TOWARD COUNTRY-OWNED HIV RESPONSES: WHAT STRATEGIES ARE COUNTRIES IMPLEMENTING TO ACHIEVE SUSTAINABILITY?

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The Health Finance and Governance Project

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.

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TOWARD COUNTRY-OWNED HIV RESPONSES:

WHAT STRATEGIES ARE COUNTRIES IMPLEMENTING TO ACHIEVE SUSTAINABILITY?

EXECUTIVE SUMMARY

As decreases or cessation of donor funding for Human Immunodeficiency Virus (HIV) looms, countries are faced with the urgent need to plan for the sustainability of their HIV responses. Health Finance & Governance (HFG) has helped more than 30 countries over the past six years to design and implement strategies to ensure successful transitions from donor-supported to country-owned HIV responses. HFG supported activities in six main interrelated categories: financing data for decision making; sustainability planning and financing strategies; service delivery and Antiretroviral drugs (ARV) supply; health insurance and strategic purchasing; workforce and efficiency; and institutional capacity building.

This demand for health system strengthening support for HIV reveals the breadth and depth of expertise that is needed to ensure that countries are ready to finance and lead their HIV responses with little or no outside support. It also shows a recognition by countries and donors of the importance of deliberate transition planning with associated technical assistance and resources.

Although much progress has been made, in most countries there is still a need for technical assistance and especially institutional capacity building so they can continue the planning process successfully. It is also critical that transition plans include explicit strategies for sustaining community-based outreach and prevention services in addition to facility-based care and treatment. The next few years of transition planning and implementation will be crucial for ensuring that countries sustain and expand the gains accomplished in the past 15 years and for their achievement of HIV epidemic control.

1. INTRODUCTION

Over the last 15 years, initiatives such as the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund for Tuberculosis, AIDS, and Malaria have enabled tremendous global progress toward HIV epidemic control: More than 21 million people have been placed on life-saving antiretroviral therapy[1] (ART), and the number of new infections per year has declined from 3.4 million in 1996 to 1.8 in 2017[2]. However, given recent trends of declining donor funding for HIV, this progress will be at risk if countries in Africa, Asia, and Latin America and the Caribbean are not able to finance their own HIV responses. From 2014 to 2016, donor funding for HIV declined by approximately 19 percent, falling from US$8.6 billion to US$7 billion[3], and this decline is expected to accelerate in the next few years. As a result, countries and donors are increasingly recognizing the need for strengthening the sustainability of HIV responses to maintain and scale up gains.

In the past six years, HFG has worked with more than 30 countries to strengthen key health system pillars with the goal of improving the sustainability of their HIV response. Based on this experience, HFG analyzed the demand for health system strengthening support for HIV, which includes the strategies that HFG-supported countries are using to plan and prepare for transition. This brief presents the findings of this analysis, which include a wide range of activities related to different technical areas such as health financing, governance, and human resources for health (HRH). Many of the lessons learned from undertaking this type of health systems strengthening work in countries is similar in other technical areas where HFG has been active, and throughout this document we refer the reader to other briefs in the HFG's Advances in Health Finance & Governance series, covering nine core areas[4].

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[1] World Health Organization, "HIV/AIDS [Fact Sheet], (July 2018), http://www.who.int/news-room/fact-sheets/detail/hiv-aids

[2] Joint United Nations Programme on HIV/AIDS (UNAIDS), "Global HIV & AIDS Statistics [2018 Fact Sheet], (2018), http://www.unaids.org/en/resources/fact-sheet

[3] UNAIDS and The Henry J Kaiser Family Foundation, *Donor Government Funding for HIV in Low- and Middle-Income Countries in 2016*, (2017).

[4] The nine areas are: domestic resource mobilization, strategic health purchasing, health financing strategies, expanding coverage through health insurance, financial data for decision making, governance, institutional capacity building, workforce and efficiency, and building understanding for universal health coverage.

