV programs have decreased across the Caribbean while domestic investments for the HIV response have increased. As external funders continue to pull out of the region, it is critically important for countries to sustain health gains and increase investments in national HIV responses.

In 2013, stakeholders at the national and regional levels called for USAID support to boost sustainability of the region's HIV response and prevent backsliding in the fight against the epidemic. Countries prioritized the need to build their capacity to govern and sustain HIV programs, including by investing in health financing systems and continuing to increase domestic resources for HIV. Countries also sought to improve their understanding of HIV and health financing needs and challenges, develop capacity to use financial data for planning, and create a comprehensive approach to sustainability planning.

At the regional level, the Pan Caribbean Partnership Against HIV/AIDS (PANCAP) and the University of West Indies' Health Economics Unit (UWI-HEU) – both initially founded primarily with donor support – sought our assistance to sustain regional leadership and improve capacity in using health financing data and convening regional stakeholders to share lessons learned.



CHANGE

Since 2013, we have worked with 11 country governments and a range of other partners in the Eastern and Southern Caribbean to help shape the future of country-owned HIV and health programs. We aimed to strengthen health finance and governance capacity at both the national and regional levels. As donors withdraw from the region, our support has been critical to boosting the long-term sustainability of HIV and other health programs that prevent illness and save lives.

With our assistance, countries in the region have made strides toward achieving sustainability through strategies such as improving the use of data for planning and resource-allocation decisions, increasing domestic financing for HIV prevention and treatment, and seeking efficiency in service delivery models. In several countries, ministries of health now have improved financial management capacity and are using financial data and analysis for policy and planning. In

addition, national HIV programs are better prepared to provide strategic leadership, coordinate national multisectoral responses, and ensure that civil society continues its critical engagement in combatting HIV. Governments have increased their share and amounts of financing of the HIV response. Importantly, countries are now regularly sharing successful approaches and tools with other nations in the region.

At the regional level, our assistance has contributed to strengthening regional capacity to sustain the HIV response. Notably, the Pan Caribbean Partnership Against HIV and AIDS has increased its capacity to mobilize new sources of funding and continues to provide strategic leadership.

This report describes how HFG has made a difference in the region's efforts to increase the sustainability of HIV and health programs. Key results over the past five years are described below.

STRENGTHENING COUNTRY-OWNED HIV RESPONSES IN THE EASTERN AND SOUTHERN CARIBBEAN REGION



HFG collaborated with national and regional partners to strengthen the sustainability of the HIV response in 11 countries.



An ARV-dispensing pharmacy in Suriname. HFG conducted an efficiency study of the supply chain for ARVs and other HIV-related supplies to support the government's efforts to find savings.

MAKING A DIFFERENCE



RESULT AREA I National HIV/AIDS programs are better prepared to transition away from donor funding

We supported countries to plan for the future sustainability of HIV and health programs. As a result, national HIV/AIDS programs are better prepared to transition away from donor funding.

Assessing national responses to HIV

We collaborated with ministries of health and other partners in Barbados, Guyana, Suriname, and Trinidad and Tobago to build each country's capacity to assess its HIV response and develop strategic sustainability plans. To ensure national ownership, our assistance included providing guidance on the establishment of national sustainability planning committees. Specifically, we supported each country to conduct a Sustainability Index and Dashboard (SID) exercise, an important assessment tool for sustainability and transition planning.

Conducting the SID exercise helped each country assess its HIV response and health system, with inputs from and endorsement of GFATM, PAHO/WHO, UNAIDS, USAID, and country counterparts. The results are presented in a dashboard that is easy for stakeholders to share and understand.

With our support, ministries of health now have the capacity to conduct SID assessments and understand their value as a tool for multi-sectoral planning.

In Trinidad and Tobago, the Ministry of Health's National AIDS Program and the National AIDS Coordinating Committee led the Sustainability Assessment, using the Sustainability Index and Dashboard (SID) approach. Given the importance of treatment adherence to the Treat All approach, HFG developed an additional component to the assessment that is not part of the PEPFAR template – an assessment of psychosocial support for PLHIVs. The resulting SID was a comprehensive assessment of the sustainability of the response which helped stakeholders to consider priority areas for strengthening, particularly in the waning years of donor support. Among other priorities, quality of care, sustainable financing, and lab capacity were deemed priority areas for attention and investment. The research and survey to assess psychosocial support was the first of its kind in the country and region. Respondents identified a range of available services, including many that are HIV specific or sensitive. High levels of government funding for these services is another strength of the response, but scores in other areas are low, suggesting the need to strengthen policy, coordination and referral mechanisms as well as human resource capacity to deliver some services.

