How Are Health Policy Makers Managing Donor Exits: a Policy Analysis of Ghana's Transition from the United States President's Emergency Plan for AIDS Relief (PEPFAR)
by

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Thesis submitted in partial fulfillment of
the requirements for the degree of
Master of Science in the Duke Global Health Institute
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ABSTRACT

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Abstract

Background: When Ghana undergoes economic growth, and becomes a middle-income country, it will face the loss of official development assistance (ODA), including ODA for health. PEPFAR has been supporting Ghana for many years and now is reducing its funding in Ghana.

Methods: This is a qualitative study based on 21 in-depth, key informant interviews conducted between May and October 2019. Study participants were individuals who are involved in Ghana's national HIV/AIDS response; they included government officials, technical officers from international organizations, staff from donor agencies, and staff from local civil society organizations (CSOs).

Results: PEPFAR has been playing a significant role for Ghana's national HIV/AIDS control. However, it is reducing its funding in Ghana because of Ghana's poor performance and government commitment. PEPFAR is transiting its work focus to only the Western Region in order to achieve epidemic control in this region. This transition will bring many challenges to Ghana such as financial, governance, and system challenges. The government of Ghana and CSOs in Ghana have been aware of PEPFAR's transition for some time, and initial plans are conducted to manage this transition. At the same time, PEPFAR is trying to initiate conversations with other donors to fill in the potential gaps.

Conclusions: Transition is shared responsibility. PEPFAR as a donor could publish its specific transition plan for Ghana to navigate this transition. Ghana as a recipient country could make more commitment to perform better with donor findings. Donors will not provide permanent assistance; transition is a good chance for country to stand fully on its own feet. Mobilizing domestic resources is important to sustain Ghana as a country itself and manage the transition.

Contents

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1. Introduction

When low-income countries undergo economic growth, and become middle-income countries, they face the loss of official development assistance (ODA), including ODA for health. When countries achieve middle-income status, they face the simultaneous loss of external funding from *multiple* donors. As Yamey and Hecht say: "During the next few years, over a dozen middle-income countries are likely to transition away from multilateral concessional assistance—that is, grants and loans that offer flexible or lenient terms for repayment—including support from International Development Association (IDA) and Gavi, the Vaccine Alliance."[1] Loss of such aid could potentially have a huge impact on these transitioning countries if they are not well prepared for the transition, i.e. if they are not ready to fund their own health programs themselves from domestic sources. This global health transition will be a major concern worldwide in coming years.

1.1 Ghana's national HIV response

Ghana is a lower-middle income country in Western Africa. In 2018, it had a population of 29.77 million people and a gross national income (GNI) per capita (Atlas method) of USD 2,130 [2]. According to UNAIDS, as of 2018, there were 330,000 people living with HIV in Ghana, the HIV prevalence rate was about 1.7%, and the incidence rate was about 1.1% [3]. Compared to high HIV-burden countries such as Botswana (2018 HIV prevalence rate of 20.3%) and Zimbabwe (2018 HIV prevalence rate of 12.7%),

Ghana has a relatively low-level HIV epidemic [4].

Nevertheless, HIV control programs in Ghana are still critical for three main reasons. First, there is wide variability in HIV prevalence between different regions. The eastern region has the highest prevalence (2.8%), followed by the Western region (2.7%), the Great Accra region (2.5%), Brong Ahafo region (2.2%), the Central and Volta regions (2.1% in both regions), Ashanti region (1.9%), and the three northern regions (Upper East, Upper West, and Northern which have the lowest prevalence, at under 1.0%) (Table 1) [5]. This variability suggests that HIV control programs—including preventive and treatment programs—may not be uniformly effective across the whole country. Second, the HIV prevalence among key populations is higher than the prevalence in the general population. Compared with a prevalence of 1.7% in the general population, the HIV prevalence rate among female sex workers (FSWs) is 6.9%, and among men who have sex with men (MSM) is 18% [3]. This heightened risk of HIV among vulnerable key populations suggests that HIV prevention and treatment services are not fully reaching marginalized populations. Third, the Ghana AIDS Commission (GAC) notes that as of 2018, only 55% of people with HIV were diagnosed, only 61% of those who were diagnosed were on antiretroviral therapy (ART) and only 66% of those on ART were virally suppressed [6]. Thus, Ghana still has a long way to go in reaching the UNAIDS 90-90-90 goals [7]. The target of these goals is that in every country, by 2020, 90% of those with HIV should know their status, 90% of those who have a diagnosis of HIV

should be on ART, and 90% of people taking ART should be virally suppressed.

Table 1. HIV prevalence by region (2014)

Region	HIV prevalence in the general population (%)
Eastern	2.8
Western	2.7
Greater Accra	2.5
Brong Ahafo	2.2
Central	2.1
Volta	2.1
Ashanti	1.9
Upper East	0.6
Upper West	0.4
Northern	0.3

Prior to being declared to be a lower-middle income country, Ghana used to be a major recipient of official development assistance (ODA) for health. In 2010, the World Bank declared that Ghana had become a middle-income country. Since ODA donors, especially multilateral development agencies such as IDA, the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), and Gavi, the Vaccine Alliance, use national GNI per capita in deciding which countries will receive ODA, Ghana's middle-

income status means it will face loss of health ODA. Donors expect Ghana's government to take more financial responsibility for its health programs, including the national HIV/AIDS control program. In terms of aid effectiveness, one key principle is that ODA is supposed to be given to the most vulnerable countries that are most in need [8]. Therefore, many development partners are ending or planning to end their health ODA to Ghana, which may risk health financing gaps unless the government can "replace" the lost external assistance with equivalent amounts of domestic finance [9].

1.2 The United States President's Emergency Plan for AIDS Relief (PEPFAR) in Ghana

The United States President's Emergency Plan for AIDS Relief (PEPFAR) is one of the largest donors in the global fight against HIV/AIDS. Launched in 2003, PEPFAR has contributed around US$85 billion to the fight against HIV/AIDS [10], and has helped to tackle the challenge of controlling the pandemic. Since its launch, PEPFAR has been through three phases. In phase I (2003 - 2008), PEPFAR focused on achieving an emergency response—that is, rapidly allocating funding to high-burden countries ($15 billion over 5 years to 15 focus countries). In phase II (2009 - 2012), it emphasized country sustainability by signing 22 partnership frameworks with PEPFAR's partner governments. PEPFAR is now in phase III (2013 - present), concentrating on sustainable control of the epidemic in order to achieve the 90-90-90 goals [11].