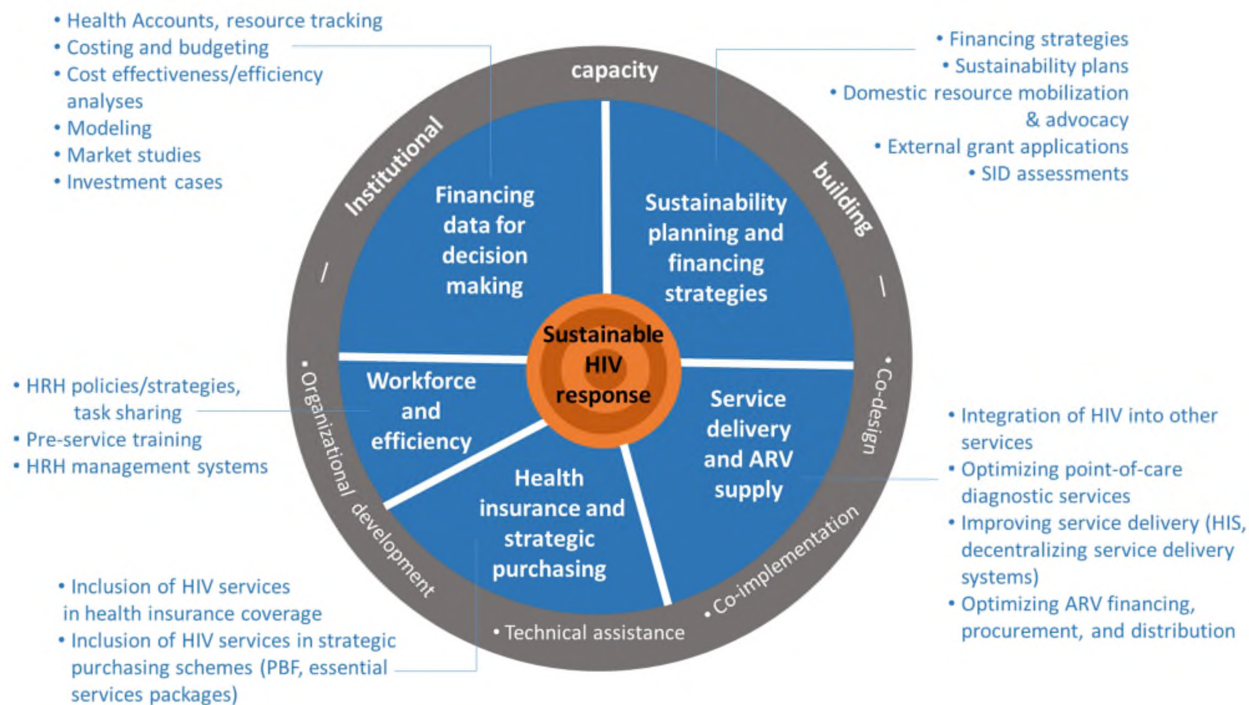
2. FINDINGS

Over the course of HFG's six years, the project received more than US$71 million in PEPFAR funding to improve HIV responses by strengthening health systems. Much like HFG's overall portfolio, the project activities have helped countries implement a broad range of strategies to enhance the sustainability of their HIV response with a strong emphasis on health financing. At the end of the project's sixth and final year, we have categorized these activities using the nine core areas from HFG's Advances in Health Finance & Governance series as a starting point. After making a few adjustments to better align the categories with the identified activities (i.e., adding the service delivery and ARV supply category, combining or removing others), we have arrived at the following categories:

- Financing data for decision making
- Sustainability planning and financing strategies
- Service delivery and ARV supply
- Health insurance and strategic purchasing
- Workforce and efficiency
- Institutional capacity building

The combination of activities implemented varied from country to country and was based on the needs and priorities of each country. Figure 1 summarizes the main activities that HFG helped implement under each of these categories. The relative size of each category approximately represents the proportion of activities in each, with institutional capacity building presented as cross-cutting. Although in the figure the categories are presented as distinct, they are in fact very closely interrelated and not mutually exclusive. For example, financing data for decision making was a first step for activities in virtually all other categories: The data were used as the basis for sustainability plans and financing strategies, to inform the design and implementation of health insurance and strategic purchasing schemes, and to identify efficiencies in service delivery and ARV supply. In turn, sustainability plans and financing strategies often included components from other categories, such as including HIV services in health insurance and strategic purchasing schemes and optimizing ARV supply and service delivery. Most countries implemented multiple activities and from various categories as part of a multi-pronged strategy to prepare themselves for the transition to country-owned HIV responses (see Boxes 1 and 2 for examples from Vietnam and Nigeria).