“The technical assistance from HFG to the Ministry of Public Health has been invaluable. Effective technical assistance produces actionable, useful and truly beneficial results to the recipient (s). This one surely has delivered on all fronts.”

~ Dr. Morris Edwards, Director, Health Sector Development Unit, Ministry of Public Health, Guyana

TRINIDAD AND TOBAGO'S 2016 SUSTAINABILITY INDEX AND DASHBOARD (SID)

SID Elements	2016
Governance, Leadership, and Accountability	
1. Planning and Coordination	9.70
2. Policies and Governance	6.32
3. Civil Society Engagement	9.17
4. Private Sector Engagement	3.70
5. Public Access to Information	7.00
National Health System and Service Delivery	
6. Service Delivery	6.94
7. Human Resources for Health	7.50
8. Commodity Security and Supply Chain	9.39
9. Quality Management	1.62
10. Laboratory	4.17
Strategic Investments, Efficiency, and Sustainable Financing	
11. Domestic Resource Mobilization	5.28
12. Technical and Allocative Efficiencies	3.56
Strategic Information	
13. Epidemiological and Health Data	7.18
14. Financial/Expenditure Data	4.58
15. Performance Data	6.77
Sustainability Element Score Criteria	
Dark Green Score (8.50-10.00 pts) (sustainable and requires no additional investment at this time)	
Light Green Score (7.00-8.49 pts) (approaching sustainability and requires little or no investment)	
Yellow Score (3.50-6.99 pts) (emerging sustainability and needs some investment)	
Red Score (<3.50 pts) (unsustainable and requires significant investment)	

HFG-Supported HIV National Sustainability Plans are:

- 1) **Country owned**; led by national level institutions, with multi-stakeholder, multi-sectoral contributions
- 2) **Evidence-based**; using data from the country, developing strategies based on global evidence of what works
- 3) **Responsive**; tailored to the disease profile, addressing the needs of key populations
- 4) **Actionable**; with a framework that includes an annual costed work plan
- 5) **Measurable**; each plan contains measurable indicators with annual milestones
- 6) **Accountable**; stakeholders and institutions commit to lead or contribute to each aspect of the plan as appropriate, and an institution is assigned to monitor implementation

Developing critical plans to sustain the HIV response

A recent study found that a deliberate effort to develop and implement sustainability plans increases the possibility of successful transitioning from Global Fund financing.¹ We worked with ministries of health and other stakeholders in Guyana, Suriname, and Trinidad and Tobago to build consensus and draft national sustainability plans. With our support, these three countries now have realistic, five-year plans that include inputs from key stakeholders and partners. In Guyana, the first year work plan has been developed and costed, and implementation is underway.

The plans help stakeholders, including development partners, government bodies, and civil society organizations (CSOs), understand and play their respective roles in sustaining the HIV response in light of donor withdrawal. A range of development partners also have endorsed our sustainability planning framework, which can now be adapted for use in additional countries.

Seeking efficiencies and saving costs on life-saving HIV treatment

To further assist countries with the transition away from donor funding, we worked with ministries of health and other partners in Barbados and Suriname to conduct studies on the efficiency of supply chain management related to procuring antiretroviral (ARV) medicines for people living with HIV.

Assessment findings in Barbados revealed that the MOH could save more than \$1.9 million

annually by changing to a pooled procurement mechanism—joining other Caribbean countries when placing ARV orders. With HFG support, the MOH advocated in 2018 with the Barbados Ministry of Finance for these savings to be re-invested in the health sector once the switch is made. The change will be important for the sustainability of the country's HIV program.

Ensuring the future of civil society contributions to the response to HIV

In Barbados and Guyana, we supported the government's efforts to sustain civil society engagement in combatting HIV. CSOs, funded by external donors, have long provided essential HIV services for key populations such as men who have sex with men and commercial sex workers. Donor withdrawal threatens the sustainability of CSO engagement and the important outreach and HIV services they provide to key populations. There is evidence in international experience that when CSO support for key populations wanes after development partner withdrawal, HIV prevalence and other indicators may worsen.