Ghana has been supported by PEPFAR since 2007. The United States (US) has invested about $200 million in HIV/AIDS control in Ghana, mostly through PEPFAR

(about $160 million) and the rest through the Global Fund [12]. This level of funding makes the US the largest donor to Ghana's HIV/AIDs control program. However, having provided support to countries for so many years, "Now, the U.S. government has reached a turning point in its emergency response and has decided to reduce funding to many of these countries" [13]. In 2017, PEPFAR released its new "Epidemic Control Strategy", identifying 13 "priority high-burdened countries". PEPFAR will now focus on these 13 countries and will help them to accelerate HIV/AIDS epidemic control. Ghana is not on the list, i.e., PEPFAR will be transitioning its support away from Ghana (Ghana is said to be "graduating" from PEPFAR assistance).

According to PEPFAR [14], Ghana received an FY2019 budget request that is 50 percent lower than its FY2017 allocation, which means that PEPFAR has started withdrawing funding from Ghana. US representatives have expressed optimism that the declining US resources will be met by rising domestic funding for HIV/AIDS [12].
PEPFAR does not have a specific transition policy to guide its withdrawal from recipient countries and it has never declared that it would exit from any countries. However, countries that have achieved or are going to achieve HIV epidemic control are supposed to take more responsibilities for themselves [15].

1.3 Summary

Transition from donor assistance is a relatively new field of inquiry in global health. There have been a small number of studies on how transition may affect a

country's health and development, such as studies on the challenges of maintaining health financing and health equity after transition. However, there has been little research on (a) how a specific country is handling its transitioning from PEPFAR support, and (b) how policymakers are responding to their country's graduation from PEPFAR assistance. It is possible that key national policymakers and stakeholders in the recipient country are not prioritizing preparation for the transition process.

My research focuses on (a) assessing Ghana's response to the transition from PEPFAR, and (b) identifying potential mechanisms by which Ghana can improve its own capacity to manage HIV programs and further control the HIV epidemic after PEPFAR's exit. By doing this research, I will also generate practical lessons that can be helpful to other countries in their transition from donor assistance and provide information that can inform future studies about transition.

2. Methods

This is a qualitative study based on 21 in-depth, key informant interviews conducted between May and October 2019. Study participants were individuals who are involved in Ghana's national HIV/AIDS response; they included government officials, technical officers from international organizations, staff from donor agencies, and staff from local civil society organizations (CSOs). All study procedures were approved by the ethical review boards at Duke University and the Ghana Health Service.

2.1 Setting

For this study, I spent five weeks at the University of Ghana's Department of Health Policy, Planning and Management, located in Accra. Most of the interviews were conducted in Accra during that period. In addition, two interviews were conducted with technical officers from international organizations in Geneva, Switzerland, and one was conducted in Durham, North Carolina, USA, through a remote phone call.

2.2 Participants

Individuals were eligible to participate in the study if they worked in the field of HIV/AIDS and had knowledge or experience of Ghana's transition from PEPFAR. In order to obtain a broad range of perspectives on our research topic, we (i.e., the research team) targeted several different groups: 1) Geneva-based policymakers, e.g., relevant experts at the World Health Organization; 2) policymakers from the government of Ghana who are involved in the management and financing of the HIV/AIDS response

and who work with PEPFAR; 3) staff at PEPFAR who have senior roles in PEPFAR's assistance in Ghana; 4) academic scholars who study transition or development assistance for health; and 5) staff from CSOs in Ghana that have been supported by PEPFAR assistance.

According to Guest (2016), qualitative research sampling should continue until theoretical saturation is reached [16]. Nielsen and Landauer (1993) estimate that six participants can disclose 80% of the major issues within a system, while 12 participants can disclose about 90%. Using this guidance, we aimed to recruit 18-25 participants into the study [17].

The sampling strategy to identify key informants involved both purposive and snowball sampling. We purposively sampled key informants from organizations that fund or deliver HIV services (e.g., HIV CSOs, PEPFAR staff, ministry of finance officials), policymakers who shape HIV policy, and academics who study HIV in Ghana. In addition to this, at the end of every interview, participants were asked "Who else do you think I should interview on this topic?" in order to identify further suitable participants (this approach is called snowball sampling).

We reached out to and conducted interviews with two Geneva-based policymakers in May, 2019. In addition, we identified which CSOs were funded by PEPFAR, and extracted their contact information from their official websites. At the same time, with the help of our collaborators at the University of Ghana, we were able to

identify and contact relevant government officials in Ghana.

We identified 64 potential organizations and reached out to 45 of them by email. We attached a study information sheet, and set a specific interview date and time with those who replied that they were willing to participate. When a potential key informant did not reply, we sent follow-up emails, called their official phone number, and went to their worksite to talk to them. Through this process, we were able to enroll a total of 24 key informants in the study (in three interviews, there were two key informants interviewed at the same time).

2.3 Data collection

I conducted the 21 interviews together with a fellow MSc in global health student (JR). Interviews were conducted in English. Twenty interviews were conducted in person at the key informants' offices, and one remote interview was done via a phone call. Each interview lasted approximately one hour. Participants gave written informed consent prior to being interviewed. Participants were asked whether they were willing to be recorded for the purpose of transcribing. Sixteen of the interviewees agreed to be audio recorded by phone and computer. For those five that were not recorded, the interviewers wrote detailed notes during the interview to capture the participants' words.

The interviews were facilitated using a semi-structured interview guide (Appendix 1). The guide was developed following an extensive literature review of published

papers on transition from health ODA. One pilot interview was conducted with a policy maker from the government of Ghana and questions were revised according to the interview experience to ensure the validity of the guide. The interview guide included questions to assess how key informants' roles fit into Ghana's national HIV/AIDS response, their perception of PEPFAR's role in Ghana, how this transition will affect the key informants' roles, and how they are managing this transition process.