Figure1 . Categories of HIV sustainability activities



Financing data for decision making

The project helped countries generate vast amounts of financing data, which in turn helped inform activities in other categories. Figure 1 lists the most requested data-producing activities under this category. For example, in several countries (Barbados, Eastern Caribbean, Botswana, Burundi, Cambodia, Ethiopia, Haiti, Namibia, Nigeria, and Vietnam), HFG helped carry out Health Accounts or National AIDS Spending Assessments to inform key policies and decisions related to HIV services such as domestic resource mobilization and allocation. In other countries (Ethiopia, Côte d'Ivoire, South Africa, Vietnam), HFG helped cost HIV services to support their inclusion in health insurance schemes. Data generation was at the core or part of virtually every activity. Countries and donors understand that in order to effectively plan for a country-owned HIV response, they need to make well-informed financing decisions based on evidence. HFG has collected its lessons learned specific to ensuring that financing data are used in the Advances in Health Finance & Governance brief on Data for Decision Making[5].

[5] Karishmah Bhuwanee, Stephen Musau, and Heather Cogswell, *Beyond Production: Using Health Financing Information to Inform Decisions that Improve Health Systems*, (Rockville, MD: Health Finance & Governance Project, Abt Associates, April 2018), https://www.hfgproject.org/beyond-production-using-health-financing-information-to-inform-decisions-that-improve-health-system/

Sustainability planning and financing strategies

While in some countries HFG supported discrete activities related to sustainability, in many countries (Barbados, Botswana, Dominica, Guyana, Haiti, Côte d'Ivoire, Nigeria, and Suriname), the project helped the Ministry of Health (MOH)—in the case of Nigeria, at the state level—develop comprehensive sustainability plans and/or financing strategies for HIV. In most cases, the health financing data generated under the previous category served as the basis for these plans or strategies. For example, resource tracking or costing exercises helped countries determine the actual cost of their HIV response and plan how to mobilize enough resources. Domestic resource mobilization was a significant component of most countries' sustainability plans and financing strategies.

In Nigeria, HFG helped state agencies for the control of HIV/AIDS advocate with state governments for increased HIV funding by developing investment cases and advocacy briefs and training civil society organizations in advocacy. In Nigeria, Côte d'Ivoire, and the Caribbean, the project supported the central MOH to use data to advocate for domestic funding for HIV from the Ministry of Finance or central governments. This support included establishing technical working groups on domestic resource mobilization for HIV and building their capacity, tailoring and packaging data to each audience, and creating tools to improve the communication between the MOH and the Ministry of Finance.

For lessons learned from HFG's wide experience supporting domestic resource mobilization efforts, please refer to the HFG brief on securing domestic financing[6]. In the Caribbean, HFG's support to sustainability planning included developing a regional HIV sustainability plan, helping MOHs carry out PEPFAR Sustainability Index Dashboard (SID) assessments to inform the plans, and generating evidence to inform individual countries' sustainability planning (i.e., Health Accounts for HIV, financial modeling of HIV Strategic Plan).

In Vietnam, to support the inclusion of HIV services in social health insurance (SHI) as the country's main sustainability strategy, HFG developed projection models for overall SHI liability and for HIV-related liabilities. HFG's work on sustainability planning and developing financing strategies for HIV shows that countries are eager to prepare for decreasing or ceased donor funding to ensure that they can continue or scale up HIV treatment and prevention and stay on course for epidemic control.

Service delivery and ARV supply

In order to strengthen the financial sustainability and effectiveness of their HIV responses, many countries looked to improve the cost effectiveness of their service delivery and ARV supply. In Nigeria, Tanzania, Ukraine, Vietnam, and Zambia, HFG helped the MOH generate evidence for, and in some cases implement, integration of HIV into other health services such as primary health care and tuberculosis. Project activities included costing and cost-effectiveness studies, as well as designing and implementing integration models.

In Kenya and Malawi, HFG helped conduct cost-effectiveness, market, and feasibility analyses to inform the optimal establishment or scale up of point-of-care viral load services. In order to reduce the costs related to ARV supply, HFG worked with the governments in Caribbean countries, Côte d'Ivoire, the

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[6] Sharon Nakhimovsky and Elaine Baruwa, *Securing Domestic Financing for Universal Health Coverage: Lessons in Process* (Rockville, MD: Health Finance & Governance Project, Abt Associates, April 2018), https://www.hfgproject.org/securing-domestic-financing-universal-health-coverage-lessons-process/

Dominican Republic, and Vietnam to improve the efficiency and accountability of ARV financing, procurement, and distribution. For example, in Vietnam HFG designed a roadmap for establishing a central procurement unit for ARVs, and in the Dominican Republic the project supported the establishment of an international acquisition unit within the public medication and supplies procurement agency for procurement of medicines and supplies for HIV and other programs.