To help sustain CSO engagement, we participated in a stakeholder workshop and collaborated with the Health Policy Plus (HP+) project and the Global Fund to support the Guyana Ministry of Public Health (MOPH) in advocating with the Ministry of Finance. The goal was to identify and to agree on a mechanism to earmark financing for direct contracting of CSOs under the national HIV program. The MOPH included social contracting of CSOs in its HIV sustainability plan. HFG advised on next steps with a technical brief and a proposed structure for a social contracting pilot.

¹ *Sustainability Review of Global Fund Supported HIV, Malaria and TB Programmes*, April 2013. Technical Evaluation Reference Group, The Global Fund to Fight AIDS, Tuberculosis and Malaria.

“The PANCAP Resource Mobilisation Strategy 2018-2020 is serving as a tool for resource mobilization for the Caribbean Region. The PANCAP CVC COIN proposal to the Global Fund requested support for activities aligned with 4 of the 6 components of the PANCAP RM strategy. PANCAP utilized the RM strategy to mobilise funding from the Global Fund and PEPFAR-USAID to recruit a Programme Manager for Partnerships and Resource Mobilisation to drive its implementation. We are confident that the strategy will enable us to tap into new funding sources including the private sector in the Caribbean.”

~ Dereck Springer, Director, PANCAP



RESULT AREA 2

Resource mobilization for the HIV response

We also helped countries mobilize additional resources that are urgently needed to sustain health and HIV/AIDS programs. With our support, countries have secured new donor funding for health and HIV, used Health Accounts data to fuel policy and planning, and increased capacity in domestic resource mobilization.

Building effective relationships for improved government financing

HFG facilitated a two-day workshop on domestic resource mobilization for health, with 32 representatives of MOHs, ministries of finance, national AIDS programs, country coordinating mechanisms, and national AIDS committees from Barbados, Trinidad and Tobago, Suriname, and Guyana. The HFG “Ministry of Health–Ministry of Finance Toolkit” was one of several tools presented at the workshop. All countries identified challenges to HIV programming sustainability and developed action plans to support the sustainability and acceleration of achievements made in HIV programming. This contributed to their ongoing efforts to mobilize resources domestically for health.

In order to broaden exposure to domestic resource mobilization and other strategies for strengthening the sustainability of the HIV

response, HFG partnered with PANCAP and led a webinar which was attended by stakeholders from throughout the region. In September 2018, HFG facilitated a virtual workshop for policy makers from MOHs, MOFs and aids program managers of four countries to share experiences and build knowledge and skills on developing an investment case for HIV, engaging civil society and establishing key performance indicators for social contracting

Making the case for a \$5.3 million multi-country Global Fund grant

An important achievement for the region was securing a \$5.3 million Global Fund grant that will contribute to sustaining the HIV response in the Organization of Eastern Caribbean States (OECS). Working with ministries of health in six countries, we helped develop investment cases that served as powerful advocacy tools when applying for the multi-country grant.

To develop the investment cases, we collaborated with stakeholders in Antigua and Barbuda, Dominica, Grenada, St. Kitts and Nevis, St. Lucia, St. Vincent, and the Grenadines to collect information and create models showing the impact of different funding levels on HIV outcomes. The investment cases helped countries and development partners

to understand future resource needs and the impact on numbers of new HIV cases and deaths to be expected with different funding levels and uses, such as prevention versus care. We also worked with the OECS Regional Coordinating Mechanism to fold results into one multi-country GFATM concept note. Figures 1 and 2

below illustrate the modelling of projected AIDS deaths with the scenarios of maintaining current programming levels versus scaling up to reach the stated goals of 90-90-90 (Figure 1) and the corresponding resource needs relative to total resources available, including government, donor, and private sector funding (Figure 2).²

