

Lessons Learned from Sustained Global Health Investments

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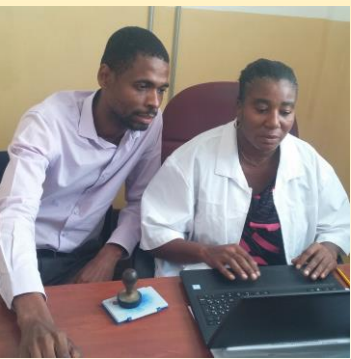
BACKGROUND

There is emerging evidence to support those factors in global development that are related to successful transition and sustainability of aid investments. At the 15-year mark, the scale and scope of PEPFAR provides ample opportunity to explore these factors and to confirm or identify those that can be incorporated early in project design in order to increase sustainability. Sustainability was defined by PEPFAR in 2016 *as a country having the enabling environment, services, systems, and resources required to effectively and efficiently control the HIV and AIDS epidemic*.¹ Based on this definition, PEPFAR developed the *Sustainability Index Dashboard (SID)* to measure the degree of sustainable epidemic control attained by a national government. The case studies presented here provide a closer, more granular look at transitioned programs that support the sustainability of aid investments.

DESCRIPTION

The International Training and Education Center for Health (I-TECH) has been a PEPFAR implementing partner since 2003 and has transitioned more than 300 programs and products to local ownership during that time. In 2017, I-TECH explored the degree to which six of these investments had been sustained by local partners and the key elements of successful transition. Examples were selected on the basis of geographic diversity, type of program, and sufficient time from transition to make an assessment of sustainability. Key informants were interviewed, and the four domains and 15 core elements of the *SID* provided a framework for better understanding each case example and its contribution to the enabling environment, services, systems, and resources required to control the epidemic.

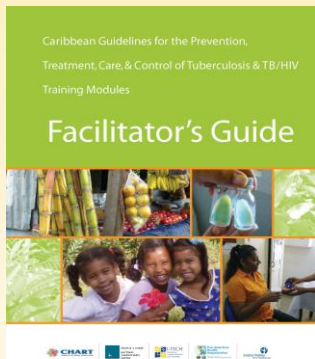
Six I-TECH Case Examples



Haiti's *iSanté Electronic Medical Record System*



Namibia's *HIV Clinical Mentoring Program*



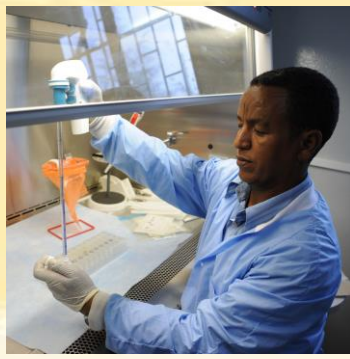
Caribbean *Guidelines for the Prevention, Treatment, Care and Control of TB and HIV*



Tanzania's *Clinical Assistant to Clinical Officer Upgrade Course*



Botswana's *National Monitoring & Evaluation (M&E) Cadre*



Ethiopia's *Laboratory Strengthening Initiative*

Transitioned 2012

Transitioned 2015

Transitioned 2012

Transitioned 2016

Transitioned 2012

Transitioned 2008

RESULTS

All six programs still existed in their respective national health systems, and each had benefited significantly from the planning characteristics noted by Vogus and Graff² for successful transition to local ownership:

- Communication of transition strategies through high level diplomacy;
- Stakeholder participation in transition planning;
- Government support of the plan, including alignment with local government policies, practices, and salaries;
- Use of planning tools (i.e., a roadmap); and
- Adapting approaches to the local context during transition.

