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**Elements that make for Successful Transition Management: The key drivers and
inhibitors in the South African health sector**

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A research report submitted by to the Gordon Institute of Business Science, University of Pretoria, in partial fulfilment of the requirements of the degree of Masters of Business Administration.

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ABSTRACT

The President's Emergency Plan for AIDS Relief (PEPFAR) has operated in South Africa since 2003 and invested over \$4.2 billion towards South Africa's HIV/AIDS response. South Africa was the largest recipient of PEPFAR funding until 2012, when it was announced PEPFAR's budget would decrease from \$550 million to \$250 million by 2017. During this time agreements (Partnership Framework and Partnership Framework Implementation Plan (PFIP) were signed, laying out PEPFAR's plans to continue to support the South African National Strategic Plan for HIV and AIDS and improve the effectiveness of the HIV/AIDS response through health systems strengthening. The PFIP also outlined the initiatives which fell under the umbrella of "transition": The transition of PEPFAR's reduced financial support for HIV and AIDS in South Africa and the shift in focus from direct service delivery to health systems strengthening and capacity building.

The following case study is a description of the Transition Management experience in South Africa in the PFIP context. The primary interest of this research is to understand the extent to which the South African National HIV/AIDS Programme is ready to take up full local ownership of the gains supported by the PEPFAR partnership. The research will also explore lessons concerning the transition to local ownership and address possible Public-Private Partnership engagement, in order to sustain gains and develop efficiencies within the programme.

In order to respond the objectives of the research, this study will be qualitative in nature, more specifically it will take a developmental approach. This research will also aim to generate lessons concerning the transition to local ownership, so as to guide implementation strategies throughout the transition process, and inform similar processes elsewhere.

KEYWORDS

Transition Management, Sustainability, Coordination, Communication and Ownership



DECLARATION

I declare that this research project is my own work. It is submitted in partial fulfilment of the requirements for the degree of Master of Business Administration at the Gordon Institute of Business Science, University of Pretoria. It has not been submitted before for any degree or examination in any other University. I further declare that I have obtained the necessary authorisation and consent to carry out this research.

Tendai Chinyimba

Signature: _____

Date: _____

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1 CHAPTER 1 – INTRODUCTION

1.1 Context

South Africa currently has the largest number of people living with Human Immunodeficiency Virus (HIV) in the world (UNAIDS, 2014). An estimated 6.4 million people were living with HIV/AIDS in 2012. (Shisana, O, Rehle, T, Simbayi LC, Zuma, K, Jooste, S, Zungu N, Labadarios, D, Onoya, 2014).

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) is the foundation and largest piece of the U.S. President's Global Health Initiative that was established in response to the worldwide HIV/AIDS epidemic. With a special emphasis on improving the health of women, new-borns and children, PEPFAR's goal at its peak, is to save the maximum number of lives by intensifying and developing upon what works and, then, supporting countries as they work to improve the health of their own people. PEPFAR's mandate in South Africa continues to press on toward sustainable control of the HIV epidemic by using data to corroborate intentional approaches developed over the years as the information on the disease has evolved and pinpoint supplementary areas for permeation by investigating opportunities for increased competence and effectiveness of investment methods and service delivery models. In addition, PEPFAR teams have intensified their discussions and engagement with external stakeholders (i.e., civil society, multilateral organizations and partner governments) in order to reinforce and boost engagement and participation on PEPFAR-funded activities and services.

PEPFAR is now in Phase III of its global initiative strategy. While Phase I (2004 – 2009) focused on building an Emergency Response, Phase II (2010 – 2015) continued under the Obama Administration and emphasized Sustainability. Specifically in South Africa since 2004, PEPFAR has provided more than 3 million South Africans with Antiretroviral Treatment (ART), thus effectively saving countless lives and contributing to economic productivity (Palen et al., 2012). To-date, the PEPFAR programme has committed more than \$4 billion in combating HIV/AIDS in South Africa.