FIGURE 1: ESTIMATED AIDS DEATHS IN THE OECS: 2015-2030

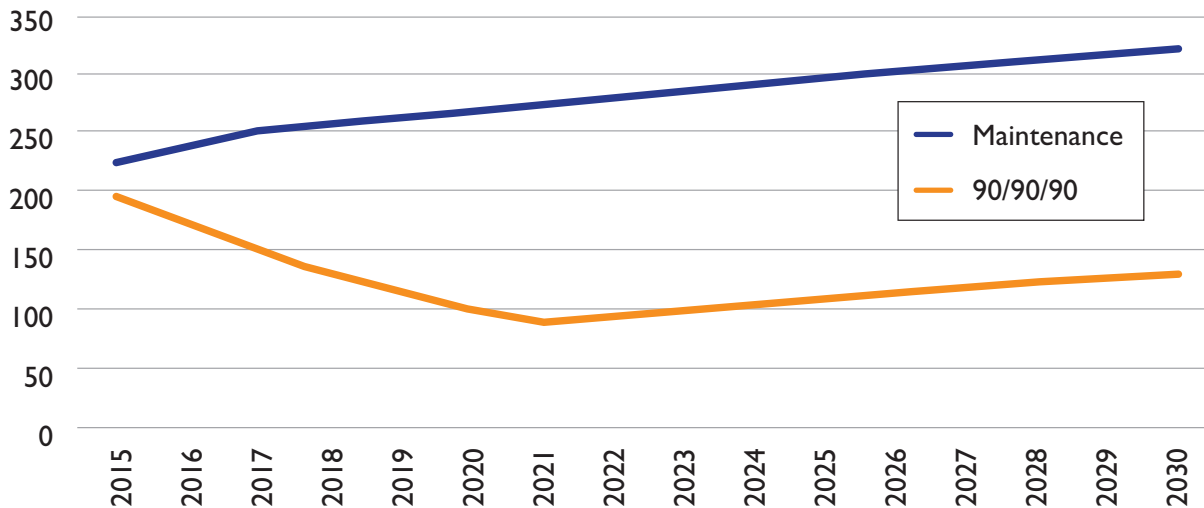
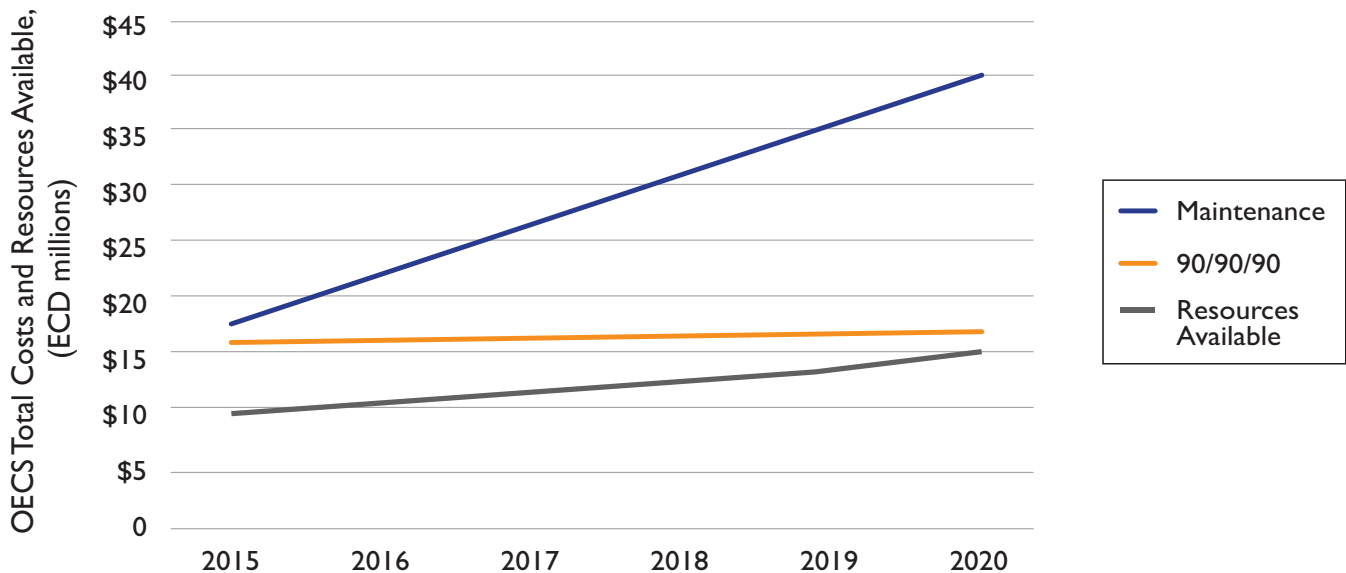
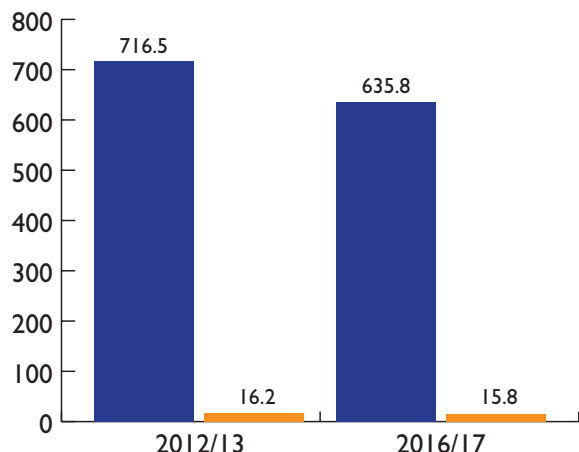