2.4 Analysis

Audio recordings were transcribed by either JR or the author, and then reviewed by the other team member for accuracy. The content of the five interviews that were not audio recorded were typed out independently by both JR and me, and the two typed documents were compared to make sure the content was the same and accurate.

Following transcription, we wrote summaries of each interview to capture emerging themes from each of the key domains of the interview guide. The codebook was developed in an iterative fashion. First, parent codes were created as structural codes informed by the domains of the interview guide. Next, child codes were identified to capture the emerging themes under each of the domains. All the coding and the initial analysis process were completed in NVivo 12.

3. Results

The sample includes 4 technical advisors from international organizations and academic institutes, 4 policymakers from the Government of Ghana (GOG), 4 officials from PEPFAR and its implementation agencies, and 12 staff from civil society organizations (CSOs). At the time of the interviews, all of the key informants were involved in work related to Ghana's HIV/AIDS response and PEPFAR's assistance in Ghana.

This section details the main research findings as identified from all interview transcripts and notes. Findings are presented anonymously as stated in the research protocol and consent form.

3.1 Perceptions of PEPFAR's engagement in Ghana and the status of its transition out of the country

3.1.1 PEPFAR's work

Most key informants (KIs) acknowledged that PEPFAR was a significant player in Ghana's national AIDS response. They argued that PEPFAR has provided official development assistance for Ghana's HIV/AIDS control program for many years, supporting prevention, testing, and treatment services (including provision of antiretroviral therapy [ART], and it has built a good relationship with the government of

Ghana. KIs described PEPFAR as being dedicated to reducing stigma and discrimination against people living with HIV (PLWH), removing user fees, and helping people get better access to the most effective HIV treatments.

"So they have been actually very, very– very, very important in our HIV programming in Ghana." (KI 07)

"PEPFAR has played an important role, mostly with the 90:90:90 target." (KI 08)

KIs also believed that PEPFAR provides a lot of technical assistance for HIV laboratory work, and it helps with logistics of blood sample delivery, which improves the efficiency of HIV screening/testing. It also develops behavioral change communication (BCC) materials, which aim to educate people on HIV prevention.

"What they did is they contracted the Ghana post. So the Ghana post now they have motorbikes come in once every week to a facility, picking up our viral load samples, sending it to where it has to go, analyzing it, and bringing the reports back to us. So it has reduced their turnaround time to between two weeks to three weeks, which is actually a very great improvement." (KI 07)

KIs explained that PEPFAR has given a lot of assistance to CSOs s on helping key populations (KPs) such as men who have sex with men [MSM], female sex workers [FSWs] and people who inject drugs. One KI (KI 06) stated that, *"Over the years, they [PEPFAR} have supported, they are in the forefront [of], the area of fighting HIV prevalence among key populations, the MSMs, the FSWs in Ghana".* With PEPFAR's help, argued one

KI (KI 17) Ghana has developed its first strategic plan focusing on KPs: *"If we [the government] would ever start any major interventions, for key populations, especially for men who have sex with men in this country, it all started by PEPFAR."* This statement shows PEPFAR's significant role in mobilizing attention and resources to key populations.

KIs explained that the Care Continuum Project is the main work PEPFAR has been funding in Ghana in recent years, which focuses on KPs. The project's funding is through United States Agency for International Development (USAID) and the project is implemented in 5 regions in Ghana by John Snow Inc (JSI), which is collaborating with 11 local non-governmental organizations. In addition to providing HIV services such as condom supply, testing service and treatment service, this project trained M-friends and M-watchers. M-friends, explained one KI (KI 03) are members of the community *"who are influencers and who also understand health needs of KPs, and are prepared to stand up to support them and to help them to make sure that their rights are not trampled upon"*. M-watchers are members of the KP community themselves, such as FSWs and MSMs, who can share their own experience with their peers, help them get testing and support those who get diagnosed to adhere to treatment. This project also aims to reduce social stigma and discrimination against PLWH and KPs, and advocate for legal status for KPs.

Some key informants perceived that PEPFAR's efforts in Ghana also included health system strengthening. PEPFAR helps the government develop policies and

guidelines, build tracking systems and generate better health data. One KI (KI 11) said that PEPFAR *"contributed to NGO capacity [building]".*

However, some study participants expressed concerns about PEPFAR's approach. Two participants said that PEPFAR created a vertical HIV program that was separate from Ghana's national health system, and without integration of PEPFAR's program into the health system there would be many negative consequences. One KI questioned PEPFAR's way of engaging CSOs, since PEPFAR selects its partner organizations outside of the government process, and there was little conversation bringing the government, CSOs and PEPFAR together, resulting in some missing links between the government's work and PEPFAR's work. Some KIs said that PEPFAR's support always came with many restraints, and if the government cannot meet those requirements, the funding will be reduced; one KI (KI 14) called this an *"inflexible"* approach.

"Because of this separate parallel financing, that you have separate parallel, almost health system for HIV. So, you have your own health workers, you have your own procurement system, you have your own supply chain, you have your own services, you have your own facilities, just for HIV." (KI 01)

"The restrictions [of PEPFAR's funding] sometimes in the short-term we appeared to achieve gains and make progress but in the long term when the funding is removed the entire system is put in a mess." (KI 14)

3.1.2 Current transition

1) Financial transition

When asked about their perceptions of PEPFAR's transition trend, almost all the KIs said that they were aware of the ongoing funding reduction (but they were not aware of any plans by PEPFAR to fully exit out of the country). The KIs argued that although PEPFAR had not put forward a specific transition plan, and PEPFAR did not even officially use the word "transition," evidence showed that the funding from PEPFAR was reducing in Ghana. A dwindling in the funding inflows was observed by many KIs. Some mentioned that now there was more "one-time funding" from PEPFAR aimed at solving emergencies, in place of providing continuous funding.

