

Guidance for Sustainability and Transition Assessments and Planning for National HIV and TB Responses

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Prepared by Pharos Global Health Advisors on behalf of the Global Fund

Authors and Acknowledgements

This Guidance Tool was prepared by a team from Pharos Global Health Advisors, composed of Robert Hecht, Nathan Isaacs, and Shan Soe-Lin. This document builds on an earlier version of this guidance tool by Aceso Global and APMG Health Inc, which in turn drew upon other assessments (including the Curatio Foundation Transition Preparedness Tool and PEPFAR's Sustainability Index Dashboard). We would like to thank the Global Fund staff for their insights and facilitation.

Commissioned by the Global Fund, this Guidance is available to countries and stakeholders for their free use. National officials, local stakeholders, partner agencies, and consultants are encouraged to use this document as a guide (as relevant) as they implement sustainability and transition readiness assessments and conduct national sustainability and transition planning.



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List of Abbreviations

AFD	Agence française de développement
ART	Antiretroviral therapy
CCM	Country Coordinating Mechanism
CHAI	Clinton Health Access Initiative, Inc.
CHWs	Community health workers
COPs	Country Operational Plans
CSOs	Civil Society Organizations
CSS	Community Systems Strengthening
DFID	Department for International Development
ES	Executive summary
GBV	Gender-based violence
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information Systems
HPM	Health Product Management
HRH	Human Resources for Health
IUATLD	International Union Against Tuberculosis and Lung Disease
JICA	Japan International Cooperation Agency
KP	Key Populations
LEAs	Legal Environment Assessments

M&E	Monitoring and evaluation
MOF	Ministry of Finance
MOH	Ministry of Health
MSM	Men who have sex with men
NGO	Non-governmental organization
NSP	National Strategic Plan
PEFA	Public Expenditure and Financial Accountability
PEPFAR	President's Emergency Plan for Aids Relief
PER	Public Expenditure Reviews
PLHIV	Persons living with HIV
PWID	Persons who inject drugs
S&T	Sustainability & Transition
SC	Social contracting
SIDs	Sustainability Index and Dashboard
SCDT	Social Contracting Diagnostic Tool
STI	Sexually Transmitted Infection
STWG	Sustainability & Transition Working Group
SW	Sex worker
TB	Tuberculosis
TG	Transgender
ToR	Terms of Reference
TRA	Transition Readiness Assessment
TWP	Transition Work Plan
UNAIDS	United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization

I. Introduction and Context

Introduction

The Global Fund (GF) strongly recommends that all countries, regardless of their stage of development or their proximity to transition from Global Fund financing, focus on sustainability considerations across a number of dimensions.¹ Moreover, Global Fund encourages countries to strengthen sustainability and transition (S&T) planning and prepare in advance for transition from Global Fund financing. For Upper Middle-Income countries regardless of disease burden and all Lower Middle-Income Countries with low disease burdens, advanced preparations for potential reductions in external financing and the eventual phasing out and full transition from Global Fund support are particularly essential.

Global Fund Definition of Sustainability

Ability of a health program or country to both maintain and scale up services coverage to a level, in line with epidemiological context, that will support efforts for elimination of the three diseases, even after the removal of funding by the Global Fund and other donors.

Global Fund Definition of Transition

The process by which a country, or a country disease component, moves towards fully funding and implementing its health program, independent of Global Fund support while continuing to sustain the gains and scaling up as appropriate.

The Global Fund considers a transition to be successful where national health programs are able to maintain or improve equitable coverage and uptake of services through resilient and sustainable systems for health after Global Fund support has ended.

The Global Fund and countries have found it useful to conduct sustainability and transition assessments and planning even in lower- and middle-income countries where there is no immediate planned transition from Global Fund financing. Experience suggests this can support countries and their partners to prepare early for potential reductions in Global Fund

¹ The Global Fund, [Global Fund Sustainability, Transition and Co-financing Guidance Note, 2020](#).

support, address long term sustainability challenges, and assume greater domestic financing and management of the overall national responses and specific interventions. Early planning is particularly relevant given that certain preparations for transition (e.g., expanding government financing for certain HIV and TB activities, transferring responsibility for funding Civil Society Organizations [CSOs] to domestic funding, integration of disease programs into the overall health system, addressing specific health systems bottlenecks) require time and preparation.

This Guidance has been developed to support countries to assess their level of readiness for transition and assess sustainability of Global Fund support and to undertake robust national planning. Since Aceso Global and APMG Health Inc. published the original [Guidance](#) in 2017. The dozens of subsequent country Transition Readiness Assessments (TRAs) have proven the value of sustainability analysis and highlighted the importance of linking them closely to the design of the sustainability or transition work plans in each country and to other processes, such as the design of national strategic plans (NSPs), investment cases, health sector planning, and/or Global Fund Funding Requests.

This Guidance aims to help countries identify:

- a) gaps, bottlenecks and challenges that need to be addressed in the financing and governance of HIV and TB responses, the role of communities, and in one or more of the components of the health systems (service delivery, procurement and supply chain, human resources, information systems and monitoring and evaluation) to strengthen sustainability, promote a smooth transition, and mitigate programmatic disruptions or other potential negative impacts of reductions in external financing; and
- b) priorities and options for solutions that could be incorporated in a sustainability and transition strategy/plan and implemented with the support of transition grants.

The Global Fund engaged Pharos Global Health Advisors in 2020 to conduct a synthesis review of transition and sustainability readiness assessments and plans supported by the Global Fund. This review revealed several S&T challenges that arise in nearly all countries, numerous good practices, and other systemic weaknesses in national sustainability planning. The lessons learned from across the four years have informed the updated Guidance below.

Since the Aceso-APMG version was originally developed, the Global Fund has added a wide range of Technical Briefs, Best Practice Cases, and a [Guidance Note on Sustainability, Transition, and Co-Financing](#) with useful core material and annexes related to the three diseases and other areas of relevance to transition and sustainability, including: Health Product Management (HPM), Health Management Information Systems (HMIS) and Monitoring and Evaluation (M&E), and Public Financing of Civil Society Service Provision (also known as “Social Contracting.”). The Guidance provided here should be used alongside these other materials. Depending on the specific challenges facing a given country, consultants and national stakeholders should reference the in-depth technical guidance (and/or other guidance) as needed.

This Guidance also takes into account two other methodologies for analyzing and planning for sustainability and transition: Curatio's Transition Preparedness Assessment and the PEPFAR Sustainability Index Dashboard. Consultants and country teams may wish to review these two tools in preparing for country assessments.

This version of the Guidance maintains the focus of previous iterations but builds upon and adds to available methodologies in several ways. First, it increases the focus on two critical areas, namely (a) health financing and fiscal space, and (b) the role and sustainability of services provided by civil society (including analysis of the context for 'social contracting') in more depth than previous tools. Second, it includes suggestions on how to strengthen prioritization among many competing S&T challenges and possible mitigating actions, how to robustly engage country stakeholders in sustainability and transition assessment and policy dialogue processes, and how to link the S&T national strategic planning to Global Fund Funding Requests and grant design. Finally, it contains sample questions, checklists, and related links that can be used by stakeholders carrying out S&T assessments and plans. These are purely illustrative, and not every question or link will always be relevant for each engagement.

Purpose and Use of the Guidance

(i) Purpose

The overriding purpose of the Guidance is to support countries to (a) clearly identify the major sustainability and transition challenges, (b) adequately document those challenges, (c) prioritize the challenges according to their urgency and severity and the feasibility of implementing actions to mitigate them, and (d) develop well defined and costed “action” plans to address them in order to sustain and continue to scale effective service coverage of national HIV and TB programs even as they face reductions in external financing or full transition from Global Fund support.

(ii) Modular Approach

The Guidance has been designed in a modular fashion to allow for flexible use. Based on the specific Global Fund investment in the country, the most significant transition challenges and the information already available, a full assessment may not be needed and only individual parts (modules or a set of questions within a module) of the Guidance can be selected at the discretion of country stakeholders or country teams. However, experience from more than three dozen assessments over the past four years suggest that the topics covered in the modules of this Guidance document have shown to be relevant in a wide range of country contexts and should be thoroughly explored to see if they should be pursued as part of sustainability and transition planning.

- **Module 1:** Summary of key background and contextual information, including Global Fund financial and non-financial support to the country and the contributions of other partner agencies. Description of the country’s epidemiological situation and disease response and the institutional and enabling environment. This background information should be kept concise and refer (where possible) to other more in-depth sources.
- **Module 2:** Analysis of health financing and fiscal space issues, especially related to expanding domestic financing in preparation for transition and strengthening efficiency or Value for Money.
- **Module 3:** Analysis of health delivery system enablers and barriers to smooth transition and strengthened sustainability, including procurement and supply chain, laboratory services, information systems and the health workforce.
- **Module 4:** Analysis of the role of CSOs in national responses. This includes an analysis of the ability of government to partner with and finance service provision by CSOs, here referred to as ‘Social Contracting’.
- **Module 5:** Analysis of governance, human rights, and gender challenges.
- **Module 6:** Methods and options for prioritizing and ranking challenges and converting them into proposed action plans.
- **Module 7:** Suggestions and examples of ways in which the sustainability analysis and planning can be integrated into national HIV and TB strategic plans (and / or other health sector planning) and into subsequent Global Fund grants (including ongoing country grants and final transition grants).

(iii) Use of the Modules

The rich experience of the Global Fund and its partners in dozens of countries where TRAs have been conducted since 2017² points to the need to apply this guidance across all these modules to generate effective, robust national sustainability and transition planning.

The first module sets the scene for assessing challenges and developing recommended actions in the context of sustainability planning. Much of its content can be cut and pasted from other documents. By referring to these other documents, the introductory and context sections can be kept very short and can set the scene for the challenges highlighted in Modules 2-5 and the prioritization discussed in Module 6, which should form the bulk of the analysis.

Modules 2-5 cover four of the “core” areas of sustainability and transition assessment and work planning, related to (a) financing; (b) cross cutting delivery and health system issues (especially in the areas of procurement and supply chain, human resources, and information systems); (c) civil society engagement and services for key and vulnerable populations; and (d) governance, human rights, and political will. The relative importance of these four domains will vary from country to country, but they experience shows they are likely to present in most contexts.

Finally, **Modules 6 and 7** are critically important in ensuring that the S&T assessment is focused and practical, by prioritizing challenges and recommendations, translating them into implementable plans, and incorporating the plan in national disease strategies, country budgets, and Global Fund and other donor assistance.

(iv) Participatory approach

The assessment of sustainability and/or transition readiness should be conducted with deep and meaningful participation of all key country stakeholders, including community and civil society representatives. Therefore, it is important to plan for engagement of a broad range of key stakeholders during the process (see list of suggestions in section II below and in Modules 6 and 7). The value of having a national Sustainability and Transition Working Group (or core groups of stakeholders supporting national sustainable planning) is also highlighted.