FIGURE 2: ESTIMATED TOTAL COSTS VERSUS RESOURCES AVAILABLE FOR OECS COUNTRIES' HIV RESPONSE (ECD MILLIONS)



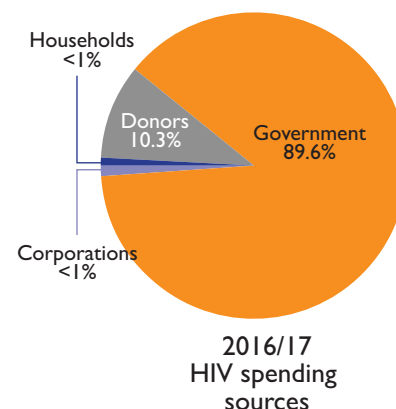
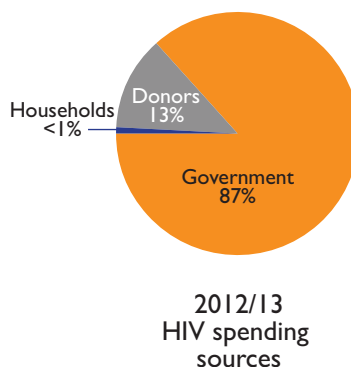
² Conklin, Elizabeth, Hamilton, Matt and Tarantino, Lisa. Health Finance & Governance Project, December 2014. *Sustaining the HIV and AIDS Response in the Countries of the OECS: Regional Investment Case Analysis*. Bethesda, MD: Health Finance & Governance Project, Abt Associates Inc.

Health Accounts: health spending fell by 11% between 2012/13 and 2016/17... driven by 20% fall in MHW spending



How sustainable is HIV spending?

- HIV spending represents 3% of total current health spending
- Government still commits to the majority of HIV spending



Using Health Accounts data to fuel policy and planning

With our support, the region has a better capacity to use Health Accounts data to understand where funding for health is coming from and where it is spent. The governments of Barbados, Guyana, St Vincent and the Grenadines, Suriname, and Trinidad and Tobago are using Health Accounts results to inform health policy and the development of HIV sustainability plans.

We worked to build the capacity of University of West Indies' Health Economics Unit as a regional institution to support Health Accounts exercises

in the region. Our support to UWI included co-training country health accounts teams and serving as a mentor and quality advisor to UWI and country teams in the data collection, data analysis, and report writing stages. UWI is now leading a Health Accounts exercise in Grenada on its own, without HFG project support.

In Barbados, the results of a 2014 Health Accounts estimation helped spark a wider conversation on health financing and health budget needs, resulting in a sugar-sweetened beverage tax. The Ministry of Health is advocating for the additional revenue generated from the

A global seismic shift in HIV funding

Development partners plan to withdraw millions of dollars (US\$) worth of support from the Caribbean over the next few years. The private sector and foundations will not replace nearly those levels of funding. Nor will they contribute in the same ways, for the same things. Governments in the Caribbean, and elsewhere, are increasing their ownership of the response, including funding levels, particularly in PEPFAR funded countries, over time. This is difficult - given the higher proportionate burden on LMIC budgets - but necessary to prevent a loss of control over the epidemic.

~ Pan Caribbean Partnership Against HIV and AIDS Resource Mobilization Strategy (2018-2020)

tax to be used to augment domestic resources available for the health sector. A second Health Accounts estimation of 2016/2017 health spending further informed analysis of spending trends, and greater understanding of funding that will be needed to replace current PEPFAR funding when PEPFAR ends programming as intended at the end of 2020.