"If we compare the funding level some years ago and we compare it to now, there is a huge, you know, a huge reduction in the amount that they [PEPFAR] have, you know, they have allocated to Ghana." (KI 08)

"I can say they [PEPFAR] are in a preparatory phase and studying the situation to see what would be the best option in terms of exit possibly. But I don't see them exiting now. They may reduce the quantum of resources or concentrated in a particular area but will be there for some time." (KI 03)

2) Geographic transition

Apart from the financial transition, KIs often mentioned PEPFAR's geographic transition (i.e. the way it has shifted its support out of some districts). Every KI pointed

out that PEPFAR originally worked in 14 high HIV-burden districts that spread over five regions in Ghana, focusing mainly on KPs. However, from October 2019, PEPFAR moved to only one region, Western Region, but focuses there on both *"general and key populations"*. PEPFAR chose the Western Region mainly because of the high HIV prevalence and some social determinants such as *"the oil activities"* and *"the move of FSWs"* (i.e. the increasing number of oil workers and FSWs in this region). PEPFAR wanted to use the Western Region as a pilot case to achieve epidemic control via the 90-90-90 target set by UNAIDS (details of the 90-90-90 target are in this paper's Introduction).

3) Funding redirection

Notably, most of the respondents mentioned that in 2017, much of the PEPFAR funding that was earmarked for Ghana ended up being directed to some other neighboring countries. KIs explained that money was redirected out of Ghana because Ghana fail to achieve the benchmarks it set in the previous year and did not make a commitment for the coming year; PEPFAR paid high attention to government commitment and was highly performance-driven. Thus, PEPFAR thought the country did not take performance seriously and decided to reduce its funding to Ghana.

"Because Ghana couldn't spend some of the money, couldn't meet the co-financing applications, some of the funding for HIV has to be moved out to the country." (KI 04)

"PEPFAR said that the government is not up to their [PEPFAR's] standard, the

government didn't meet their [PEPFAR's] targets, so they [PEPFAR] didn't give as much money as they gave before." (KI 12)

"The fact in Ghana is it's leaving from low-income to middle income country, is not really the primary reason of the shift in PEPFAR's funding. …For every PEPFAR country, we really based the funding levels [how much funding PEPFAR allocates in one country] on [recipient country's] performance." (KI 23)

KIs from PEPFAR shared an internal PEPFAR document that showed that Ghana's total FY 2018 outlay level of $8,703,292 is less than the approved spending level for FY2018 of $12,448,907 (Country Operational Plan 2017 budget). Due to Ghana's under-spending of $3,745,615 and overall under-performance in FY18, the internal document states that PEPFAR will only allocate a total budget of $8,915,000 for the Regional Operational Plan 2019, a 30% reduction in the budget from FY2018 to FY2019 (From 2019, there is no specific COP for Ghana, PEPFAR will focus West Africa as a region but not Ghana as a single country). The internal document states that:

"The lack of adequate use of these funds for their intended purpose, coupled with significant under-performance in testing and treatment across the national cascade, has led PEPFAR to reconsider any further release of these funds to Ghana. "[PEPFAR, West Africa Region Planning Level Letter.]

3.2 Potential impacts of PEPFAR's transition

3.2.1 Financial-related challenges

Most KIs discussed the financing challenges after PEPFAR's departure. When PEPFAR leaves, they argued, there would be less or even no funding from PEPFAR any more, which will cause financial gaps. KIs pointed to three consequences of reduced funding from PEPFAR.

First, non-governmental organizations (NGOs) funded by PEPFAR would be affected directly. Since PEPFAR usually works with NGOs directly, when PEPFAR withdraws its funding, NGOs do not *"have much to do unless you have your own way of mobilizing your own domestic resources" (KI 04).* In this situation, NGOs would not have enough funding to hire and train health workforce, conduct on-the-ground activities and reach out to PLWH, which would impede NGOs' current and future work. Due to the lack of funding, NGOs could not maintain their activities, which would reduce their ability to advocate to the government, thus further reducing government commitment to PLWH.

"PEPFAR pays a number of staff. So the impact [of reduced PEPFAR funding] is that you have to reduce the staff. Because the money they give us [CSOs] is to work with so if you don't have the money you don't work, but the challenge will be the staff. So they have to go and then you don't know what you are supposed to do. Maybe we [will]redirect our focus." (KI 04)

"Now civil society don't have support. So how are you going to put pressure on governor? Government will relax." (KI 08)

Second, without enough funding from PEPFAR to support HIV/AIDS control, both HIV service delivery and the procurement of antiretroviral drugs would be negatively affected. The number of PLWH is increasing, and so with PEPFAR reducing its support in Ghana, there will be huge pressure on the government to provide HIV services. The government will have to fund its own HIV treatment procurement, sustain logistics of service delivery, and support all the HIV education activities. Though PEPFAR is reducing its funding and moving to only one region, it *"hasn't really said it is going to transition" (KI 07),* and it never gives a specific transition plan to Ghana in public. The timeline is vague, but if the government cannot cover this gap as soon as possible, all the gains made by its national HIV/AIDS response will be eliminated.

"It's going to cost this country a lot of money to sustain all of them [PLWH] on treatment, especially looking at how things have gone. Because of the donor support we literally don't charge anybody for antiretrovirals meaning that then how are you now going to change that all of a sudden and tell the clients you need to pay for ARVs. It's not going to work; it will lead to people defaulting from treatment." (KI 07)

"I wouldn't say it's a transition, it's an abrupt withdrawal." (KI 17)

Third, PEPFAR's exit would lead to many technical challenges. Since PEPFAR provides technical assistance to Ghana, its transition will affect many aspects of the

health system, including HIV laboratory systems. At the same time, without PEPFAR's monitoring of services, there might be a problem with reduced quality of services.

3.2.2 Government priority

Key informants noted that PEPFAR's departure would create a gap in HIV/AIDS services for key populations, such as MSM and FSWs. Representatives from CSOs and donor organizations said that, due to the legal status of key populations in Ghana, these populations were not the government's priority. Government officials similarly noted that their mandate was to focus on the general population. KIs explained that PEPFAR conducted a lot of community-level activities for key populations, advocating for their legal status and reducing stigma and discrimination against PLWH. Without trained M-friends and M-watchers and without the improvement of their social status, key populations might be unwilling to go to the clinics to get testing and treatment. If PEPFAR withdraws, key populations might be left behind, and the HIV prevalence might rise.