Phase III of the PEPFAR programme is directed towards producing an AIDS-free generation. PEPFAR has approved in the 2016 Country Operational Plan (COP16) programming and funding of a further R5.7-billion. There are significant shifts along the PEPFAR implementation continuum and increasingly countries are expected to increase domestic funding and explore options to diversity-funding sources to curb the epidemic. Donor funding has stagnated (National Department of Health & South African National AIDS Council, 2016) and the limited resources available require more emphasis on value for money of funds spent for the greatest impact and in the most efficient way. Also, as the world economic landscape changes, so too

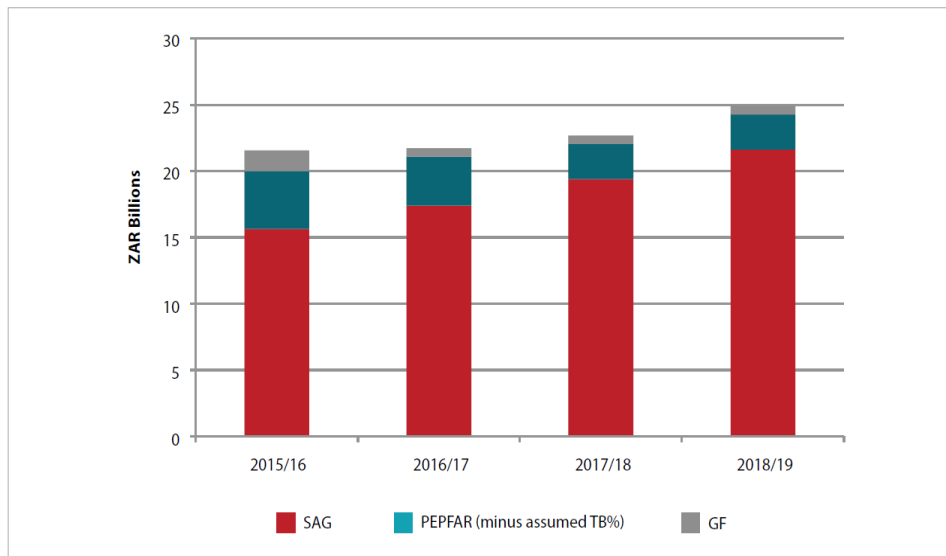
does the HIV funding landscape. As of 2011, 56 of 99 middle-income countries are funding more than half of the HIV response (Shisana et al., 2014). South Africa had been paying significantly more than other low and middle-income countries in addressing the HIV/AIDS epidemic – see Figure 1. It is within this context that the U.S. and South African governments negotiated a complex multi-year handover plan – the programme transition – which is the formal handing over of a programme to one or more local partners so as to sustain key elements of the programme over time.

Figure 1: Total Spending on HIV in South Africa by Source



The primary interest of this research is to understand the extent to which the South African National HIV/AIDS programme is ready to take up full local ownership of the gains supported by the PEPFAR partnership. The research will also explore lessons concerning the transition of PEPFAR activities and address possible Private Sector engagement, in order to sustain gains and develop efficiencies within the programme. Figure 2 below shows the estimated future funding commitments that the South African government has made towards fighting the epidemic. This study is pertinent and relevant because South Africa's success in handling a responsive transition programme will have significant connotations that extend far beyond the country. South Africa is not only at the heard in leadership for HIV, but is also a principal lead foot of the epidemic and migration patterns, and if scale-up and transition work, long-term profits and failures will be borne throughout Southern Africa.

Figure 2: Estimated Future Fund Commitments of S.A. Government, Global Fund and PEPFAR



With the U.S. government reducing funding to many countries in Sub-Saharan Africa, including South Africa (SAG-USG Design Team, 2010), it has become more urgent to establish alternative sources of funding. Recent global strategy announcements have supported the relevance of country ownership and leadership of the HIV/AIDS response (Cancedda et al., 2015) (UNAIDS, 2012) programme changeover, which is the formal handing over of a programme to one or more local partners so as to hold up key elements of the programme over time, that may well be seen as the definitive articulation of country leadership.