(v) Technical Assistance

Although the Guidance is often implemented in collaboration with external consultants, country stakeholders (without the support of external consultants) could use the Guidance to conduct the analysis and sustain national HIV and TB programs. This approach has been done in several countries. Experience has shown the value of having a mixed team consisting of national and international stakeholders to produce the best possible analysis and planning, bringing together local knowledge and insights with global experience on sustainability and transition planning.

² Pharos Global Health Advisors, Synthesis review of transition and sustainability readiness assessments and plans supported by the Global Fund, 2020, https://pharosglobalhealth.com/wp-content/uploads/2021/01/ST-Review_GF-Pharos.pdf

II. Methodology and Process of Sustainability and Transition Assessment

While approaches and steps for completing sustainability and transition assessments may differ based on country context, the following is an overview of a generic methodology that can be applied across assessments.

1. Preparatory phase

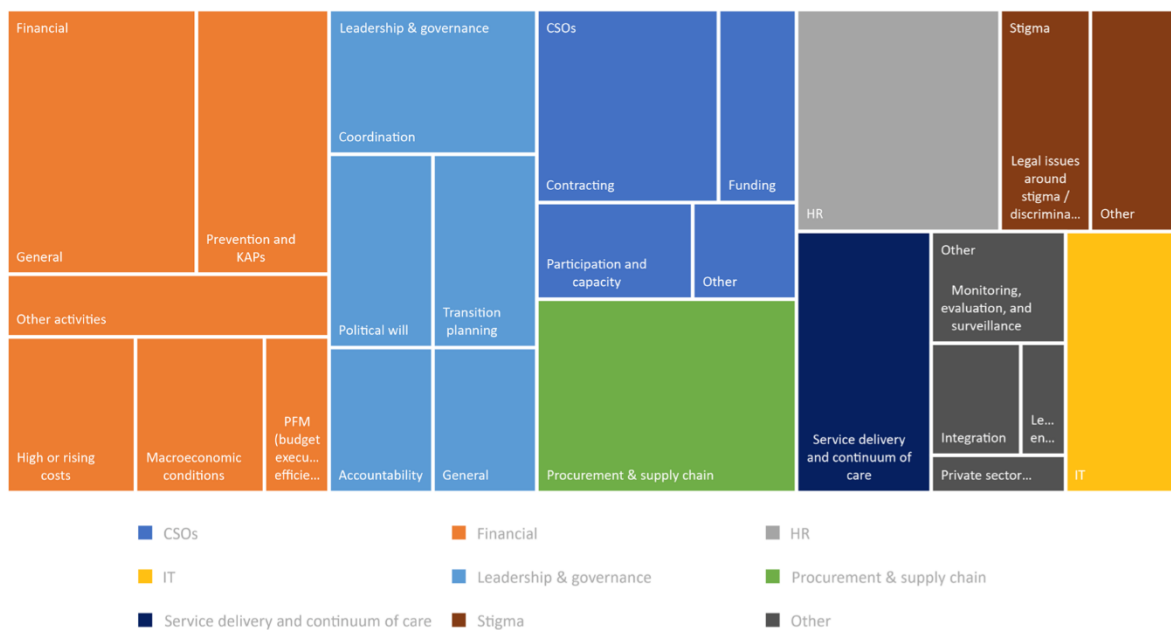
- *Agreement and engagement with country:* once an agreement has been reached with the Country Coordinating Mechanism (CCM) on conducting a sustainability and transition assessment, the Global Fund Country Team will introduce the consultants to the CCM and other national stakeholders including senior officials of the Ministry of Health (MOH), Ministry of Finance (MOF), the Project Coordination Unit for ongoing Global Fund grants, Non-Governmental Organization (NGO) representatives, and other relevant stakeholders.
- *Working Group:* For the preparation, implementation and oversight of the assessment and planning process, the development of a sustainability or transition working group has been identified as a good practice. Ideally, this taskforce should be engaged at the earliest stages of the preparation of the assessment and throughout up to the final workshops and follow-on activities, so they can play the main role in defining the areas of particular interest by the county for the analysis, the persons to be interviewed, and the critical documentation to be reviewed. Model terms of reference for the working group are provided in Annex 3:
- *Data collection, literature review, and desk study:* to guide the sustainability and transition analysis, the team needs to collect a wide range of documents and data. These may include:
 - Key Global Fund documents, including concept notes or funding requests (including funding landscape and gap tables), grant budgets, performance frameworks, progress reports, evaluations, etc.
 - National Strategic Plans, investments cases, and other country reports on HIV, TB, and the health sector.
 - Materials from other sources or institutions including WHO, UNAIDS, World Bank, other UN agencies, bilateral donors (including PEPFAR, AFD, GIZ, DFID, JICA), the Bill and Melinda Gates Foundation, and others.
 - Any existing assessment of sustainability or transition preparedness or other analyses that highlight challenges to strengthening sustainability of the national disease responses.

Standard indicators to be collected and analyzed in the country report are noted throughout the Guidance. However, the list is not meant to be exhaustive and other data

should be included as necessary. Tables are vital to make it easy to grasp the data and where useful, trends and projections should be presented in charts.

- **Information and document sharing:** To facilitate compilation and exchange of information, the creation of an online sharing folder is a good practice for allowing external and country stakeholders to upload project documents for review and to edit them jointly. Assessment teams may request materials not publicly available from the country, including reports and working papers and examples and comparisons from other countries where relevant.
- **Definition of the scope of the analysis:** While maintaining flexibility, it is important to try to identify as early as possible the hypothesized key sustainability and transition challenges. Experience from other countries demonstrates that similar challenges arise in a wide range of circumstances, regardless of the region, income level, disease prevalence, strengths of national health system and institutions, etc. By targeting these challenges and investigating them early, those conducting the assessments can avoid overextending the scope of the analysis and carry out the work more efficiently. These common themes and challenges are summarized in the recent [Global Synthesis Review of Transition and Sustainability Assessments](#) (see Figure 1 below).

Figure 1: Most Commonly Identified Sustainability/Transition Challenges



Note: The size of each wedge corresponds to the number of countries where the specific challenge was highlighted

- **Identification of key stakeholders to be engaged in the process:** The main sustainability and transition findings and recommendations will be based on a mix of desk review, remote and in-person interviews, workshops, and selected field visits. Interviewees will be selected upon recommendations by the country’s Sustainability and Transition Technical Working Group (where applicable), other key stakeholders (e.g., the UNAIDS country director, the WHO representative, the head of the national disease control

programs) and the Global Fund Country Team. Typically, the list of those to interview includes:

- CCM representatives
- National government officials (Ministry of Health [MOH], Ministry of Finance [MOF], Ministry of Planning, HIV/TB program directors, among others)
- Regional and local authorities
- Principal recipient(s) and sub-recipient(s)
- Civil society, including community-based organizations, representatives of communities living with/most impacted by the diseases and key and vulnerable populations.
- Service providers, public and private sector
- Insurance provider(s) and other payor organizations
- International technical agencies such as CHAI, the IUATLD, etc.
- Development partners (WHO, PEPFAR, World Bank, UNAIDS, UNDP, UNICEF, and others)
- Others as relevant per country context

2. *Exploratory Mission:*

If the sustainability and transition assessment is conducted with the support of external consultants, normally a 5–8-day mission will be organized. However, an in-person mission may be infeasible at times due to extenuating circumstances, such as the Covid-19 pandemic. In any case, it is recommended to set a period for an in-person or virtual mission, to conduct most of the first-round interviews with the key stakeholders. An example of an agenda is included in *Annex 6: Illustrative Example of Mission Agenda*. Prior to the exploratory mission, assessment teams should have identified through the desk review key issues to be discussed with country stakeholders in the semi-structured interviews. The assessment team should also have interacted with the Working Group (where applicable) or CCM, ideally through an online introductory consultation meeting. At the end of the mission, the team should conduct a debriefing workshop with the Working Group or other relevant stakeholders supporting the process.

3. *Preparation of draft report:*

A country report based on the data collected and analyzed in accordance with the Modules 1-5 will highlight the findings of the sustainability and transition assessment. The draft report should set the stage for prioritization by developing tables or matrices that can be used to rank the main challenges according to their importance, potential impact on transition/sustainability, cost and feasibility, etc. The report should also include at least preliminary options for recommended actions to address the challenges identified in the assessment, drawing on inputs from country stakeholders. Keeping in mind the eventual translation of the sustainability and transition assessment to a national plan or integration into other national strategic planning documents, the draft report should also begin to envision how the recommended actions to mitigate challenges could be implemented.

The report should roughly follow the structure of this Guidance, beginning with background and contextual information and analysis, risk assessment, and broad options for addressing identified challenges. A suggested table of contents is shown in Annex 3: Table of Contents for S&T Assessment and Work Plan. The report should include an executive summary, next steps, and conclusions section, bibliography and annexes (e.g., the list of key stakeholders interviewed, the interview guide, technical details and data that are too detailed to include in the main body of the report). The report should ideally not exceed 40 pages with a 4–6-page executive summary, written in a manner that helps national stakeholders maintain focus on key findings of the assessment.

4. Report consultation and development of mitigation recommendations:

A first draft report should be shared with the Global Fund Country Team and national stakeholders (including where relevant the Sustainability and Transition Working Group) to incorporate and solicit feedback.

A shorter second mission is normally needed to complete the analysis and promote country ownership of the sustainability and transition assessment findings. The second mission allows the team to fill in any remaining gaps in data and to validate the main findings regarding the risks, their prioritization, and the early identification of key actions that can be included in the sustainability and transition work plan. An option to consider is to merge the validation process with the development of the work plan in a single mission and workshop. Unless the key challenges are matched by recommended actions that are elaborated in the sustainability and transition work plan (Step 5 below), the assessment will likely have less impact on national decision-making, Global Fund and other donor partner support and investments.

A 1-2 day validation workshop (a total of 20-50 persons in the workshop has shown to be manageable) should be held. In some countries, the Global Fund has also encouraged assessment teams to hold smaller satellite workshops for CSOs prior to the main validation workshop, as a way to expand CSO involvement and obtain their views in a more relaxed environment. The workshops are crucial for national buy-in for assessment findings and for encouraging stakeholders to begin developing the actions required to overcome identified challenges.

5. Development of sustainability and transition work plan:

Once the sustainability and transition assessment is finalized, it is strongly recommended to develop a specific sustainability and transition work plan. In many countries over the past four years, the Global Fund and Sustainability and Transition Working Groups have requested the same assessment teams to facilitate the design of the work plan, using the key identified challenges as the starting point for recommended actions, which can be costed and assigned to specific implementing agencies and units in the country. When the same team conducts the work planning, the sustainability and transition assessment can be

updated if there is any lapse of time between the two exercises. A monitoring and evaluation framework and a process for oversight of workplan implementation against specific deliverables and milestones are also important.