These activities show that although service delivery support is usually associated with on-site direct service delivery (i.e., actual delivery of services by partners), there are many health system strengthening components to service delivery that are vital for ensuring the sustainability of HIV services.

Health insurance and strategic purchasing

In Ethiopia, South Africa, and Vietnam, a key component of the financing strategy for HIV is integrating HIV services into health insurance schemes. HFG helped these countries on critical tasks such as estimating the overall costs of shifting HIV care to national health insurance, costing and determining benefit packages, and designing models for subsidizing insurance premiums and copayments to be implemented at subnational levels.

The project also supported advocacy to remove policy barriers for including HIV care in health insurance coverage and worked with HIV service providers to ensure they were prepared to participate in the insurance schemes. In Côte d'Ivoire, HFG helped develop a performance-based financing model to reduce barriers to efficient HIV service delivery. In Botswana, HFG worked with the Ministry of Health and Wellness to develop a health financing strategy as well as a health insurance blueprint to guide the country in making policy decisions regarding the financing of HIV services and health generally.

HFG's lessons learned on health insurance and strategic purchasing can be found on the HFG briefs on these two topics[7].

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[7] Hailu Zelelew, Nathan Blanchet, and Andrew Won, *Expanding Coverage Through Health Insurance: An Ongoing Process*, (Rockville, MD: Health Finance & Governance Project, Abt Associates, April 2018), https://www.hfgproject.org/expanding-coverage-through-health-insurance-an-ongoing-process/

Cheryl Cashinl, Rena Eichler, and Lauren Hartel, *Unleashing the Potential of Strategic Purchasing*, (Bethesda, MD: Health Finance & Governance Project, Abt Associates, February 2018), https://www.hfgproject.org/unleashing-potential-strategic-purchasing/

WHAT DOES A MULTI-PRONGED SUSTAINABILITY STRATEGY LOOK LIKE? THE CASE OF VIETNAM

When HFG partnered with the Government of Vietnam in 2014, the country was facing a fast-approaching end in development assistance. Faced with heavy reliance on (>70% of the HIV program, Ministry of Health, 2018; National Health Accounts 2013–2015, Government of Vietnam) and declining donor funding, the government requested HFG technical assistance in planning for the sustainability and transition of the HIV/AIDS response to be financed domestically and primarily by SHI. HFG's support to the Government of Vietnam included a comprehensive transitional strategy with noteworthy accomplishments in the following areas:

1. **Financing data for decision making**: establishing an evidence base that SHI is a viable domestic financing mechanism
2. **Service delivery**: generating evidence and providing technical assistance to integrate HIV services into SHI-covered services, including cost-effectiveness analysis and determining optimal points of entry for integrated management
3. **Health insurance**: providing technical assistance to expand SHI coverage of HIV services and people living with HIV, including determining benefits packages, supporting advocacy and communications efforts, and forecasting SHI's expenditures and revenue
4. **ARV supply**: establishing centralized, government-led procurement of ARV drugs to decrease costs

For achievements and lessons learned from the HFG Vietnam program please refer to:

- Todini Nazzareno, Theodore M. Hammett, and Robert Fryatt, Integrating HIV/AIDS in Vietnam's Social Health Insurance Scheme: Experience and Lessons from the Health Finance and Governance Project, 2014–2017, Health Systems & Reform, 4:2, 114-124, DOI:10.1080/23288604.2018.1440346, (2018), https://www.hfgproject.org/integrating-hiv-aids-in-vietnams-social-health-insurance-scheme-experience-and-lessons-from-the-health-finance-and-governance-project/
- HFG Vietnam Final Country Report: https://www.hfgproject.org/hfg-vietnam-final-country-report/

Workforce and efficiency

In a few countries, HFG helped improve the sustainability of HIV service provision by implementing activities to strengthen the health workforce. In Côte d'Ivoire and Swaziland, HFG helped the MOH develop HRH plans with a focus on increasing recruitment and retention of staff in underserved areas to ensure the appropriate mix of health workers for effective delivery of ART services.

In Haiti, Côte d'Ivoire, and Swaziland, to strengthen the management of health workers and ensure better HRH allocation and performance, HFG helped improve HRH data and data systems. In Côte d'Ivoire, the project also supported the MOH and professional associations to successfully advocate for a task-sharing policy to expand the scope of nurses and midwives in ART provision and helped the MOH design and implement a preservice education program to build the capacity of nurses and midwives in HIV care and treatment.