While academic works on programme transition and sustainability in high income nations has attracted considerable interest (M. A. Scheirer, 2005) (M. A. Scheirer & Dearing, 2011) (Stirman et al., 2012) (Gurung, 2008), there has been very limited enquiry into these issues in developing countries (Worlds, 2011) (Bennett et al., 2015). These studies which are available for low- to medium-income countries are principally retrospective case studies. This study presents a prospective assessment of the transition of the PEPFAR HIV/AIDS initiative in South Africa. As such, this study will be divided into two mutually supportive phases. The first phase will explore the transition design strategies of the programme. The second phase, complementary to the first phase, will aim at documenting lessons learned from the implementation process. Thus, the transition design part-aim is not in investigating the worth or merit (evaluation) of transition per se. This study differs from others in that it aims at studying the process followed in creating a product (transition programme) leading to context specific conclusions. Even though, the implications for similar situations may be discussed.

In that process the key concepts that will inform this research are country ownership, implementation and sustainability and transition management. These concepts are essential in the 2005, the Paris Declaration (*The Paris declaration on aid effectiveness*, 2005) that highlights the significance of country ownership of development strategies and methods in the broader aid effectiveness agenda. However, the appreciation of country ownership at the time tended to centre on states and governments. The Accra Agenda for Action of 2008 (Is & Proposes, 2010) presents a more inclusive perspective of ownership that integrates other patrons, including non-state actors and civil society, especially those communities most touched by the epidemic. This study will adopt the Accra Agenda of Action of 2008 definition of ownership, since we also aim at exploring options to diversify funding sources.

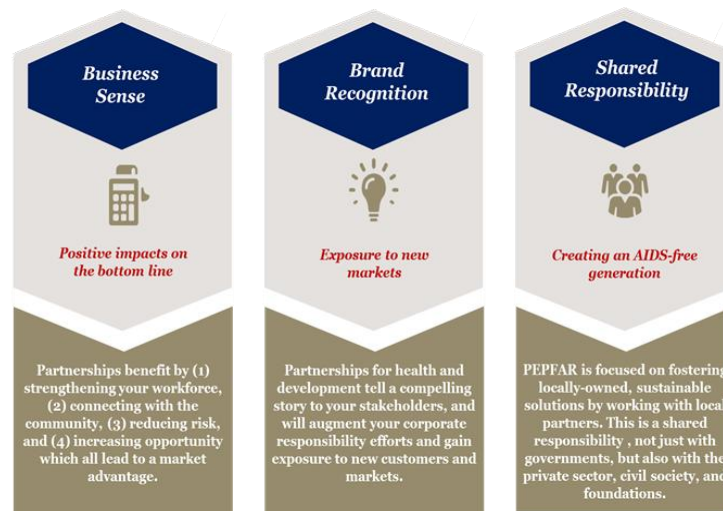
Recently, the Busan Partnership for Effective Development Cooperation (Declaration, 2012) emphasised the focal significance of country ownership and headship in the mapping and implementation of national strategies. Surfacing from that high-level assembly were calls for an extended country-level exchange on development with key stakeholders, including civil society organizations, people living with HIV, and affected communities. Essentially, country ownership of the AIDS response is regarded as more than an intent in itself, but as a means to an end – a qualification for greater effectiveness.

1.2 Rationale and Significance of the Study

The focus of this research is to comprehend the magnitude to which the South African National HIV/AIDS programme is ready to take up full local ownership of the gains supported by the PEPFAR partnership. The research also focuses on documenting lessons learned from the South African transition management process of PEPFAR activities and looking at possible non-state actors' engagement, in order to sustain gains and develop efficiencies within the programme. See Figure 3 that outlines some of the benefits of a PEPFAR partnership.