There is also recent positive experience in several countries (e.g., Guatemala, Mongolia, and Paraguay) with merging the assessments and work plans into a single document, to ensure that momentum is maintained and that the findings from the assessment are translated into practical short and medium-term actions.

6. Assessment or work plan report finalization and publication:

After considering the main comments and feedback from country stakeholders, the final report should be shared with the Global Fund, key in country stakeholders, and made publicly available upon the approval of the CCM and country leadership.

7. High level policy dialogue:

In some countries, the Global Fund has requested the sustainability and transition assessment team to develop a short (less than 3 pages) briefing note that highlights the main takeaways from the Sustainability and Transition Assessment report and can be used to foster high level policy dialogue with senior officials (such as the health minister, the budget director in the finance ministry, and the heads of UN agencies and World Bank country health leads). This can be a highly effective way to elevate the main findings and recommendations of the assessments and work plans to in-country decision-makers. The briefing note may be accompanied by a slide deck, the executive summary of the Sustainability and Transition Assessment, and other easily digestible materials.

A face-to-face meeting with the health minister, permanent secretary for health, director of health, or equivalent national officials to present and summarize the main findings and recommendations from the Sustainability and Transition Assessment and Work Plan can often be critical in engaging senior decision-makers and obtaining their concrete commitment to implementing the assessment findings and work plan. There are now many examples of such briefing sessions, and a common outcome of these sessions is the agreement of the health minister to sign and publish the Sustainability and Transition report as a national document to help strengthen accountability.

8. Translation to national, Global Fund, and donor policies, plans and budgets

When timed appropriately, the HIV and TB Sustainability and Transition Assessment and Work Plan can be used to feed into critical national and international documents, including HIV and TB national strategic plans (in several countries there has been a sustainability and transition chapter in the NSPs, based on the assessment and work plan), the Global Fund grant application (Funding Request), and/or the PEPFAR Country Operational Plan (COP). The sustainability and transition assessment team may be asked to brief and assist the government and other teams preparing NSPs, Funding Requests, COPs, etc., to ensure

that the findings from the sustainability and transition assessment are fully incorporated in these other products.

9. Oversight and monitoring of the Sustainability and Transition Work Plan

Where relevant, the Sustainability and Transition Technical Working Group (or other national stakeholders, including in some circumstances the CCM) can play a key role in monitoring the work plan. Quarterly or semi-annual meetings to take stock and address issues in work plan implementation can help to overcome obstacles and maintain progress in implementation. The work plan matrices are a natural monitoring tool, as they contain activities, milestones, estimates of required funding, and monitoring indicators. In some circumstances, regular meetings and satisfactory performance in overseeing work plan implementation can be linked to broader Global Fund monitoring of grant implementation.

III. Guidance for Sustainability and Transition Assessments

Module 1: Background and Contextual Information

Area A: Epidemiologic Situation and Programmatic Context

Rationale for this area: Having a solid understanding of the current epidemiological and programmatic context is the starting point for developing specific options to strengthen sustainability and plan for transition. Information in this area also helps to frame the challenges in reaching national and international goals for the diseases (e.g., 95-95-95) and sustaining such achievements. Weaknesses in the programmatic response (e.g., insufficient coverage of key and vulnerable populations, shortages of community workers, inefficient staffing patterns and workloads, stockouts of important commodities, etc.) can point to the key challenges that will be highlighted in Modules 2-5 below.

Main sources of information: While these will vary based on country context, they may include: national program data, NSPs, WHO and UNAIDS country reports, epidemiological projections supported by UNAIDS and Stop TB, mid-term evaluations of 5-year plans, IHME's Global Burden of Disease databases, etc.

Current and Projected Burden of Disease

- Key epidemiological indicators, including incidence, prevalence, and mortality. Latest data available as well as trends in recent years should be included.
- New infections by sex, age, geography, socio-economic group; modes of transmission.
- Prevalence among key populations.
- Projections of new infections and associated morbidity and mortality under different assumptions.
- Estimates of burden of disease as measured in illness, deaths, and DALY losses.
- See Annex 1 for sample tables.

Status of and expansion of coverage and improvements in access to services

- Description of the recent change in coverage of specific services measured in the Global Fund performance frameworks / indicators and by other widely accepted key indicators of the national response globally reported by the countries.
- Service delivery should be broken down by population group covered, including the general population, key and vulnerable populations, and hard to reach groups.
- Prevention and treatment cascade data and graphs are useful to present data on access to services.
- The type of provider responsible for service delivery (government, NGOs, and private sector) and level (hospital, health center, community based, etc.) should be included

to assess weaknesses and possible areas of improvement.

- See Annex 1 for sample tables.

Current Strategy and Programs to Prevent, Treat, and Manage HIV/TB

- Summary of the HIV/TB strategies and priorities including if and how they address the burden of disease and the needs of key and vulnerable populations.
- Description of the main programs and/or interventions by which patients are reached, including details on providers, key activities and level of integration into the national health system.

Area B: Summary of Global Fund and Other External Support to the Country

Rationale for this area: *A thorough understanding of past and current Global Fund investments in the country is a prerequisite for strong successful sustainability and transition planning. This is also the place to consider other sources of external financing and technical support (e.g., from PEPFAR, World Bank, WHO, other bilateral aid) that might also be phasing down along with or at a different pace from Global Fund assistance. This will allow the sustainability analysis to consider sustainability and transition planning holistically, both for the two diseases and more broadly within the health sector.*

Main sources of information: *While these will vary based on country context, they may include: Global Fund grant documents including concept notes, funding landscape and budget tables, implementation and expenditure reports; interviews. PEPFAR country operational plans, health ministry reports on donor assistance to HIV, TB, and*

Summary of Global Fund Financial Support

- Brief overview of past and current Global Fund grants (see Table 4 in Annex 1).
- Brief description of key areas of the disease response that receive or have received Global Fund financial support (See Table 5: Financial Details of Most Recent Grant – **Budget by Module** in Annex 1).
- Identify interventions, budget cost categories and recipients that may be at higher risk due to future reduction or changes in Global Fund grants and financing.
- Develop graphs that plot the trends in Global Fund financing over the past 10 years. Include any estimates or projections of future Global Fund support (from published grant allocation and projected transition documents)³.
- Include Global Fund assistance to the country that may fall outside of the regular new funding model grants and take other forms, including multi-country grants, support to the strengthening or evolution of the CCM, Strategic Initiative funding, and Global Fund sponsored national and regional training events open to country

³ [Global Fund Allocations, 2020-2022.](#)

participants.

Historical absorption, co-financing track record and timeline for transition

- Country's track record of financial and programmatic absorption (including human resources, health products, capacity development efforts, etc.).
- Analysis of co-financing commitments and historical levels of compliance, including both related to trends in overall health spending and/or specific commitments related to the uptake of individual interventions previously financed by the Global Fund.
- Description of any special conditions related to sustainability, transition, co-financing, or efficiency in current grants and related level of compliance.
- Timeline for Global Fund transition (if applicable).
- Information on current areas of support from other non-Global Fund sources, e.g., PEPFAR and plans for changes or transitions in these other sources of external financing. This may include context around simultaneous transitions (if applicable) planned for other health sector programs, e.g., immunization, family planning and their impact on HIV, TB, and malaria.
- Details on whether there a national mechanism/committee that supports coordination of sustainability and transition planning across the health sector.

Useful Links on Module 1 Topics

Epidemiologic Situation and Programmatic Context

- [Global Fund HIV Information Note](#)
- [Global Fund Tuberculosis Information Note](#)
- [Institute for Health Metrics and Evaluation: Global Burden of Disease Database](#)
- [PAHO Health in Americas+, Regional Outlook and Country Profiles](#)
- [PEFA Country reports](#)
- [WHO National Health Accounts Data](#)
- [WHO TB Country Reports](#)
- [WHO World Malaria Report, 2020](#)
- [World Bank Data Bank](#)
- [World Bank Worldwide Governance Indicators Country Reports 1996-2019](#)
- Country-specific National TB, HIV/AIDS, and malaria strategy documents, and related Ministry of Health documents including mid-term, final and other evaluations

Summary of Global Fund Support to the Country

- [Global Fund Allocations, 2020-2022](#)
- [Global Fund Data Explorer](#)

Module 2: Health Financing and Sustainability

Rationale for this module: *The planning process for sustainability and transition requires consideration of the current funding situation and future financing options to support continued coverage of key interventions and services even with reductions in Global Fund (or other) donor support. Financing also has to take into account estimated future funding to expand coverage and achieve national HIV and TB goals and targets. Given the importance of the government in financing HIV and TB, fiscal space is a central issue. Expanded sources of domestic financing including general revenues, national health insurance and innovative mechanisms such as earmarked levies and impact bonds are important to explore. The role of corporate social responsibility and other forms of financial and in-kind contributions from the private sector should also be considered. This should be combined with an analysis of the likely prospects for continued external financing from non-Global Fund sources.*

Main sources of information: *These may include: UNAIDS AIDS Spending Assessments, WHO National Health Accounts, World Development Indicators, ministerial data, World Bank and IMF databases, Worldwide Governance Indicators, health sector financing assessments, and HIV and TB investment cases.*

Macroeconomic Environment

- Overview of macroeconomic and fiscal indicators, including Table 9: Macroeconomic, Fiscal and Economic Management in Annex 2.
- Economic growth projections for the short and medium term from IMF and World Bank.
- Potential risks for the national economy, including fiscal, exchange rate and inflation risks. Indicate how they may affect the response to HIV/TB.
- Government indebtedness, debt service payment, and impact on HIV and TB expenditures. Potential for debt relief and debt-for-development swaps.
- Political considerations that may affect HIV/TB financing and related sustainability and transition of the national response.

Health Financing

- Assess overall health sector financing from domestic and external sources, constraints and outlook for the next 5-10 years.
- Comment on the status of fiscal space for health including sources of additional space (e.g., economic growth, reprioritization, efficiency gains, external assistance, etc.).
- Comment on the ability of the MOH to position itself to obtain increased funding for HIV/TB and or the overall health system.
- Review strength of government engagement with donors around health and HIV/TB and government ability to shape the dialogue with donors.