Positioning PANCAP to mobilize new resources

With our assistance, the Pan Caribbean Partnership Against HIV and AIDS, an important regional partnership, has a new strategy for mobilizing resources to sustain its HIV response. The strategy will enable PANCAP to help sustain the fight against HIV in the region. Stakeholders have reaffirmed the continued value of PANCAP, even as its main source of funding from development partners is projected to decline.

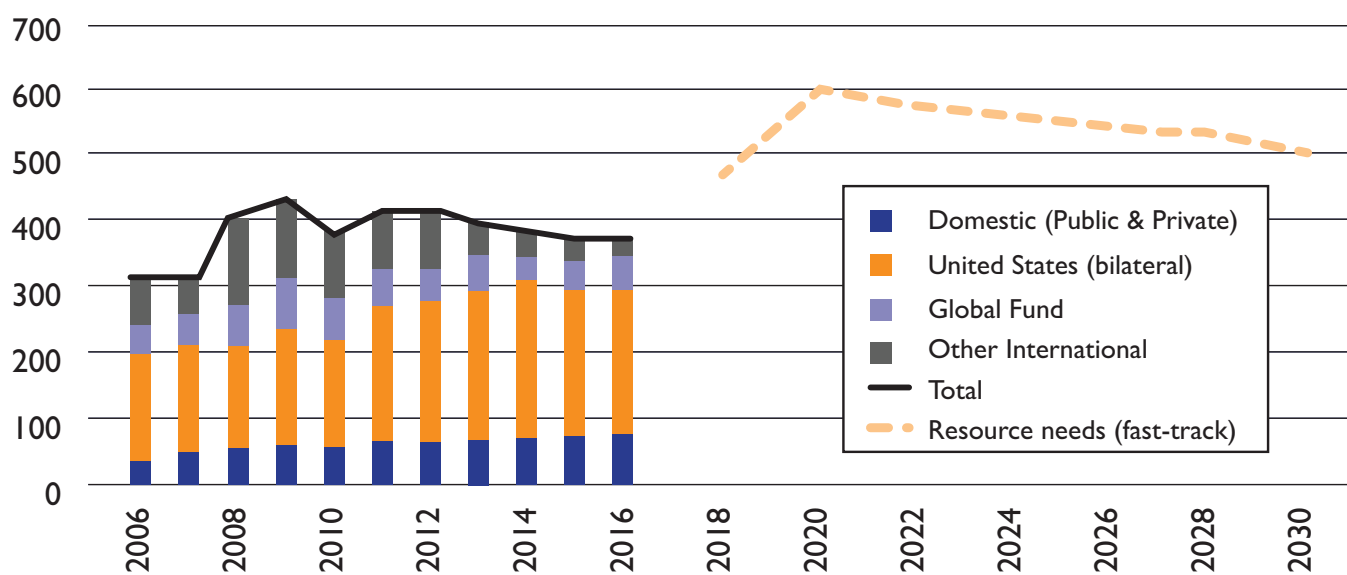
We led a consultation with the PANCAP Resource Mobilization advisory group and other stakeholders, and developed a Resource Mobilization Strategy and implementation plan. The strategy, endorsed by the Caribbean Community (CARICOM), positions PANCAP to continue its essential role in strengthening the

region's HIV response with research, information sharing, resource mobilization and advocacy. We supported the drafting of the 2018 PANCAP CVC COIN Global Fund proposal in support of funding the regional response.

The Resource Mobilization Strategy guides PANCAP to achieve the objectives of:

1. Securing adequate funding levels to meet the needs of PANCAP members and the PANCAP Coordinating Unit (PCU) as the secretariat of the partnership.
2. Securing ongoing, non-project-based funding for core functions of PANCAP.
3. Diversifying funding to mitigate risk and promote financial sustainability.
4. Defining how the implementation of this strategy should be realized.

CARIBBEAN HIV FUNDING (USD MILLIONS)



Insanally, Sarah, and Lisa Tarantino. April 2018. Pan Caribbean Partnership against HIV and AIDS Resource Mobilization Strategy (2018-2020). Bethesda, MD: Health Finance & Governance Project, Abt Associates Inc.



Ms. Delcora Williams (center), National AIDS Program Director, Antigua and Barbuda, with colleagues at a 2014 stakeholder consultation on priority needs of the HIV response.