"Homosexuality is regarded as a criminal act in Ghana. I doubt the Ghana government will, will allocate resources for key population, especially– both female sex workers and MSM– if there wasn't to be any donor funding. So this, this group is going to really suffer if donors funding is to completely, you know, get out of this country." (KI 07)

"So if the source of funding for this kind of trainings is not there then there is a risk that they will get to the facilities and there may be some discrimination." (KI 18)

3.2.3 System efficiency

KIs argued that PEPFAR's transition would bring systematic challenges to Ghana's national health system, affecting system efficiency. They explained that PEPFAR hires its own health workforce, manages its own separate supply chain and builds its own program mechanisms. These are all separate from the national health system, and so the government does not understand clearly what is happening at the program level, causing missing links in the process that leads to misunderstandings between PEPFAR and the government. These KP-related activities that implemented by CSOs ran well when PEPFAR were still here, however, when PEPFAR withdrew, all the assistance that had been provided to Ghana would be taken away, it would be hard for the government to take over in a short time.

One official felt that PEPFAR worked in partnership with CSOs individually, however the government was excluded in the process. If anything went wrong, the government cannot take control immediately. In addition, after PEPFAR leaves, those CSOs will the government for funding; however, the government would not have the ability to fund those CSOs in the short term. Since the government has not been working with those CSOs on the ground, future cooperation between the government and these CSOs would be challenging.

3.2.4 Western Region

One KI (KI 13) whose CSO was based in the Western Region said that PEPFAR's geographic transition would be a benefit for them. All of PEPFAR's focus and resources would be directed to the Western Region, so this CSO would get more funding and more resources from PEPFAR after October 2019, with a mandate to work with both general and key populations:

"initially we were working with the key populations. Funds is limited to key population activity, and you have little to support the general population activities. Meanwhile, you're seeing that there are also vulnerable groups amongst the general population, which you can't help. But I believe that now that they are moving to the Western Region, we as an organization would be more resourced to do more." (KI 13)

3.3 Current management of PEPFAR's transition

3.3.1 Ghana's approach to transition

1) Facilitators to the transition

Some KIs felt very positive towards this transition in terms of their government's preparation. Many of them mentioned "Ghana Beyond Aid", a policy of self-sufficiency that was initiated by Ghana's president. Because of this strong political will, these KIs thought Ghana would handle this transition from aid properly. Ghana has always been

the *"star of Western Africa" (KI 01)* in terms of the country's development. It has systems in place, such as the Ghana AIDS Commission, that coordinates all the national efforts towards HIV/AIDS control, the National AIDS Control Program that leads the technical work, and the Ghana Health Service and Ministry of Health that cooperate closely. Ghana has rich natural resources like oil, gold, and timber, and enough human resources. The capacity has been developed to some extent during these years with PEPFAR's funding. All Ghana needs to do, argued KIs, is to make good use of these resources to generate domestic financing towards handling its own HIV/AIDS problem.

"At least capacity has been birthed. And the knowledge is there. Some of our laboratory has been upgraded. So infrastructure equipment is being provided. So those are the strengths that we have. We just need to increase funding, that's all. So that we can sustain those intervention that were already put in place." (KI 08)

Another key facilitator, argued KIs, is that stakeholders in Ghana have already been aware that transition is happening. Meetings were held to talk about this transition, and initial discussions were conducted.

"One strength is that, Ghana knows its issues, it knows the gaps, it knows how it has worked with donor funding for a very long time. And by now, we should be able to understand, therefore, if donors are going to go out how we should be able to tackle it. It's just that we are not making use of it, we are just wasting it, just letting it be there." (KI 07)

2) Barriers to this transition

Some KIs questioned the current economic classification of Ghana as a lower middle-income country (LMIC). Becoming a LMIC does not mean, argued KIs, that Ghana has already reached sustainability in terms of poverty reduction, food safety, universal health coverage and education. It still has the characteristics of low-income countries and is *"still dependent on ODA from donors"* (KI 11). KIs doubted that Ghana had the capability to fully sustain itself now without donor support.

"The fiscal space scenario in Ghana is extremely concerning—like economic growth is plateauing and the transition was triggered kind of in an external way because they [the Ghana government] rebased the currency within Ghana. And when they rebased the currency it made it a middle-income country. But it was an artificial shift, it wasn't like an economic growth shift, it was a rebasing." (KI 01)

"Some of us are saying 'are we really truly a lower middle-income country,' for donors to say "well with that status, you know, you should be able to do this." (KI 07)

Following its classification as a LMIC, Ghana now is facing simultaneous transitions from different donors. KIs argued that the government has different *"competing priorities"*, and *"it will take some time for us to prioritize that" (KI 02)*. At the same time, some KIs noted that as long as there was funding from donors, even less, the government would take the advantage of donor funding, and transition would always hard to be prioritized.

"It's not just PEPFAR and Global Fund that are transitioning. DFID [the UK

Department for International Development] isn't giving budget support anymore, USAID is backing out, JICA [the Japan International Cooperation Agency] is backing out." (KI 01)

"I just feel that because we know that the donors will not leave us entirely because number of people will suffer, we just take chances and at the end of the day, yes, the money goes down but we still get money. So I don't feel that we are truly on top of it and realizing that, or pushing, to ensure that we take total control over it." (KI 07)

KIs also noted that there were many weaknesses and gaps in Ghana's health system, especially the health information system. These KIs argued that the government cannot make good decisions without reliable data, which should be collected or generated by a good health information system. Lack of a health tracking system is a threat to treatment adherence, and prevents resources being targeted to those who need them most. The *"weak stewardship function of the ministry of health" (KI 01)* makes transition harder.

3) The government's management

Many KIs said that they do not think Ghana is well prepared for this transition, and that they seldom see plans from the government that targets management of the transition from PEPFAR's HIV assistance. Some KIs did not think the government was making a full commitment to fund and manage the national HIV/AIDS program by itself.

"In terms of preparation I mean Ghana isn't prepared- They're not delivering on a lot of core fundamentals." (KI 01)

"[In terms of Ghana's preparation], on the scale of 10, level of readiness, I would put like one and a half." (KI 03)

Key informants noted that there were some initial preparations happening for transition. Discussions were conducted by the government and civil society to gather attention on this transition issue. Technical working group meetings took place at the Ghana Health Service and Ghana AIDS Commission, talking about *"leaving nobody behind" (KI X).* Some CSOs that were funded by PEPFAR in the past have started to reach out to new funding sources, and they were advocating for more government budget allocation to HIV prevention in those districts from which PEPFAR has left.