Public Financial Management

- Describe briefly key issues related to public financial management performance in the health sector.⁴
- Assessment of whether those general issues affected or may affect performance in the health sector or specifically HIV/TB response.
- Degree of alignment of strategic plans with budget allocations for HIV/TB.
- Indicate:
 - If there are budget or programmatic line items for HIV/TB.
 - The extent of integration of HIV/TB/ services into the broader health budget.
 - Flexibility of MOH in expenditures.
- Comparison between budget and expenditure: execution rate of the budget for HIV/TB and discussion of factors driving performance (e.g., timeliness of releases from treasury and transfers to spending units, degree of freedom these units have to spend at their own discretion).
- Comment on the perspectives of MOF on:
 - Health sector (MOH) performance.
 - Ability of MOH to manage additional funding.
 - Importance of HIV/TB to national priorities

Health System Financing Overview

- Overview of key health system financing indicators, including total expenditure, channels (government budget, social insurance, private voluntary insurance, out of pocket, etc.), domestic or external shares and sources, and allocation across levels (tertiary, secondary, primary, community) and program areas.
- Table 10: Health System Financing Indicators in Annex 2. Comment how the country's health financing indicators compare to the regional neighbors and countries with similar per capita income.
- Overview of the structure of health financing across the MOH/Social Security/other publicly financed healthcare including
- Table 11: Financing of National Health **System** in Annex 2. Indicate the main public sources of funding for healthcare and who pays for the services (Government at national or regional level, NGOs, private health insurance, out-of-pocket).
- Analysis of trends in sector financing including expansion of public insurance and changes in amount and incidence of out-of-pocket spending and whether out-of-pocket is affecting HIV, TB service delivery.

Costing and Current Financing of HIV and TB Programs

- Assess the quality and completeness of the costing of the NSPs. If costing is absent, incomplete, or potentially inaccurate, provide rough estimates if possible and discuss implications for efforts to strengthen sustainability and support successful transitions.
- List funding sources for HIV/TB (including in Annex 3)
 - Public sector spending on HIV/TB.

⁴ This section benefits from a review of available Public Expenditure and Financial Accountability (PEFA) reports, Public Expenditure Reviews (PER), budget documentation, and fiscal reports.

- Non-profit, private sector, and out-of-pocket spending by patients/insurers.
- Overview of the current funding for HIV/TB annually by donor.
- Provide data on Global Fund funding as proportion of total donor and country expenditure. Examine time trends in total spending and donor/domestic share.
- Examine Global Fund and other external funding as a proportion of the total spending and need for key interventions in order to identify area of greatest vulnerabilities, dependencies, and risks in case of a decline in Global Fund grants or other external financing.
- Assess financing of programs for key and vulnerable populations (based on country epidemiological context), and compare whether allocations are equitable across groups and degree of donor dependency.

Projected Financing Needs and Gaps

- Review resource needs estimates contained in NSPs and investment cases and use these to examine potential funding gaps to achieve targets.
- Describe and factor in anticipated shifts in Global Fund and other external donor financing.
- Highlight HIV and TB program areas which will require expanded domestic financing in the face of declining Global Fund or other external support, and projected changes (if available) in all major sources of international funding
- Project low-case and high-case financing scenarios for maintaining HIV/TB services, estimating related increase in domestic funds.
- Assess priorities for increased domestic financing, taking into account factors such as health impact, ethical considerations (e.g., treatment continuity), and impact/return on investment
- Examine and assess different options for generating increased domestic financing including from general and earmarked revenues and from social and private voluntary insurance

Options to Enhance Sustainability and Efficiency or Value of Money

- Assess the potential for greater Value for Money within the HIV / TB programs or overall health system and how this could contribute to enhanced sustainability.
- Comment on availability of data-driven models to allocate resources more efficiently.
- Examine and comment on studies or available information (if applicable) on efficiency in HIV/TB, scope for efficiency gains, or scope for broader Value for Money.
- Explore the potential for reallocating funds within disease programs (e.g., from treatment to prevention, from less to more cost-effective interventions) and within the health sector (e.g., from hospitals to primary care, or from overhead items to direct point of care services).
- Analyze potential for health services for HIV/TB to be better integrated and more efficient and associated gains.
- Describe and assess feasibility and expected impact of conventional and innovative ways to raise generate incremental domestic financing for health and HIV/TB.

Useful Links on Module 2 Topics

- [Global Fund Sustainability, Transition and Co-financing Guidance Note](#)
- [Global Fund Value for Money Technical Brief](#)
- [IMF Data](#)
- [UNAIDS Data](#)
- [WHO National Health Accounts Data](#)
- [WHO TB Country Reports](#)
- [WHO World Malaria Report, 2020](#)
- [World Bank Data Bank](#)

Module 3: Service Delivery, Health Product Procurement and Supply Chain Management, Human Resources, and Information Systems

Rationale for this module: *The module focuses on sustainability and transition challenges related to service delivery and cross-cutting health systems functions that may need to be improved to support strong and sustainable HIV and TB responses. These services may not yet be at scope and scale to ensure that the disease targets can be achieved and maintained without external financing. Cross cutting functions such as national procurement and supply chain management and health information systems may also be inefficient and/or heavily dependent on Global Fund and other donor financing and thus vulnerable to decisions to phase down or end Global Fund or other donor support.*

Main sources of information. *Reviews of national health systems functions (e.g., procurement and supply chain, information systems, laboratories, human resources) sponsored by USAID, CDC, PEPFAR, Gavi, Global Fund and others.*

Service Delivery

- Describe the service delivery modalities available to pursue and sustain epidemic control in HIV and TB.
- Describe the nature and extent of public, NGO, and private sector engagement in service delivery.
- Describe the private sector capabilities in procurement and supply chain management functions, so that their capabilities could benefit the public system if cost-effective and Value for Money.
- Describe the main barriers and obstacles that remain to scaling up coverage and quality of services.
- Assess HIV and TB services most likely to be affected by reductions in Global Fund and/or other donor financing.

Health Products Procurement and Supply Chain Management

- Provide a summary of the current health products procurement and supply chain processes for each disease per main product category, with special attention to the existence of parallel systems which may be duplicative and/or inefficient, and how they can be integrated for efficiency.
- Describe the main weaknesses in the selection, quantification and forecasting of demand, procurement, storage, distribution, and safety monitoring activities (e.g., pharmacovigilance) of health products (see Table 1: Main Challenges in Health Products Procurement and Supply Chain Management below).
- Describe how quantification and forecasting of health products demand is accomplished and how accurate and timely it is, as well as needs for improvement in such process.

- Describe processes and procedures in place to ensure Value for Money in procurement, including tracking prices for key health products and use of international benchmarks or reference prices where applicable (e.g., GDF pharmaceuticals and diagnosis catalogues, Wambo.org) with reasonable country-specific mark ups.
- Assess potential of the country to access international pooled procurement mechanisms and/or possibility for pooled procurement with other countries when paying with domestic funds as a way to obtain competitive prices and health products meeting international quality standards, including the ability to access Global Fund and Global Fund partner mechanisms (GDF, Wambo.org, PAHO Strategic Fund, UNICEF, UNDP, UNITAID, etc.).
- Comment on the prevalence, root causes and consequences of stock outs or wastages due to expiry for HIV/TB pharmaceuticals and supplies.
- Describe the national procurement and financing policies or guidelines which govern the domestic procurements, including any flexibility which can be used during times of health emergency or to address national procurement bottlenecks. Please add how the donor-funded procurement and supply is managed, to replicate national adoption where allowed by government regulations or exceptions sought (e.g., Cabinet approval for use of Wambo.org).
- Explain how access (i.e., availability and affordability) to essential medicines is ensured currently, including: data availability on operational aspects; availability of pooled procurement/purchasing systems, supply chain and product delivery, and level of private sector engagement; and whether and in what ways transition from Global Fund support could affect this access.
- Describe how the required health products for prevention, diagnosis and treatment services are financed by the government and donors; linked to health financing plan/commitments (and Global Fund co-financing requirements), as a proportion of the overall disease program budget.
- Consider supply chain management activities ongoing and supported by other donors (e.g., USAID) that complement Global Fund efforts and could also be in jeopardy due to transition.

Table 1: Main Challenges in Health Products Procurement and Supply Chain Management

Process	Description	Main challenges
Selection and Rational Use	To select and use medicines and health products according to updated guidelines and algorithms and aligned to internationally recognized standards.	
Demand Quantification and Forecasting	Quantification of medicines and health products according to epidemiology and consumption data, through sound methodologies backed with robust data.	
Procurement and	Acquisition of the quantified demand from the select health products through appropriated methodologies, according to national policies and regulations, agreeing requested delivery timelines and presenting	

Sourcing	the best use of resources.	
Storage / Warehousing	Storage of health products under the technical conditions that guarantee quality as per manufacturer's labelling and keeping the appropriate stock levels to avoid stock outs and minimizing losses. Public warehousing capacity (infrastructure, waste management systems, HR, etc.) might not have been resourced/grown commensurate with the program's expansion.	
Distribution	Delivery of products to the next level centers, on time and in full (OTIF) and guarantying the appropriate transportation conditions (e.g., quality assurance such as temperature and relative humidity percentage) in line with WHO good distribution practices. Public distribution capacity (infrastructure, HR, etc.) might not have been resourced/grown commensurate with the program's expansion or private sector provider not used to compliment if Value for Money.	
Safety Monitoring (e.g., pharmacovigilance)	Monitoring, reporting, signal detection and actions to mitigate/reduce adverse events, and do the necessary adjustments to guarantee the success of treatment.	
Policy, Legislation and Regulation	Domestic policies and legislation to enable access to quality assured and affordable health products with optimum quantities to the right beneficiaries.	
In-country supply chain	Challenges related to efficient and responsive in-country supply chains, including parallel systems, lack of capacity, and under prioritization of necessary infrastructure.	
Organization and Management	Overdependence on disease specific parallel systems can undermine long-term regulation, procurement, and delivery. Insufficient human resources or management information systems.	

Human Resources

- Quantify the number and type of human resources being financed by the Global Fund, including those being funded entirely and those provided incentives with grant support. This may include core staff, such as nurses, community health workers (CHWs)⁵ and more specialized personnel (e.g., HMIS technicians, PSM and lab staff).
- Assess the degree of alignment of Global Fund supported human resources with public sector policies (remuneration levels, transport subsidies, per diems, incentives, etc.).
- Based on the current support provided by Global Fund on human resources (both salaries and incentives), assess how reductions in Global Fund support could affect human resources for HIV and TB.

⁵ Countries often have varied definitions of CHWs and may not formally classify KP peer health workers as CHWs. For sustainability, it is generally best to advocate for their inclusion as applicable and appropriate.

- Consider plans (if any) to transition Global Fund and other donor-financed human resources for the three diseases to national sources of financing – including with respect to timing, cost, feasibility, and progress.
- Identify ways to make human resources more efficient including task-shifting, use of community health workers, redeployment of existing staff, performance-based incentives, etc.