RESULT AREA 3

Strengthened national and regional governance of the HIV response

We helped countries integrate the HIV response into the health system and develop country-owned policies and governance mechanisms that are essential for sustainability.

With our support in drafting a new National HIV/AIDS Policy, Trinidad and Tobago has a stronger enabling environment and increased capacity to implement the policy. To develop the country's first policy, we collaborated closely with the government through a collaborative, multi stakeholder process and develop drafts of the policy. As a parallel activity in Trinidad and Tobago to strengthen the governance of the HIV response, we led a consultative and policy-driven process to develop a response to questions from the Chief Parliamentary Counsel in support of the establishment of the country's National AIDS Coordinating Committee as a statutory body. This strengthening of the institutional foundation of the body will help preserve it from changes in political winds and priorities.

In Guyana, we drafted the terms of reference and supported with technical assistance the development of a national high level committee for sustainability, a multi-sectoral supervisory body to develop, monitor and implement a national HIV sustainability plan.

At the regional level, we advised on establishment, composition, role and functioning of a Resource Mobilization Advisory group for PANCAP. This group meets regularly and has served an important function in expanding the partnership's outreach to non-traditional funders such as the commercial private sector and private foundations. The HFG project worked closely with national delegations from the Caribbean and other development partners at the 2017 Latin America and Caribbean III meeting (LAC III) to draft the "Call for Action: Third Latin American and Caribbean Forum - Port-Au-Prince, 6-8 November 2017, 'Road To Ending Aids In LAC – Towards Sustainable Regional Fast Track Targets.'"

LOOKING FORWARD



SUSTAINABILITY

With improved capacity and strong national and regional plans and approaches in place, countries of the Eastern and Southern Caribbean are poised to make a successful transition from donor funding to sustain critical HIV and health programs. There is strong momentum at the regional and national levels to continue collaborating across countries and sectors, mobilizing new resources, and implementing sustainability plans. All countries in the region are now part of a regional response that is collaborating to increase sustainability of HIV and other health programs in the region. Notably, countries have committed to working together and sharing approaches for sustainability at the regional level while also working across ministries and sectors to sustain national programs.

PANCAP is well positioned to sustain progress and mobilize new resources for HIV programs. PANCAP's Resource Mobilization Advisory

Group and Coordinating Unit and Priority Areas Coordinating Committee have already started implementing the new resource mobilization strategy and are currently working to recruit a resource mobilization advisor to lead the strategy.

To successfully build on the progress described in this report, countries need further support to develop and implement priority strategies the sustainability plans. For example, development partners can support technical assistance to strengthen government financing mechanisms for non-government providers of HIV services. Countries will also benefit from investing in their own information systems and increasing use of financial data for decision making. It will also be important for countries to continue sharing tools and lessons learned with other countries and to build on collaborative approaches to benefit the entire region.



Members of the technical team responsible for implementing the Guyana National Health Accounts.



LESSONS LEARNED

- **Fostering collaboration is key to building a strong regional response.** Our project brought together a wide range of stakeholders from different countries and sectors—many of whom had not worked together previously—to come up with solutions that will impact the future of the region’s HIV response. Engaging development partners, donors, multilateral organizations, and government stakeholders working in health, finance, and other sectors resulted in a stronger multisectoral response in the region. With formal mechanisms now in place, countries and stakeholders can continue to leverage this collaboration to benefit families and communities across the region.
- **Coupling national with regional strategies is essential for small countries.** To meet specific challenges and leverage opportunities of working with small island nations, our efforts prioritized both national and regional approaches. We supported national strategies tailored to each country context while also establishing programs and platforms and building capacity at the regional level. Many of these small nations now have plans in place that are supported by a strong regional approach for sustainability.
- **Developing and sharing model approaches provides a roadmap for countries to follow.** From the outset, we supported country approaches that could serve as models for other countries in the region. It was beneficial for countries to document successful processes and lessons learned and share tools and experiences with other nations where the approaches could be adapted. Our tools and lessons learned have been recognized as regional public goods for the Caribbean HIV response, with national counterparts sharing their experiences in regional forums for peer learning. For example, Guyana stakeholders regularly shared their lessons and expertise on sustainability planning with other countries through regional and international meetings. Following the Guyana experience, Trinidad and Tobago and Barbados are adapting the Guyana approach for their own context for sustainability planning.



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