All of these activities were aimed at ensuring that these countries have sufficient and appropriately trained HRH to continue delivering ART and other HIV care and services after donors phase out. The HFG brief on workforce and efficiency[8] provides lessons learned from the project's experience in this area, which are also applicable to the sustainability of HIV responses.

Institutional capacity building

An essential aspect of sustainability is leaving behind strong, capable institutions that can lead the HIV response with little or no outside technical assistance. As HFG helped countries implement the activities described in the previous categories, we did so in close collaboration with local counterparts such as the MOH, national HIV programs, and local governments to co-design and co-implement with the explicit intention of building their capacity to lead the activities. In addition, the project implemented activities whose sole purpose was to build the capacity of local institutions to play their roles in the HIV response effectively.

For example, to strengthen the ability of the Pan Caribbean AIDS Partnership to provide strategic leadership for the regional HIV response in the Caribbean, HFG provided organizational development technical assistance, including co-development of an orientation package, stigma and discrimination module, and resource mobilization strategy.

In Burundi, HFG built the capacity of the National HIV/AIDS Program (*Programme de la Lutte Contre le SIDA et les Infections Sexuellement Transmissibles*, PNLS) to exert its core functions through a capacity-building plan. The plan included activities such as developing the leadership and management skills of PNLS staff and developing a stakeholder engagement strategy and a supervision strategy.

The lessons collected through HFG's extensive work in institutional capacity building, which are also applicable to the HIV context, can be found on the HFG brief on Institutional Capacity Building[9].

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[8] Sarah Dominis, Kate Greene, and Ffyona Patel, *Making the Most of the Health Workforce*, (Bethesda, MD: Health Finance & Governance Project, Abt Associates, March 2018), https://www.hfgproject.org/making-health-workforce/

[9] Sara Bennet and Fred Rosensweig, April 2018. *Building Institutional Capacity for Stronger Health Systems*, (Rockville, MD: Health Finance & Governance Project, Abt Associates, April 2018), https://www.hfgproject.org/building-institutional-capacity-for-stronger-health-systems/

WHAT DOES A MULTI-PRONGED SUSTAINABILITY STRATEGY LOOK LIKE? THE CASE OF NIGERIA

Like Vietnam and other middle-income countries, the volume of development assistance flowing into Nigeria continues to fall, while the country still relies heavily (>70%) on external resources to finance its HIV response (Federal Republic of Nigeria. November 2017. *National Health Accounts 2010-2016*. Abuja, Nigeria). With approximately 3.2 million people living with HIV in Nigeria and only 4 percent of the government's annual budget allocated to the health sector (U. Udoma, *Public Presentation of the 2018 FGN Budget*. Presentation, 2018, Nigeria), the Government of Nigeria requested HFG's assistance in preparing for the transition of the HIV/AIDS response and ultimately its sustainability. HFG implemented a comprehensive strategy in Nigeria that included the following areas:

1. **Financing data for decision making**: generating evidence to support resource mobilization advocacy efforts (i.e., health accounts, HIV financing analysis) with an emphasis on tailoring the information generated to specific stakeholders
2. **Sustainability and financing strategies**: working with state governments to develop and implement domestic resource mobilization strategies, including developing resource mobilization technical working groups and placing a strong focus on data-driven advocacy
3. **Institutional capacity building**: building the capacity of domestic resource mobilization technical working groups and state-level health-related institutions to generate and use data to advocate for resources with state-level ministry of finance and government
4. **Health insurance**: advocating for the inclusion of HIV services in state-supported health insurance schemes using evidence, such as an actuarial analysis of adding HIV services including antiretroviral therapy, to the health benefits package

For achievements and lessons learned from the HFG Nigeria program please refer to:

- L. Peterson, Alison Comfort, Laurel Hatt, and Thierry van Bastelaer, "Extending health insurance coverage to the informal sector: Lessons from a private micro health insurance scheme in Lagos, Nigeria," *International Journal of Health Planning and Management,* 33:3 (2016): 662–676, DOI:10.1002/hpm.2519.
- Tejuoso Olanrewaju, Gafar Alawode, and Elaine Baruwa, "Health and the Legislature: The Case of Nigeria," *Health Systems & Reform*, 4:2, (2018): 62–64, DOI:10.1080/23288604.2018.1441622
- HFG Nigeria Final Country Report: https://www.hfgproject.org/hfg-country-final-reports/

3. CONCLUSIONS

After 15 years of donors funding most of the global HIV response—initially as an emergency response—we have reached a phase where major funders such as PEPFAR and the Global Fund are actually communicating specific or estimated timelines for phasing out. The demand for HFG support in HIV response sustainability shows that countries and donors understand that sustainability requires deliberate planning and dedication of resources.