Information Systems

- Describe the main information gaps related to the national HIV/TB responses that currently exist in the country.
- Overview of the current functionality of the routine information and patient tracking systems for HIV/TB.
- Extent of coverage and use of MIS (HMIS, LMIS, Lab IMS, etc.) among service providers and related issues.
- Indicate if the national health information system collects data reported by different type of service provider, including public, private and the community.
- Comment on the level of use of the LMIS system to manage operational aspects, including national quantification and budget forecasting exercise for the national programs (from prevention to diagnostic and treatment products).
- Comment on the level of use of data for decision-making, including how data is used strategically to allocate funding and maximize investment.
- Comment on the degree to which national stakeholders are able to disaggregate data
- Consider plans and achievements in integrating HIV, TB, and malaria information systems with the overall HMIS.
- Examine the degree of dependence of HMIS, LMIS and specific disease information systems on Global Fund and other donor (e.g., PEPFAR) financing and potential transition pathways to domestic technical and financial independence.

Useful Links on Module 3 Topics

- [Global Fund Building Resilient and Sustainable Systems for Health \(RSSH\) Information Note](#)
- [Global Fund Community Systems Strengthening Information Note](#)
- [Global Fund Guidance Note for Developing a Resilient and Sustainable Systems for Health Funding Request](#)
- [Global Fund Strategic Support for Human Resources Technical Brief](#)
- [Global Fund In-Country Supply Chains Technical Brief](#)
- [Global Fund Laboratory Systems Strengthening Technical Brief](#)
- [Global Fund Support to Effective Regulatory Systems for Procurement and Supply Management of Health Products](#)
- [Specific Annexes in the Global Fund's Sustainability, Transition, and Co-Financing Guidance Note that relate to Health Information Systems/M&E, and Health Product Management](#)
- Country-specific national procurement, service delivery, human resources, and information systems documents. For example [WHO National health workforce accounts](#); [WHO Quality Assurance Policy: For the procurement of essential medicines and other health products](#).

Module 4: Civil Society Organizations and Community Responses

Rationale for this module: Civil society and communities play a key role in reducing barriers to access, advocating for improved national responses, and in delivering services for HIV and TB. As countries prepare to move away from Global Fund support and enhance their focus on sustainability, the full engagement of community and civil society actors will be critical to sustaining HIV and TB services. This module covers the civil society dimensions of the assessment and sustainability and transition planning. This is particularly important given that CSOs and communities are often vital in effectively reaching key and vulnerable populations effectively, tend to depend heavily on outside donor funding (much of it from the Global Fund), and may face challenges to work with governments to receive domestic financing for CSO-delivered services.

Main sources of information: Interviews, concept note or funding request, civil society reports, UNAIDS reports. Studies on CSO-led HIV and TB activities conducted with support from the Global Fund, PEPFAR, and international NGOs. Social contracting proposals and plans, and evaluations of social contracting in select countries. Global Fund guidance on working with CSOs, including the Annex in the Sustainability, Transition, and Co-Financing Guidance Note on 'social contracting'.

Current Role and Structure of Civil Society

- Document and assess the performance of:
 - Network or organizations of people living with the diseases.
 - Networks or organizations of key and vulnerable populations.
 - Organizations focusing on affected women, sexual and reproductive health, gender equality, youth, and others.
 - Networks or umbrella organizations at national and regional levels that mentor and support local organizations.
- Overview of the main roles or contributions of international NGOs and local civil society organizations to the HIV/TB responses. Include, among others, roles in service provision, advocacy, reporting and accountability.
- Overview of the main roles and contributions of affected communities in the HIV/TB responses.
- Description of the relationship between local CSOs and the communities they serve.
- Analysis of the strengths and weaknesses of CSOs in serving key and vulnerable populations and affected communities, including staffing, reach, quality of services, management, information systems, and financing.
- Description of main limitations on engagement of civil society and affected communities in the country in general, including access to safe spaces for dialogue and engagement.

Sustainability and Resilience of Civil Society

- Describe mechanisms that support civil society groups to engage in decision-making processes related to programming and financing of interventions related to HIV/TB and how this arrangement compares to other health areas.
- Analyze the availability and sustainability of resources for civil society advocacy and community monitoring (citizen accountability) activities, which are less likely to be supported by national governments.
- Comment on how institutionalized the participation of CSOs is, including organizations of key and vulnerable populations, in national HIV/TB strategies (i.e., planning, implementation, monitoring, and evaluation). Describe if there are significant differences in the participation of various types of organizations.
- Describe and assess the capacity of the organizations providing HIV/TB services to continue to work effectively with domestic financing and identify main constraints.
- Indicate if there are other donors supporting activities for community systems strengthening and for HIV and TB services for key populations, including other external financiers (e.g., PEPFAR).⁶ Discuss ways in which Global Fund and other donor assistance to CSOs is coordinated.
- Indicate if there are any population-related (e.g., MSM, TG, SW, PWID) or region-related differences in needs for significant community strengthening in order to support a successful transition and sustainability of the response.
- If applicable, identify successful examples of social enterprise, business planning, or other mechanisms of fundraising and income-generation employed by civil society and/or community organizations, which may help to support civil society efforts in the absence of external funding.
- Describe the current legislative basis for ‘social contracting’⁷, or other mechanisms by which CSOs can deliver services for HIV/TB using government or domestic funding.
- Examine the legal and administrative environment in the country and whether it permits/favors ‘social contracting’ between the government and CSOs.
- Identify other examples (if they exist) by which the health ministry and other parts of government (e.g., education, labor, social affairs, etc.) enter into contracts with CSOs to deliver government-financed services, that could serve as a foundation for ‘social contracting’ for HIV/TB services.
- Highlight and discuss potential barriers (political, legal, financial) to transferring responsibility from the Global Fund to the government for contracting with CSOs.
- Review the legal and administrative arrangements for ongoing agreements between Global Fund principal recipients and CSOs and consider way in which these could be used as a basis for social contracting once Global Fund grants end.

⁶ Defined by the Global Fund in the *Global Fund Community Systems Strengthening Information Note*

⁷ For the Global Fund, ‘social contracting’ is the process by which government resources are used to fund entities which are not part of government (called here civil society organizations, or CSOs) to provide services. Social contracting may have different names and slightly different mechanisms in different countries. Regardless of the terminology used, social contracting mechanisms typically involve: (1) legally binding agreement, in which (2) the government agrees to pay a CSO for services rendered, and (3) the CSO agrees to provide certain deliverables in exchange.

**Please note that there are other diagnostic tools that can be used in parallel to the overall Sustainability and Transition Assessment and Work Plan, in order to undertake a more complete and detailed analysis of 'social contracting' conditions and opportunities. See relevant links below.*

Options to Improve Sustainability and Value for Money of CSOs

- Identify key strategies for maintaining and/or expanding the role of civil society in the provision of services for HIV and TB, particularly where civil society has played a role historically but may have relied on external financing.
- Consider ways to accelerate and complete CSO capacity building to support strengthened sustainability of the national response and preparations for transition.
- Discuss with stakeholders the feasibility of creating a 'social contracting' pilot that could begin to create a basis for future government support of CSOs, or further institutionalize initial support.
- Assess the extent to which dialogue exists with the health and finance ministries on partial government budget financing for CSOs, and whether or not this is included as part of specific co-financing commitments.
- Assess whether detailed independent analysis exists of the cost of services delivered by CSOs to create a results-based financing structure that can underpin 'social contracting'.
- Assess the extent to which plans existing for financing CSOs as integral players in the HIV and TB responses that can be sustained as external funding decreases over time.

Useful Links on Module 4 Topics

- [Global Fund Sustainability, Transition, and Co-Financing Guidance Note, including specific annex on 'social contracting'](#)
- [Global Fund Community Systems Strengthening Information Note](#)
- [Global Fund Programming at Scale with Sex Workers, Men who have Sex with Men, Transgender People, People who Inject Drugs, and People in Prison and Other Closed Settings](#)
- [Health Policy Plus, Social Contracting: Supporting Domestic Public Financing for Civil Society's Role in the HIV Response, 2018](#)
- Country-specific reports from leading CSOs, local and regional reports on key populations and civil society

Module 5: Governance, Human Rights, and Gender

Rationale for this area: This area covers contextual factors which can have important implications for efforts to strengthen sustainability and prepare for transition, including the institutional and enabling environments for the national disease responses as well as considerations related to gender and human rights-related barriers to access services. When governance structures, laws and norms restrict access to HIV and TB services for key and vulnerable populations, women and youth, and when voices from these groups are not fully heard, it becomes difficult to ensure access to services to achieve national and international goals in fighting the diseases.

Main sources of information: May include: NSPs, national human rights commissions, UNAIDS, human rights and gender assessments, UN Commission on Human Rights, UN Women, health sector reform documents that address stewardship, etc. This area should be explored with input from various Global Fund guidance documents including “Implementing and Scaling Up Programmes to Remove Human Rights-Related Barriers to HIV Services” (2020) and the Gender Equity Technical Brief (2019)

Institutional Environment

- Describe the main roles of key actors (MOH, Minister of Planning, CCM, Parliament, regional and local authorities, CSO and others) in governing (standard setting, oversight, coordination, etc.) of the HIV/TB response.
- Describe how these bodies interact with Global Fund grant development, implementation and monitoring processes under the most recent grant.
- Describe and assess the governance for the sustainability and transition process preparation and its implementation. Highlight if a Sustainability and Transition Working Group exists and its composition, the expected role of the CCM in S&T plan implementation, or other processes to monitor changes in external financing of the national disease responses.
- If applicable, define the role that the CCM will play (if any) following the full transition of Global Fund support (if applicable), and whether there are ongoing discussions/plans to integrate the CCM into other national governance structures.
- Describe and assess the role and effectiveness of the national AIDS/TB council in coordinating the overall disease response and in promoting strong planning, monitoring, and accountability.

Human Rights

- Identify the main human rights-related issues that are acting as barriers to access, uptake and retention of HIV and TB prevention and treatment.
- Describe the legal framework for protecting the rights of those at risk for and/or infected with HIV/TB and if any legal barriers remain for access to care. Assess whether the law provides adequate protection for these groups.
- Discuss the application of this legal framework and whether in practice it is enforced

and effective.

- Indicate main human rights violations experienced by key and vulnerable populations (KVPs) and document if there are any reports of limited access to healthcare for KVPs.
- Indicate if there are functional mechanisms for documentation and redress of human rights violations.
- Specify if there are non-discrimination laws or policies currently in place, including which populations and under which circumstances are covered, and to what extent the laws are enforced.

Stigma and Discrimination

- Comment on the current state of stigma and discrimination, and documentation of stigma and discrimination – either through reporting mechanisms or through occasional assessments – as barriers to people receiving HIV/TB services.
- Brief overview of activities undertaken in the last few years to date to address or mitigate stigma and discrimination, indicating the level of dependency on Global Fund funding for these activities.
- Comment on the extent to which testing and counseling services are voluntary, confidential, accessible, affordable and respectful.