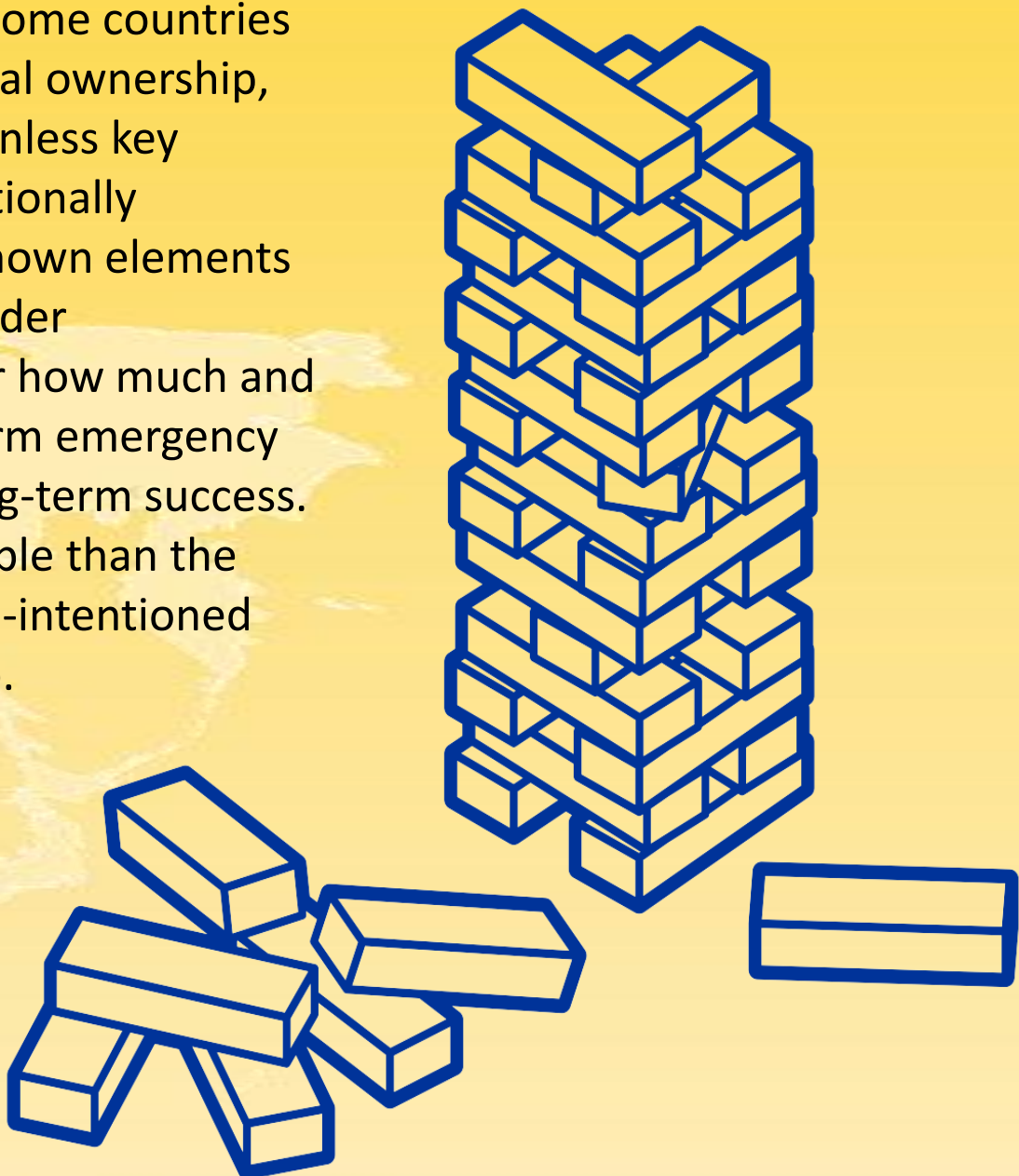
Interviews identified three additional factors described by key informants as critical for immediate, mid- and long-term sustainability¹ following transition. First was the presence of a **champion** who facilitated communication and motivated stakeholders over time. Second was a transition partner (i.e., organization) that was highly motivated by **demand** or **need** for the transitioned program. The third finding was the most frequently named: the need to plan for a period of continued **financial and technical support** during transition in order to assure implementation, adaptation, and quality.

DISCUSSION

Interviews confirmed that the most critical factor in sustainability of these examples was recognizing the need for some degree of funding for technical assistance during and following transition. This facilitates a gentle trajectory of transfer from external to local partner. All the case examples needed—and received—continued support from government, from I-TECH, or, in one case, through income generation, in order to be sustained over time. For instance, funding for the *Clinical Officer Upgrade Course* in Tanzania is generated by student tuition and purchase of the electronic tablets that contain the curriculum. However, while sufficient to maintain the program, this generated income is not enough to pay for regular updates to the curriculum. Transition planning should calculate a technical assistance or financing plan that assures success, also taking into account the possibility of outside events and natural disasters requiring that external funding be temporarily revived. The 2010 earthquake in Haiti resulted in the need for additional outside assistance in order to use the *iSanté EMR* in an emergency situation. In Botswana, the *M&E Cadre* was initially well-supported by government, but was later scaled back due to economic downturn and a national hiring freeze. Planning for some level of continued external support appears fundamental to long-term sustainability, but is often absent when funding agencies change direction and shift responsibility for adopted programs too rapidly to local partners. In doing so, the risk of failure increases, wasting donor funds in a way that is largely avoidable through better planning.

CONCLUSIONS

While aid investments in low- and middle-income countries can clearly be transitioned successfully to local ownership, they appear not to remain viable over time unless key elements of sustainability planning are intentionally addressed at the outset. In addition to the known elements of successful transition (e.g., buy-in, stakeholder participation), we should also be planning for how much and what type of technical assistance or short-term emergency funding will be needed in order to assure long-term success. Such reality-based planning is more responsible than the rapid divestiture that too often occurs in well-intentioned efforts to transition assets to local ownership. This lack of planning for ongoing transition support contributes to the failure of aid investments. More intentional transition planning would assure that all critical elements for sustainability are present, much like the logs used in the tower game of Jenga—ongoing support is clearly one of the elements that, if absent, rather quickly topples the tower.



REFERENCES

- ¹ PEPFAR Position Paper: *Sustainable HIV Epidemic Control*. 2016.
- ² Vogus A and Graff K. *PEPFAR Transitions to Country Ownership: Review of Past Donor Transitions and Application of Lessons Learned to the Eastern Caribbean*. Global Health: Science and Practice. June 2015, 3(2):274-286; <https://doi.org/10.9745/GHSP-D-14-00227>

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