There was a push to have domestic resource mobilization, so the Ghana AIDS Commission (GAC) was leading the establishment of a National HIV and AIDS Fund and was developing a specific fundraising strategy for the fund. The objective of the fund was to finance the country itself and to sustain the national AIDS response after PEPFAR's leave. However, participants said that this was "still at a very early stage".

3.3.2 PEPFAR's approach to transition

Many KIs said that PEPFAR was taking steps to help Ghana with this transition. However, many KIs saw *"few specific transition plans"* published by PEPFAR, while others said that *"PEPFAR hasn't withdrawn completely"*, which was also a kind of *"supporting"* for the transition process. Though PEPFAR did not create a COP for Ghana, it developed a ROP for Western Africa, which included Ghana; this meant *"certain things*

might be done" in Ghana.

1) Discussions with the government of Ghana

Key informants noted that PEPFAR officials attended relevant meetings, and was working with the GAC (Ghana AIDS Commission) on the National HIV and AIDS Fund, pushing domestic resource mobilization to ensure that the national response is financially self-reliant. PEPFAR helped to bring the government's attention to transition, pushing for government commitment to HIV/AIDS by making the country understand what PEPFAR was able to do and what the country's responsibility should be. PEPFAR pointed out the potential gaps and gave suggestions on how to finance the National HIV and AIDS Fund and related issues.

"All PEPFAR is doing, is pointing to government that government need to do this, indirectly, is telling government that government need to prepare for transition, take its own responsibilities." (KI 05)

2) Capacity building

Many KIs said that PEPFAR helped Ghana with its health system strengthening, and helped with capacity building among local NGOs. Staff from PEPFAR said that their sustainability initiatives were built into every project that they conducted in this country; in every project proposal, PEPFAR were supposed to clearly outline the sustainability plan. In addition, PEPFAR also focused on soft skills training of the health workforce, which hopefully could help sustain the country after PEPFAR's exit.

"We don't have the solution to it yet but we are thinking about it: how do we make sure that the gains in investments that PEPFAR has made are not just all washed away when we transit. Because then it's not worth the transitioning. Then it's not worth anything for even PEPFAR" (KI 03)

3) Conversation with other donors

Most of the key informants emphasized that PEPFAR initiated a conversation with the Global Fund. PEPFAR tried to make the Global Fund step into some regions that PEPFAR was transitioning out from, and to fill in the potential gaps that might be caused by PEPFAR's exit. The Global Fund accepted this idea and was going through the process of selecting recipient districts/organizations.

"From my understanding PEPFAR is taking steps. So I think, that was why the issue was sent to Global Fund and then Global Fund accepted." (KI 09)

3.4 Potential benefits of the transition

Many KIs believed that once the transition was managed properly, it would be a good thing for Ghana as a country. Because of this transition, argued one KI (KI 03) Ghana has started to focus on generating domestic resources: *"I see it as positive because it makes everybody to sit up and to start thinking innovatively about resource mobilization and be responsible, etcetera"*. This is a good opportunity for Ghana to gain real independence, take control over its own issues, and solve its own problems. In addition, one key

informant (KI 01) said that if Ghana seized this opportunity to integrate PEPFAR-funded services into its national health system, a more efficient health system would be created.

4. Discussion

This study aimed to better understand PEPFAR's transition from Ghana and how this process will affect national HIV/AIDS control in Ghana. It also aimed to understand how policymakers in Ghana are managing this transition. In this section, I begin by summarizing the main findings of the study. I discuss how other countries are handling the transition process and how their process compares to Ghana's transition. I propose potential recommendations for both Ghana (as a recipient country) and PEPFAR (as a donor) based on the results of my study and other countries' experiences.

4.1 Summary of main findings

PEPFAR has been giving assistance to control HIV/AIDS in Ghana for many years. Its work covers providing basic HIV/AIDS prevention and treatment services, reducing stigma and discrimination against key populations, technical assistance and health system strengthening. Based on both PEPFAR's official documents and on interviews with key informants, it is clear that PEPFAR is reducing its funding in Ghana, and shifting its support to focus only on the Western Region.

This transition might be challenging for Ghana in terms of its HIV/AIDS control efforts. Less or no funding from PEPFAR will reduce civil society organizations' capabilities in the HIV response. KPs might be left behind by the government of Ghana since KPs such as FSWs, MSM are still illegal in this country. Missing links between PEPFAR's work and the government's work will appear. The Western Region might be

the only region that will benefit from this geographic transition (i.e. the shift of PEPFAR's funds away from other regions towards the Western Region), since it will obtain more resources and funding. Compared to other countries that are experiencing transition from donor assistance for health (DAH) or specifically for HIV/AIDS, Ghana may have some advantages since it has rich natural and social resources. Nevertheless, it also faces barriers in tackling its transition away from DAH such as the mismatch between its economic status and its true capability to manage donors' exit.

The government of Ghana and CSOs in Ghana have been aware of PEPFAR's transition for some time, and so they have taken some steps to manage this transition. Discussions and meetings are being held by government, CSOs and donors to call more attention to this transition. A National HIV and AIDS Fund is being established, but is still at an early stage. At the same time, PEPFAR is trying to communicate with both the government of Ghana and the Global Fund about its transition out of Ghana, although PEPFAR has not yet published a specific transition plan.

4.2 Implications of the study

There are at least six key implications of my study's findings. I discuss these below, while also placing them in the context of the wider literature on transitions from health aid.

4.2.1 Transition management as a shared responsibility

Nearly all key informants thought that transition from donor assistance should be a shared responsibility; they felt that the process should be managed by the cooperation of PEPFAR and the government. PEPFAR itself, in its publications, notes how important such cooperation is, e.g. it states that "Creating an AIDS-free generation is a shared responsibility between the United States and host country partners" [18]. Communication about how to manage this process is the key to a successful transition [19] [20]. One thing that donors and the recipient country could do is to push transition high up their agendas and share timely information with each other, and they could jointly make a specific transition plan. PEPFAR could give Ghana sufficient time to prepare for PEPFAR's exit, and work with the government to manage this process. Key informants also suggested that PEPFAR should not reduce funding abruptly, and neither should it move its focus region too often in one country. It is not only the recipient country's but also donors' responsibility to make the transition process smooth; donors should ensure that the hard-fought gains in Ghana are not undermined.