Gender

- Describe to what extent national HIV/TB responses recognize, plan for, and address gender-related disparities in access to care.
- Indicate if there is a commitment to gender equality and if there is national gender equality policy providing guidance to the national responses to HIV/TB.
- Indicate if violence, including gender-based violence (GBV), against or within vulnerable communities is documented and if programs to address GBV are included as part of the overall health response (and to what extent these are dependent on external financing).

Developing Options for Sustainable Human Rights and Gender Activities

- Identify the populations, communities, health care services most affected by human rights, stigma and discrimination, and gender-related barriers. For each barrier, highlight the relevant programs and the combinations of these programs, actors and scale that would result in effectively eliminating or minimizing such barriers and their impact.
- Rank the different program options according to key criteria including feasibility of implementation, timing, and cost.
- Explore how to forge agreements with recipients and implementing partners sufficiently skilled and knowledgeable about human rights and gender programming, as well as participatory implementation modalities, and technical capacity gaps that need to be addressed, to ensure effective implementation.
- Explore ways in which HIV and TB programming on human rights and gender can work synergistically with larger campaigns in these areas that go beyond the two diseases.

- Assess design and budgeting for monitoring and evaluation of results in improving human rights and gender conditions so that they increase access to HIV and TB services.

Useful Links on Module 5 Topics

- [Amnesty International reports](#)
- [Global Fund HIV Information Note](#)
- [Global Fund Human Rights and Gender Programming in Challenging Operating Environments Guidance Brief](#)
- [Global Fund HIV, Human Rights, and Gender Equality Technical Brief](#)
- [Global Fund Programming at Scale with Sex Workers, Men who have Sex with Men, Transgender People, People who Inject Drugs, and People in Prison and Other Closed Settings](#)
- [Global Fund Sustainability, Transition and Co-financing Guidance Note](#)
- [Global Fund Tuberculosis Information Note](#)
- [PAHO Health in Americas+, Regional Outlook and Country Profiles](#)
- [PEFA Country reports](#)
- [UNAIDS, Evidence for Eliminating HIV-related Stigma and Discrimination.](#)
- [UN Human Rights Council Reports](#)
- [U.S. State Department Human Rights Reports 2019](#)
- [World Bank Worldwide Governance Indicators Country Reports 1996-2019](#)
- Country-specific human rights and governance accountability reports

Module 6: Methods and Options for Prioritizing Challenges and Converting Sustainability and Transition Analysis into Sustainability and Transition Work Plans

As highlighted above, sustainability and transition assessments often highlight a wide variety of challenges and areas for potential improvement. Prioritizing these challenges and ensuring they are coupled with clear prioritized recommendations to address them is an essential part of the sustainability and transition planning process. This section outlines strategies to enhance prioritization of identified challenges and turn assessments into more clear, actionable work-plans. Concrete examples of these processes are highlighted.

Sustainability and Transition Prioritization

- To help strengthen ownership and follow up at the country level, it is important to ensure that a strong and diverse Working Group (or other national mechanism) is in place to help guide the process of translating assessment findings into prioritized planning, with the full endorsement of the CCM and Government (see chapter on Methodology and Process). It is essential to actively engage these stakeholders consistently during the assessment phase, dialoguing with and building consensus about the emerging findings to ensure country buy-in, mid-course corrections, and final endorsement. Although it will vary based on country context, best practice experiences have involved a minimum of three meetings with the Working Group during the course of the sustainability assessment and follow up work plan development.
- Once a preliminary set of sustainability and transition challenges are identified, holding a workshop (or using another inclusionary process such as giving stakeholders a list of identified challenges and asking them to rank for importance and comment on prioritization) can help strengthen country input and ownership and build a consensus view of priorities for follow up action.
- Develop and use a prioritization scheme that enables all stakeholders to select the sustainability and transition challenges they consider to be the most important. If there is a long list (e.g., 30-40 challenges identified as has been the case in many existing assessments), consider grouping them into high, medium, and low categories to strengthen focus and prioritization (see Annex 4: Model Sustainability and Transition Assessment Summary Matrix⁴ below with an example of a prioritization template).
- Ensure the criteria for prioritization are explicit (e.g., seriousness of the challenge and its impact on sustainability and disease program success, urgency, feasibility to address the challenge, etc.) so that everyone is ranking challenges using the same agreed framework. Assessing challenges from a standpoint not only of impact but also feasibility can help make follow up tangible and concrete, since some challenges identified in assessments are extremely difficult to address, particularly in the short term.

Prioritization Process Example: In one work-plan development process, the assessment team support countries to rank challenges in smaller groups (5 to 7 persons), from most to least important, using a scoring methodology of 0-10, and then clustering findings into high, medium, and low priority status. The assessment team then presented the synthesis overview to the full range of stakeholders, to strengthen consensus and further assess feasibility. Given the Covid-19 challenges of in person meetings, using virtual meeting technologies that allow for “break-out” rooms and plenary sessions may be useful to simulate in person workshops.

Sustainability and Transition Work Planning and Prioritization

- Although processes vary, experience shows that stakeholder groups (including the Sustainability and Transition Working Group) are typically engaged and motivated by the challenge and prioritization analysis to prompt questions on which solutions would most effectively address the challenge, improve the sustainability of the response, and make the transition process as successful as possible. While sustainability and transition assessments often are heavily focused on challenges, the prioritization process can help move the conversation to a more solution-oriented discussion on specific, tangible actions that can be taken and included in a work-plan.
- For this reason, it is recommended that countries consider carrying out both the S&T assessment and the formulation of the work plan **as a single exercise with two linked parts**. In several countries where S&T assessments were undertaken on their own and stopped before the work plan was developed, momentum was lost and the diagnosis and ranking of the challenges failed to lead to a set of implementable, specific solutions (reducing the value-added of the underlying assessment).
- The prioritized and ranked matrix of sustainability and transition challenges offers an immediate and natural bridge to sustainability and transition work planning. Countries and consultants should consider designing an initial high-level work plan directly from the Sustainability and Transition assessment, with each challenge being matched by one or several corresponding activities (solutions) in the work plan. These activities can later be ranked or prioritized and fleshed out so that for each activity there is a set of practical actions that can be assigned a timeline, budget, lead accountable agency, and monitoring indicators and targets. Once this initial analysis of potential solutions is completed, it is relatively straightforward to convert this into the detailed action plan in the work plan. An example of this process is included in Annex 5: Model Transition Work Plan Summary Matrix5.
- Based on experience, the Sustainability and Transition work plans that have proven to be most impactful have been: (a) short and practical, focusing on a limited set of priority actions to be undertaken in the following 12-36 months; (b) costed; with (c) clear targets that can be measured and reported to the Working Group; and (d) developed in time to be included in updated HIV and TB national strategic plans and in Global Fund Funding Requests (see Module 7).

- To formulate the work plan, assessment teams can develop a first set of recommended actions, aiming to match each of the top Sustainability and Transition challenges with corresponding activities (e.g., estimate and secure additional budgets for prevention and key populations, analyze the strengths and weaknesses of CSOs and develop an advocacy or investment case for strengthened public financing of CSO services social, support an advocacy campaign around human rights and gender discrimination, etc.). This trial list of actions should then be filled in by stakeholders using a series of one-on-one interviews and workshops. Ranking and prioritization will almost certainly be needed. Once the main actions in the work plan are defined, it is useful to add details regarding timing (start and end dates), the financial costs involved, a responsible agency, and specific measures of progress that can be easily monitored. While a range of concrete examples can be found on country and technical assistance provider websites, three are included below to help illustrate the process described above.

Specific Country Examples:

Latin American and Caribbean Country (2017-18): The Sustainability and Transition Committee organized two in-person meetings and one video meeting to discuss and rank the sustainability challenges and proposed actions. The recommended actions were then costed and budgeted, allowing for a more specific set of follow up actions that could be included in TA budgets or future Global Fund Funding Requests.

Asian Country (2018): UNAIDS and the National AIDS Authority hosted an all-day workshop where consultants (including two graphic artists who shaped all decisions into colorful posters) facilitated a workshop to select a set of 13 areas for mitigating actions.

Asian Country (2020): Because of Covid-19, the S&T Technical Working Group chaired by the Vice Minister of Health had to meet virtually to discuss and rank the challenges and corresponding actions to sustain the country’s HIV and TB programs. Consultants distributed forms for participants to fill out and return in advance of the virtual workshop, and individual interviews were held with government, NGOs, and donor organizations prior to the workshop. A total of 14 challenges and 19 mitigating actions were agreed during the virtual workshop process.

Useful Links on Module 6 Topics

- National strategic plans, country-specific HIV and TB plans, and other in-country reports that include strong stakeholder participation

To Build Consensus

- [Citizens Jury Handbook](#)
- [Consensus Building Handbook](#)
- [Consensus Conference Manual](#)
- [Consensus Workshops Guide](#)

Module 7: Integrating Sustainability and Transition Assessments into National HIV and TB Strategic Plans and Global Fund Grants

Rationale for this Module: *Sustainability and transition assessments and work plans are indispensable building blocks in analyzing key challenges, identifying mitigation actions, and putting these in a country-led and prioritized framework. However, the most important impact of these assessments comes when the assessments and workplans are timed and sequenced to be used in national plans, budgeting processes, and in Global Fund Funding Requests and other donor operational documents. This module describes how such sequencing can be accomplished and how it can be used in high level advocacy processes at the national level.*

Main sources of information: *Previous country TRAs and associated documents, Global Fund grant Funding Requests, NSPs, PEPFAR Country Operational Plans, investment cases, advocacy briefs*

Translation of Assessment Findings and Work Plans into NSPs, Budgeting Processes, and Global Fund Funding Requests

- Increasingly, the Global Fund and countries are aiming to sequence and integrate sustainability and transition assessments with other country processes in order to derive the maximum benefit of these analyses. This includes NSPs, Global Fund Funding Requests and/or grant reprogramming, other donor plans, domestic government budgets, and or other health sector planning processes.
- *NSPs:*
 - Ideally, the assessments and work plans should be conducted and completed prior to the development of HIV and TB national strategic plans (or other health sector plans that include considerations for the national disease responses). The main findings on sustainability challenges can then be incorporated as a chapter or annex or integrated throughout in relevant sections. During the actual assessment process or the development of the work plan, it is essential that assessment teams identify potential strategies for updating these national documents (or adding to them) during subsequent review processes. Stand-alone assessments that are not linked to other national planning processes have been proven to be less effective than those that are ultimately integrated and planning this integration process in advance is key.
- *Global Fund Funding Requests:*
 - Since the NSP (or other health sector strategic planning documents, including from other donors) is a prerequisite and a foundation for Global Fund Funding Requests, completing the sustainability assessment and the associated workplan prior to the start of the Funding Request design is also ideal and should be pursued where possible.
 - Global Fund Funding Requests now have required sections on Sustainability,

Transition, and Co-Financing (STC) where findings from the assessments can be naturally integrated, demonstrating how Global Fund grants, technical assistance, or other efforts are working to address identified challenges. In addition, the Global Fund is increasingly requesting that existing assessments be attached to Funding Request applications, and in some cases (i.e., Tailored for Transition Funding Requests) are required.