Although most of the countries included in this analysis have dedicated bilateral projects supporting HIV service delivery, these countries have turned to HFG for help with planning for the finance and governance aspects of their sustainability. HFG's experience conducting this work indicates that effective transition planning of HIV responses is an extremely complex, multi-layered task, which requires a different set of expertise from the clinical aspects of service delivery. The categories identified in this analysis and their interconnectedness provide a glimpse into these complexities and the kind of expertise required.

Despite their variety, the strategies that countries are implementing to enhance sustainability can be viewed through the common lens of *integration*. Integration of HIV into other services at the site level is not a new concept. However, it is clear that in order to successfully achieve ownership, countries are looking at integration across all levels of the health system and government. In most donor-supported countries, HIV services were set up as vertical systems, and therefore many parallel institutions, systems, and bodies were created: HIV-focused community agents, HIV clinics, HIV commissions/programs at all levels of government, HIV-coordinating bodies, ARV procurement agencies and supply chain systems, etc. Now that funding for these parallel entities is nearing its end, countries are looking at ways to integrate them or their functions into other existing structures and systems: integrating HIV services into primary health care services and into health insurance or strategic purchasing schemes; integrating ARVs into the MOH's medicine procurement and supply chain; integrating HIV resource mobilization efforts into all health resource mobilization; or integrating separate HIV agencies into health agencies. As transition planning progresses over the next few years, we expect to see interesting integration models arising both at site level and above site.

It is also important to note that while most of the strategies discussed in this brief are aimed at ensuring the continuation or expansion of HIV care and treatment services, there is currently an apparent gap in sustainability planning related to community-based prevention services. These services are typically provided by donor-funded non-governmental organizations (NGOs) or civil society organizations, and are therefore more difficult to integrate into other government-provided health services. Community-based outreach and preventive services also tend to serve more key populations, such as men who have sex with men and commercial sex workers, who tend to be left out of the mainstream of government-led efforts, especially in countries where these groups are considered to be engaged in illegal practices. While some countries are beginning to think about strategies for sustaining these prevention services—such as direct government contracting with NGOs and civil society organizations—key barriers are being identified. For example, in many countries, there are legal and regulatory barriers for such contracting and/or distrust of these organizations from the part of the government. Moving forward, it will be crucial for donors and countries to turn more attention to planning for sustainability of

community-based outreach and prevention services to avert potentially devastating effects of their interruption on the course of the HIV epidemic and on the human rights of people living with HIV.

Over the past six years, HFG has helped more than 30 countries make significant progress toward enhancing the sustainability of their HIV response (see HFG Country Reports[10] for achievements of these activities). However, most countries still require more technical support to advance their finance and governance strategies toward full sustainability. Investments in institutional capacity building will be especially important to allow the countries to continue their transition planning with less or no outside assistance. Only then can we ensure that the investments made in the last 15 years will lead to achieved and sustained HIV epidemic control worldwide.

More information on lessons learned and best practices in sustainability planning for HIV can be found in the following documents:

Bennett S, S. Singh, S. Ozawa, N. Tran, J. Kang. "Sustainability of donor programs: evaluating and informing the transition of a large HIV prevention program in India to local ownership." *Glob. Health Action,* 2011, 4:7360.

Burrows D, G. Oberth, D. Parsons, and L. McCallum. "Transitions From Donor Funding to Domestic Reliance for HIV Responses: Recommendations for transitioning countries." Aidspan P.O. Box 66869-00800, Nairobi, Kenya, March 2016.

Duong B. D., D. T. Nhan, V. D. Long, N. Todini, D. D. Lam, N. T. Hien, B. Johns, and T. C. Dung. "Preparing for the Transition of HIV/AIDS Treatment Services from Donor to Domestic Resources in Vietnam: Results from an assessment of 4 provinces in Vietnam." Ministry of Health, Hanoi, Vietnam, 2016.

Vogus, Abigail and Kylie Graff. *PEPFAR Transitions: Lessons Learned through the Experience of Past Donor Transitions and Applications for the Eastern Caribbean*. Bethesda, MD: Health Finance and Governance and Strengthening Health Outcomes through the Private Sector Projects, Abt Associates Inc., December 1, 2014.

[10] https://www.hfgproject.org/hfg-country-final-reports/

BOLD THINKERS DRIVING
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