4.2.2 The value of PEPFAR declaring specific transition plans

PEPFAR has not fully exited any country yet. Nevertheless, it does not have a specific transition policy to navigate its impending exits from recipient countries, neither does it have strict eligibility cutoffs or thresholds to determine when to continue or

terminate its support in any specific country [15]. This lack of an explicit transition policy could lead to misunderstandings in recipient countries, such as about the timing or speed of the transition. The government of Ghana does not know exactly when PEPFAR's funding will end completely and what this process for ending all PEPFAR assistance will be, and this lack of understanding could potentially undermine the country's transition and preparation. One good instance of helping recipient countries transition out of donor assistance is Gavi, The Vaccine Alliance's co-financing policy [21]. Gavi formulated and refined its co-financing policy to avoid an abrupt change that could threaten the continuity of national immunization in recipient countries [22]. Gavi will not exit from a country immediately when the country crosses over Gavi's eligibility threshold (a gross national income per capita of $1,580); instead, Gavi gives countries several years to prepare for self-financing. PEPFAR could also develop a transition policy like this, and tailor it according to different country contexts. PEPFAR could declare its specific transition plan to Ghana, so that the government of Ghana can take actions accordingly, and coordinate the whole country to manage this process. In addition, since there are still concerns from scholars about accountability and responsibility in the transition process [23], PEPFAR as a donor could help hold the government accountable by setting, monitoring and evaluating transition benchmarks during and after transition.

4.2.3 Government commitment to the HIV/AIDS response

Though its economic growth is one reason why Ghana is losing PEPFAR assistance, a lack of government commitment to HIV/AIDS control is the main reason PEPFAR is reducing its funding in Ghana. The government's failure to use PEPFAR funding from the last funding cycle to achieve PEPFAR's expected targets led to a huge reduction in PEPFAR's funding. The government of Ghana now should carefully re-plan its work on HIV/AIDS control, show its commitment to its people as well as to donors. Ghana will continue to lose donor support unless the government makes a commitment to the national HIV/AIDS response.

Ghana's total health spending as a share of gross domestic product is only 5.7%, and its government HIV/AIDS spending as a share of total HIV/AIDS spending is only 19.4% [24]. If the government were to give higher priority for spending on the health sector and specifically on HIV/AIDS control, this would facilitate transition management. The government could develop its own transition plan, since this will support its commitment to mobilize and use its domestic recourses instead of relying on donor-funded services, commodities and management responsibilities [25].

The government could do a SWOT (strengths, weaknesses, opportunities, threats) analysis to better manage its transition from PEPFAR's assistance. It should take advantage of its rich resources, such as oil revenues, and use these to help fund HIV control after the transition of donors; it will need to develop its own domestic resource

mobilization strategy to make the National HIV and AIDS Fund sustainable. Ghana, as a recipient country, should proactively communicate with PEPFAR, explaining to the donor how its funding can best help this country.

4.2.4 Civil society engagement and key populations

Civil society organizations (CSOs) play a crucial role in Ghana's HIV/AIDS response since they implement most activities related to key populations (KPs). PEPFAR's withdrawal is likely to have a major effect on CSO's financial and technical capability to continue their work, which in turn could affect KPs. Donors should help the government to engage with CSOs during and after transition, since CSOs play such a critical role, providing services on the ground and also helping to hold the government and donors accountable. CSOs could also play a role to push the government to make a commitment to focus on both general and key populations.

4.2.5 Country ownership and integration of HIV services

PEPFAR and USAID are both working on transition toward country ownership, which is a "deliberate shift from a U.S. Government-led and -funded program to an integrated country-led program" [18]. Despite this shift, many KIs criticized PEPFAR's vertical HIV/AIDS programs, and the lack of country ownership and integration of these vertical PEPFAR programs could make it difficult for Ghana to manage PEPFAR's withdrawal. Donors may need to think about how to provide assistance by using

country healthy systems, rather than parallel vertical systems, in future programs. Investing in recipient countries' health system strengthening is important in terms of transition management, since this can help to build recipient countries' capacity and maintain the sustainability of HIV programs.

4.2.6 Indicators that drive transition from ODA should be further discussed

There are several reasons why donors decide to begin transitioning out of a country. The first is that a donor-supported program has achieved its goal and the country is ready for the transition [26]. Second, donor funding for health alone is not enough for a country to meet the health-related Sustainable Development Goals—all countries must also mobilize domestic health funding to achieve these goals [26]. Third, a country's' economic growth could make it ineligible for ODA [27]. Many donors are using national GDP or GNI per capita as the main indicator to determine their assistance in one country. However, many KIs argued that Ghana's shift from low-income to lower-middle income status should not be a reason for ODA reduction. Because GDP is neither an accurate measure of economic growth [28], nor an adequate indicator of a country's health development [29]. Other published literature has also exposed the limitations of using GDP per capita as an indicator of a country's ability to finance its HIV response [30]. A country's improved economic status does not necessarily mean that it has the capability to fully sustain its HIV/AIDS response. It might have a weak

health system and its HIV/AIDS epidemic might be more severe than that of other countries. More indicators should be taken into consideration by donors in deciding whether they should transition out of assistance, and when the assistance should be terminated; examples of other indicators include life expectancy at birth, education and GDP per capita [31], and modern contraceptive use and total fertility rates specifically for HIV/AIDS assistance [18].

4.3 Lessons learned from other ODA transition experience

4.3.1 STAR Ghana Foundation

The STAR Ghana Foundation is a good example of how CSOs in Ghana can move from high dependence on donor support to now mainly relying on domestic resource mobilization. The foundation was initially funded by UK Aid, but then it worked with its donors to diverse its funding sources. Now in addition to ODA, its funding is from other various sources such as "local and international foundations and philanthropy, corporate social responsibility (CSR) funding (and possibly other private sector resourcing), the development of an endowment fund, and earned income from social enterprise activities" [32].