- The Global Fund and its Technical Review Panel are also increasingly asking countries to include policy changes and specific activities in Funding Requests that emerge from sustainability and transition analysis – these recommendations can help accelerate and implement the main recommendations in the Sustainability and Transition assessment. Country teams can help ensure that these activities are included in Funding Requests so that recommendations become actionable parts of Global Fund grant implementation (e.g., completing the interoperability of HIV and TB monitoring in HMIS, launching pilots related to social contracting, agreeing on co-financing targets that require government to progressively replace the specific interventions with domestic budgets, etc.).
- Where the sustainability and transition work plan contains practical and well-defined activities (e.g., training, studies, additional health systems investments) which are costed, it becomes easier to consider including these in the Funding Requests (or other technical assistance applications) with clear budget lines.
- In addition, recommended increases in domestic public financing for HIV and TB from the S&T assessment can also be incorporated in the specific co-financing requirements and commitments included in Funding Requests and formally adopted in co-financing commitment letters from governments to the Global Fund. Clearly identifying opportunities for enhanced co-financing during the work-planning process can make these discussions more tangible.
- *Other donor plans:*
 - When possible, leveraging findings from the sustainability and transition assessments and related work plans to influence other donor processes can enhance overall impact. This includes such tools as the PEPFAR Sustainability Index Dashboards (SIDs) and Country Operational Plans (COP), World Bank loan appraisals, GFF country investment case processes, and/or technical assistance provided by bilateral funders.
 - Inviting country level representatives of these donors to join the S&T Working Group and recommending the use of final assessments and plans as inputs into other donor processes can help enhance coordination across shared sustainability / transition priority areas.
- *Domestic financing:*
 - It is important for the national Working Group (or other mechanism supporting the assessment process) to include as part of their prioritization process discussions with Finance Ministries and/or other relevant budget officials with respect to how recommended activities can lead to corresponding increases (or enhanced efficiency) of domestic budgets HIV, TB national programs or critical investments in health systems that support the disease responses. In some cases, the Working Group (or assessment team) can help strengthen

dialogue between Ministry of Health officials and Finance or budgeting officials. It can be especially effective to work directly with MOH and MOF to consider incorporating certain critical interventions into national budget lines in the annual budget documents and in the three- year medium-term expenditure frameworks.

- Where HIV and TB services are to be covered by national health insurance schemes or financed by administered by entities beyond the MOH, the national Working Group can leverage the assessment or work planning process to meet with relevant health insurance officials or other key stakeholders officials to estimate the actuarial or other costs of including HIV and TB in the benefits package.

High Level Advocacy

- Global Fund Secretariat stakeholders as well as members of the CCM and other relevant national stakeholders have increasingly been looking to S&T assessments and sustainability and transition work plans for key messages that can be used in high level policy dialogue with ministries of health and finance and other partner agencies.
- The Executive Summary of the S&T assessment and work plan can provide an effective platform for such advocacy, if it summarizes well the key challenges and proposed mitigating actions for enhanced program sustainability.
- In addition, in some situations the executive summary and the full assessment has been used to develop shorter advocacy briefs and slide decks for discussions with senior government and donor officials, helping turn the assessment process into much more specific, tangible dialogue on needed changes at the national level. Such briefs and decks have been used recently in a number of countries and are helping to focus the dialogue between the Global Fund, country stakeholders, partner organizations and high-level government officials. As outcomes of this policy dialogue, in some cases health ministers have formally endorsed and signed off on the S&T assessments and work plans and have followed up with implementation of key actions such as budget increases for HIV and TB, implementation of improved policies and protocols for testing and treatment, enhancements in information

Country Examples

Caribbean Country (2020-21): The S&T assessment and work plan were developed as a single process. During the assessment process, the assessment team held numerous meetings and exchanges with the experts who were updating the NSP and drafting the new Global Fund Funding Request. The three priority areas (related to domestic financing, procurement for TB, and social contracting for HIV) were included in the NSP and specific activities were budgeted in the Global Fund Funding Request, enhancing the linkages between the processes and leading to more tangible outputs.

South American Country (2018): The sustainability and transition work plan was formally adopted first by the CCM and then delivered to the Minister of Health for his signature. The assessment team and the FPM briefed the Vice-Minister on the five key actions to be taken, and the Vice-Minister was nominated by the Minister to oversee the implementation of the S&T Plan, strengthening oversight of the process.

systems, procurement and supply chain improvements, and the launch of social contracting pilots.

Useful Links on Module 7 Topics

- [PEPFAR Country Operational Plans \(COPs\)](#)
- [UNAIDS Country Data and Reports](#)
- [WHO TB Country Reports](#)
- [Global Fund grant Funding Requests](#)
- [Global Fund Operational Policy Note on Co-financing](#)
- National strategic plans and other country-specific HIV and TB plans
- National, regional, and local investment cases and advocacy briefs
- Prior national Sustainability and Transition Assessments and Work Plans

IV. Conclusion

The enhanced recent focus on sustainability and preparations for transition is a reflection of the changing environment in global health financing, and the need to proactively work to sustain gains in the fight against HIV and TB. While transition from Global Fund and other external sources of financing is a gradual process that often takes place over several allocation periods or funding cycles, early, robust, and proactive attention to sustainability challenges and transition and sustainability planning is critically important. Early planning, supported in part by this guidance as well as complementary efforts, can help ensure challenges are identified and actions are taken that support countries to sustain gains and continue to make progress against HIV and TB, both with and without external financing.

This Guidance reflects the experience of dozens of countries that have undertaken sustainability/ transition assessments and developed transition work-plans with the support of the Global Fund and other partners. It is intended to serve as helpful tool to guide sustainability and transition planning, complementing other efforts to address sustainability challenges and continue to strengthen the impact of health systems and national HIV and programs.

V. Bibliography

General Sources

- [Amnesty International reports](#)
- [Economist Intelligence Unit Country Macroeconomic & Political Outlook reports](#)
- [GAVI reports](#)
- [Global Fund Allocations, 2020-2022](#)
- [Global Fund Building Resilient and Sustainable Systems for Health \(RSSH\) Information Note](#)
- [Global Fund Community Systems Strengthening Information Note](#)
- [Global Fund Guidance Note for Developing a Resilient and Sustainable Systems for Health Funding Request](#)
- [Global Fund HIV Information Note](#)
- [Global Fund Human Rights and Gender Programming in Challenging Operating Environments Guidance Brief](#)
- [Global Fund HIV, Human Rights, and Gender Equality Technical Brief](#)
- [Global Fund In-Country Supply Chains Technical Brief](#)
- [Global Fund Laboratory Systems Strengthening Technical Brief](#)
- [Global Fund Programming at Scale with Sex Workers, Men who have Sex with Men, Transgender People, People who Inject Drugs, and People in Prison and Other Closed Settings](#)
- [Global Fund Support to Effective Regulatory Systems for Procurement and Supply Management of Health Products](#)
- [Global Fund Sustainability, Transition and Co-financing Guidance Note](#)
- [Global Fund Strategic Support for Human Resources Technical Brief](#)
- [Global Fund Technical Evaluation Reference Group Thematic Review, 2020-2022](#)
- [Global Fund Tuberculosis Information Note](#)
- [Global Fund Value for Money Technical Brief](#)
- [PAHO Health in Americas+, Regional Outlook and Country Profiles](#)
- [PEFA Country reports](#)
- [PEPFAR Annual Report to Congress, 2020](#)
- [PEPFAR Country Operational Plans \(COPs\)](#)
- [PEPFAR Sustainability Indices and Dashboards \(SIDs\)](#)
- [PEPFAR 2021 Country and Regional Operational Plan \(COP/ROP\) Guidance for all PEPFAR Countries](#)

- [UNAIDS Country Data and Reports](#)
- [UNAIDS, Evidence for Eliminating HIV-related Stigma and Discrimination](#)
- [UNAIDS guidance reports](#)
- [UNAIDS reference reports](#)
- [UN Human Rights Council Reports](#)
- [U.S. State Department Human Rights Reports 2019](#)
- [World Bank Worldwide Governance Indicators Country Reports 1996-2019](#)
- [WHO Country Cooperation Strategy Overviews](#)
- [WHO National health workforce accounts](#)
- [WHO Quality Assurance Policy: For the procurement of essential medicines and other health products](#)
- Country-specific National TB, HIV/AIDS, and malaria strategy documents, and related Ministry of Health documents including mid-term, final and other evaluations

Data Sources

- [Global Fund Data Explorer](#)
- [IMF Data](#)
- [UNAIDS Data](#)
- [WHO National Health Accounts Data](#)
- [WHO TB Country Reports](#)
- [WHO World Malaria Report, 2020](#)
- [World Bank Data Bank](#)

[Institute for Health Metrics and Evaluation: Global Burden of Disease Database](#)

Annexes

Annex 1. Background and Contextual Information Templates

Table 2: Incidence, Prevalence, and Mortality by Component

Component: HIV					Year	Source
	Total	M	F	Other		
Incidence (Adults, 15-49, estimate)						
Prevalence (Adults, 15-49, estimate)						
New infections diagnosed						
Number of People Living with HIV (PLHIV)*						
Number of AIDS-related deaths						

*Refers to PLHIV who have knowledge of status; not based on total estimated number of PLHIV.

Component: TB					Year	Source
	Total	M	F	Other		
Estimated prevalence of TB (all forms) per 100,000 population						
Estimated mortality of TB cases (all forms, excluding HIV) per 100,000 population						
Estimated number of incident cases (all forms)						
Reported # of new and relapse cases, bacteriologically confirmed and clinically diagnosed (all forms)						
Number of bacteriologically confirmed drug resistant TB cases						

Table 3: Service Coverage

HIV Prevention

Population	Population Size Estimate	Year	Comprehensive package coverage ⁸	% of people covered	Year (coverage data)	Package details
General						
PWID						
SW						
MSM						
TG						

⁸ As defined by the World Health Organization [Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations](#).

HIV Treatment

Population	Population Size Estimate	Number who know HIV status	Number in care	Number virally suppressed
General				
PWID				
SW				
MSM				
TG				
Other				

HIV/TB Testing and Treatment

	Number	Year	Source
Testing			
HIV testing among TB patients			
% of KP that received HIV testing and know their result			
% of other vulnerable populations that received HIV testing and know their result			
Prevention			
People living with HIV screened for TB (number and %)			
Number of people living with HIV receiving TB preventative therapy			
% of PLHIV receiving TB prevention therapy			
Treatment			
% of PLHIV* linked to care			
% of PLHIV* on ART			
% of PLHIV on ART, achieving viral suppression			
12-month retention on ARV therapy (% , all ages)			
Co-management of TB & HIV treatment (% estimate)			
Number of TB Patients living with HIV receiving ART			
TB patients living with HIV receiving CPT (%)			
TB treatment success rate (%) (all forms of TB and bacteriologically confirmed)			

Table 4: Global Fund Grant Activity – Past and Current Grants

Component	Round	Grant	Principal Recipient	Grant Date	Start	End Date	Total Grant	Status (Active/Closed)
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						Amount (USD)	

Table 5: Financial Details of Most Recent Grant – Budget by Module

	Amount allocated (USD)				
	Year 1	Year 2	Year 3	Total	% Module/Total budget
Module 1					
Module 2					

Table 6: Financial Details of Most Recent Grant – Budget by Cost Category

	Amount allocated (USD)				
	Year 1	Year 2	Year 3	Total	% Cost category/Total budget
Cost category 1					
Cost category 2					

Table 7: Financial Details of Most Recent Grant – Budget by Recipient

	Amount allocated (USD)	Main Cost Categories	Type of organization (international, local, etc.)	Target population	Types of service delivery under grant support
Principal Recipient					
Sub-recipient 1					
Sub-recipient 2 etc.					

Table 8: Global Fund Investment in Commodities for Diagnosis and Treatment

	People covered by Global Fund	Annual average investment	% GF contribution /total	% domestic contribution /total
HIV				
ARVs				
Viral Load				
CD4				
TB				
LAB TB and MDR TB diagnosis	n/a			
First line drugs				
Second line drugs				

Annex 2: Health Financing Templates

Table 9: Macroeconomic, Fiscal and Economic Management

Indicator	Year	Source
GDP per capita, PPP (constant USD)		
General government revenue Percent of GDP		
General government total expenditure/ Percent of GDP		
Regulatory Quality: Percentile Rank		
Rule of Law: Percentile Rank		
Voice and Accountability: Percentile Rank		
Government Effectiveness: Percentile Rank		

Table 10: Health System Financing Indicators

	Year	Source
External resources for health (% of total expenditure on health)		
Government Health expenditure per capita, PPP (constant USD)		
Health expenditure, total (% of GDP)		
Health expenditure, private (% of GDP)		
Health expenditure, public (% of GDP)		
Health expenditure, public (% of GE)		
Health expenditure, public (% of THE)		

Table 11: Financing of National Health System

	Year	Source
Total National Budget (Total Public Expenditure)		
Total Government Health Expenditure		
Ministry of Health (regular budget)		
Social Security/National Health Insurance		
Others (Sub-National Units, Municipalities)		
Private Insurers (Prepaid Voluntary Insurance)		
Private Suppliers (Private Clinics/Sanatoriums)		
Out-of-pocket Expenditure (Healers, Pharmacies, Orthopedics, Glasses)		

Table 12: Financing Sources for HIV/TB

	HIV/AIDS	Tuberculosis
a. Global Fund		
b. Other Donors (specify which)		
c. Domestic: Government		
d. Domestic: Other		

Private		
Out-of-Pocket		
Private Health Insurance		
Total estimated funding		

Annex 3: Table of Contents for S&T Assessment and Work Plan

This Annex contains an illustrative table of contents of a Sustainability and Transition Assessment and Work Plan, covering the main areas highlighted in the Guidance modules. The structure of the report will naturally vary from country to country, based heavily on country context.

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Annex 4: Model Sustainability and Transition Assessment Summary Matrix

The chart below illustrates a summary matrix for sustainability and transition assessment designed to help country teams to prioritize challenges / risks based on their severity and expected impact and the feasibility and timing of the proposed response.

Challenge (describe)	Severity of challenge and expected impact if not mitigated (high, moderate, low)	Ease of addressing the challenge (easier, more difficult, very difficult)	Timescale (short-term, medium-term, long-term)	Prioritization score (mark top 10 challenges with an X, or list from 1 (highest) to Y (lowest))
1				
2				
3				
4				
5				
6				
7				
...				

Annex 5: Model Transition Work Plan Summary Matrix

Once the top S&T challenges are selected, the recommended activities can be defined and prioritized for each challenge, and key implementation features (who will implement, key milestone dates, cost, and monitoring indicators) can be added by the consultants in discussion with the Working Group and others.

Challenge		Recommended activity		Priority (high, medium, low)	Lead Agency	Dates for Implementation	Estimated Cost	Monitoring indicator
1		1						
		2						
2		3						
		4						
3		5						
		6						
...		7						
		...						

Annex 6: Illustrative Example of Mission Agenda

(for illustrative purposes only; will vary heavily depending on country context)

DAY 1		
Time	Meeting/Activity	Expected Outcomes
8:00 – 8:30	Mission Launch with CCM	<ul style="list-style-type: none"> Introduction and launch of the mission Presentation of mission objectives Mutual understanding of the transition timeline and degree of transition
8:30 – 10:00	Interview: CCM	<ul style="list-style-type: none"> o Understand the current role of the CCM o What GF contributions have made the disease response more effective
10:00 – 10:30	Transportation to the Ministry of Finance	
10:30 – 12:00	Interview: Ministry of Finance	<ul style="list-style-type: none"> o Perspective of the Ministry of Finance on the transition process
12:00 – 13:30	Lunch and transportation	
13:30 – 14:30	Interview: Ministry of Planning and Development	<ul style="list-style-type: none"> o Perspective of the Ministry of Planning and Development on the transition process
15:30 – 16:30	Interview: Ministry of International	<ul style="list-style-type: none"> o Perspective of the Ministry of International Cooperation on the transition process o Identify changes in donor landscape

	Cooperation	
16:30 – 17:30	Interview: Local Fund Agent	<ul style="list-style-type: none"> o Perspective of the Local Fund Agent on the transition process o Identify opportunities and challenges

DAY 2

Time	Meeting/Activity	Expected Outcomes
8:00 – 9:15	Interview: National TB Program	<ul style="list-style-type: none"> o Understand the key components of the national TB strategy, including its strengths and weaknesses o Provide a list of ongoing programs for TB care, specific providers, and prevention, management and treatment activities
9:30 – 10:45	Interview: National HIV/AIDS Program	<ul style="list-style-type: none"> o Understand the key components of the national HIV/AIDS strategy, including its strengths and weaknesses o Provide a list of ongoing programs for HIV/AIDS care, specific providers, and prevention, management and treatment activities
11:00 – 12:30	Interview: Department of Health Service/Primary Healthcare (Service Delivery)	<ul style="list-style-type: none"> • Understand the different levels of care and the health services network of the Ministry of Health • Understand the linkages between the national responses to HIV/AIDS and TB and the provision of services at the primary care level
12:30 – 14:00	Lunch	

14:00 – 15:00	Interview: Department of Administration and Finance	<ul style="list-style-type: none"> o Understand the budget processes for HIV/AIDS and TB o Comparison of actual income and expenditure with the original budget
15:00 – 16:00	Interview: Department of Human Resources	<ul style="list-style-type: none"> o Understand the human resources processes in the Ministry of Health as related to the national responses to HIV/AIDS and TB o Identify challenges and opportunities
16:00 – 17:00	Interview: Department of Health Supplies Management and Procurement	<ul style="list-style-type: none"> o Understand the current procurement and supply chain processes o Identify opportunities for future contracts

DAY 3

Time	Meeting/Activity	Expected Outcomes
8:30 – 10:00	Interview: Social Security Institute	<ul style="list-style-type: none"> o Understand the linkages between the national responses to HIV/AIDS and TB and the provision of services
10:30 – 11:30	Interview: Central Laboratory	<ul style="list-style-type: none"> o Understand the current HIV/AIDS and TB diagnostic processes
		<ul style="list-style-type: none"> o Share Ministry of Health databases with information on the current and projected epidemiological situation o Share data related to effective coverage of interventions including utilization of health services, diagnosis, treatment and successful treatment of HIV/AIDS and

12:00 – 13:00	Interview: Department of Strategic Health Information	TB
12:30 – 14:00	Lunch and transportation	
13.00 – 14:30	Interview: Department of Human Resources in Health	o Understand human resources training processes in relation to the national responses to HIV/AIDS and TB
15:50 – 16:00	Meeting with the Minister of Health	o Presentation of the mission objectives and preliminary results o Define next steps
16:00 – 17:00	Interview: Department of Health Surveillance	o Understand the types of monitoring and performance-related information systems that exist for HIV/AIDS and TB surveillance

DAY 4		
Time	Meeting/Activity	Expected Outcomes
7:30 – 9:00	Visit a hospital or clinic that provides services to key populations	<ul style="list-style-type: none"> • Understand public health service delivery • Understand the linkages between the national responses to HIV/AIDS and TB and the provision of services
9:30 – 11:00	Interview: GF Sub-recipient(s)	<ul style="list-style-type: none"> • Perspectives on transition: challenges and opportunities

11:30 – 13:00	Interview: Regional authority	<ul style="list-style-type: none"> • Perspectives on transition: challenges and opportunities • Decentralization and the role of regional authorities in executing national health strategies
13:00 – 14:30	Lunch and transportation	
14:30 – 17:00	Interview: Development partners/International organizations	<ul style="list-style-type: none"> • Perspectives on transition: challenges and opportunities • Coordination of international cooperation efforts on transition and sustainability • Identify changes in donor landscape

DAY 5		
Time	Meeting/Activity	Expected Outcomes
7:30 – 8:30	Interview: Ministry of Justice	<ul style="list-style-type: none"> • Perspective of the Ministry of Justice on the transition process
9:00 – 10:00	Interview: Members of Parliament/Congress	<ul style="list-style-type: none"> • Perspective of the Commission on the transition process • Identify barriers and opportunities including existing laws and regulations, or lack thereof
10:30 – 11:30	Interview: Legal entity	<ul style="list-style-type: none"> • Perspective on the transition process • Identify barriers and opportunities including existing laws and regulations, or lack thereof
	Interview: Civil Society Organizations	<ul style="list-style-type: none"> • Perspective of NGOs on the transition process • Identify barriers and opportunities including existing laws and regulations, or lack thereof

11:30 – 13:00		
13:00 – 14:00	Lunch	
14:00 – 17:00	Close of the mission	<ul style="list-style-type: none"> • Presentation of the week's results • Defining next steps