4.3.2 India

Bill & Melinda Gates Foundation (BMGF) started to sponsor the Avahan initiative in India from 2003 to reduce the HIV spread; between 2009-2013, BMGF helped India to

transition this initiative from being highly dependent on donor funding to being a fully government-funded and country-managed program. BMGF well implemented this transition mainly by supporting government, NGOs, community and KPs capacities, aligning clinical and non-clinical aspects of the Avahan program with government systems prior to handover, and promoting and monitoring continued government commitment. This case identified 5 key elements for an effective and successful transition: a) BMGF had a specific phased transition plan and gave extended timeline to India to fully prepare for this transition; b) Avahan made substantial investment in preparing for this transition, and helped India build its sustainability; c) the Government of India had made strong political commitments to HIV/AIDS control prior to this transition; d) communications and trust were well built between BMGF and the country, as well as among key partners in country; e) Avahan's adaptability and willingness to provide additional support in key areas after transition helped mitigate negative consequences of this transition [33].

4.3.3 China

In 2003, Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) started to support China on TB (Tuberculosis) control; since 2006, China initiated to scale up its MDR (Multidrug-resistant) -TB programme in collaboration with GF; in 2014, GF ended its support in China. The main challenge of this transition to full country financial ownership was the on-going health reforms in China coincide with the completion of the

Global Fund programme: “In 2014, the Global Fund provided 26% of the total reported NTP budget for MDR-TB, while domestic funding comprised 19%, leaving a 55% funding gap”. This case suggested that the best way for China to manage the transition was to a) make fully use of the enormous gains that had been made during the collaboration with GF such as strengthened capacity in terms of infrastructure, technology, and human resources; b) ensure ongoing strong political commitment to quality service delivery [34].

4.3.4 Brazil

Brazil received four grants from the Global Fund, there were two for TB for $21.3 million, and two for malaria for $17.2 million. In order to manage its transition away from GF’s support once the funding for malaria and tuberculosis ended, the government of Brazil did preparation from onset, and the key lessons were summarized as: a) demonstrate commitment and showed extraordinary leadership to disease control, and it “design interventions that are narrowly defined so not to increase government commitments excessively after GF funding ceases”; b) build and strengthen the capacity of existing institutions so that the country could sustain itself after GF’s exit; c) invest in education of health workers and professionals and health system strengthening such as building health information tracking system to ensure the country’s sustainability [35].

4.4 Recommendations

Based on the results and discussion above, I summarized several specific recommendations for the government of Ghana and PEPFAR respectively, that might be helpful to better manage this transition process.

The government of Ghana:

1) Do a systematic SWOT analysis, and fully understand and use the resources and strengths to manage the transition.
2) Make full commitment, and put transition onto its agenda and prioritize related issues.
3) Engage CSOs in this process, so that CSOs could play its full role of monitoring and holding both the government and PEPFAR accountable.
4) Diverse the funding sources, and seek funding from different donor agencies, foundations, philanthropy, and private funding.

PEPFAR:

1) Develop a specific transition plan for Ghana and declare it to the government of Ghana.
2) Give Ghana necessary support related to sustainability building during the transition process.
3) Use country system as much as possible when providing ODA in the future.

4.5 Strengths and weaknesses of the study

This study tries to understand Ghana's transition from PEPFAR by interviewing diverse key informants, gets various and comprehensive opinions from government side, donor side and CSO side. Based on previous general transition research, this study focuses more on one specific donor (PEPFAR) and one specific country (Ghana), highlights how Ghana is handling its transitioning from PEPFAR support, and identifies potential plans to respond to this transition process and offers some implications to move forward.

This study also has some limitations. First, since this study focuses on one donor and one country, this might undermine its external validity and generalizability of results. Second, this study only includes limited number of Ghana government officials. More information about how policymakers manage this transition might be got if more government officials were interviewed.

4.6 Future research

Study that try to understand a country's management of donor's transition should be constant so that we can know how Ghana is doing and how the potential plans we put forward will contribute to this process. Future research could investigate on this topic to guide and also monitor Ghana's transition from donor assistance. Post transition could also be studied to monitor country's sustainability after donors' exit. As a result of this research, we also realized that accountability of recipient country government and

donors is important for the success of transition, so how to hold both sides accountable is worth to study.

5. Conclusion

PEPFAR has been playing significant role in helping with Ghana's national HIV/AIDS control, especially HIV/AIDS among key populations. Now due to many reasons such as poor commitment of Ghana government, Ghana's economic growth and PEPFAR's strategy change, Ghana is facing transition from PEPFAR's assistance. Though some initial actions have been taken, specific plans for how to manage the whole process of transition have not been put in place. Transition is a shared responsibility. More attention should be paid to it. Specific transition plans should be developed by both recipient countries and donors to ensure (a) sustainability after donors exit and (b) that the health gains that have been made through health aid will not be undermined.

Appendix A

Interview guide

1. What do you understand by donor transitions in health?

2. What impact do you think PEPFAR has had in Ghana?

3. What is your opinion about the current relationship between PEPFAR and Ghana? (What is the current status of PEPFAR's assistance in Ghana?)

4. What do you think about the current process of transition from PEPFAR assistance in Ghana?

5. From your perspective, was Ghana well prepared for the transition?

6. From your perspective, did PEPFAR take steps to help Ghana prepare for the transition?

7. With PEPFAR declining funding in Ghana now, how is this process affecting your organization and your country?

8. Are there any specific challenges that your organization are facing as a result of PEPFAR is leaving?

9. How are you/What is your plan for handling/responding to this transition?

10. Which stakeholders should be involved in this transition process?

11. Do you think there may be any positive consequences as a result of PEPFAR's exit?

13. What strengths/advantages does Ghana have when it comes to handling the

transition process?

14. Which are the most important articles or documents that you think I should read related to PEPFAR's exit from Ghana? Can you share these with me?

15. Can you recommend other key informants we can interview about Ghana's transition from PEPFAR?

Policy makers from government:

1. What plans do you have to raise additional domestic revenue for HIV/AIDs control?

Staff from PEPFAR:

1. Will your organization still provide any help for HIV/AIDs control in Ghana when the country fully graduates from receiving PEPFAR assistance? Why?

2. Do you plan to reallocate the funding? If so, how will you reallocate it?

NGOs:

1. What role does your organization play in HIV/AIDs control in Ghana?

2. How will transition from PEPFAR's assistance affect your organization's role?

3. Do you receive funds or other resources from external sources for HIV/AIDs control?

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