Figure 3: Why Partner with PEPFAR



Over the previous number of decades, the public and private sectors have made noteworthy contributions in global health, leading to measurable changes for countless of the world's poor. These contributions and the consequential progression are often condensed in vertical health programmes, such as child and maternal health, malaria, and HIV, where funders may have a strategic concern. Commonly, collaborations between funders and other stakeholders form around these vertical disease or condition-specific programmes, as stakeholders can come together on a specific topical area of know-how and interest. However, to withstand these merges and continue progress, there is a growing appreciation of the need to bolster health systems more broadly and form functional administrative and technical frames that can support health services for all, improve the health of people, increase the purchasing and earning power of consumers and workers, and increase the momentum on global security (Gillian J. Buckley, John E. Lange, 2014). The significance of exploring local non-state partnerships participation cannot be overstated. Meaningful partnerships will need to be established in South Africa if the shape of the HIV/AIDS response programme is truly to transform into a national programme.

Diverse players from the public and private sectors have matchless resources, not just financial resources that they can put forth. Partnerships are an opening for stakeholders to come together around a shared set of purposes, with the critical goal of health system strengthening, and ascertain not only how to collaborate but also where each participant can contribute most effectively. The number of private-public partnerships, alliances and joint ventures for social causes has risen in recent years as organizations try to maintain a competitive advantage in a complex global marketplace. By sharing expertise and resources, stakeholder organizations that partner successfully are able to access new markets, spur innovations and achieve greater outcomes and efficiencies. Partnerships provide additional

benefits when used as a marketing or communication tool for stakeholders, with more recognizable partnerships publicising the causes of lesser known entities. Recognising these many benefits of collaboration, organisations are investing more resources in partnerships than ever before.

The process of establishing a Public-Private Partnership begins with the development of a strategic plan to outline intended outcomes and required resources. PEPFAR established Partnership Frameworks – joint strategic roadmaps developed, agreed to and signed by the U.S. and partner governments, promoting mutual accountability and sustainability. Now, PEPFAR is advancing into what may be its most demanding, but electrifying period yet – Phase III focusing on Sustainable Control of the Epidemic. As PEPFAR prepares to transition there is need for an efficient handover of the programme and the establishing Public-Private Partnerships to ensure continuity of quality service delivery.

Undoubtedly, a lot of groundwork has taken place which suggests that significant investments in transition and sustainability have been made that will contribute to a smooth transition and sustained service coverage.

The purpose of this research is to assess South Africa's readiness for scale-up and transition. This research will also aim to generate lessons concerning the transition to local ownership, so as to guide implementation strategies throughout the transition process, and inform similar processes elsewhere. Specifically, the following questions will guide this research:-

What are the key drivers/inhibitors of successful transition?

What key processes are needed to ensure successful transition?

In order to respond these questions, this study will be qualitative in nature, more specifically it will take a developmental approach. According to Richey Rita (Richey, Klein, & Nelson, 2005) development research is defined as a systematic study of designing, developing and evaluating programmes, processes and products that must meet criteria of internal consistency and effectiveness. Previous studies by Atun & Kazatchkine, (2009) from the Harvard T.H. Chan School of Public Health contributed to the values of Public Private Partnership (PPPs) in transition management for solving complex problems and addresses particularly how PPPs are key within the health sector and for health system strengthening. Atun & Kazatchkine (2009) put forward two primary reasons why partnerships are critically important in health: (1) health is everyone's obligation and thus all sectors have an obligation to contribute to it, and (2) the present-day and coming problems in health need joint action. This research will mirror Atun & Kazatchkine's efforts in addressing critical factors that are essential for successful programme management transition as it relates to the PPP

engagement.

Despite growing international interest in a better integration of HIV programmes strengthening most private sector initiatives remain focused on HIV programmes those alone. The review of HIV-related PPPs found that often, companies do not sufficiently apply a health systems' perspective of their activities. Both companies and health systems need specific support in developing such PPPs. From that point of view, private sector partnerships would benefit from a clearer definition of the public-sector interest. Expectations and commitments to such collaborations and mediating structures such as business coalitions would welcome guidance on PPPs with respect to roles and responsibilities as well as the emerging perspective on health system strengthening (Ute Papkalla and Gesa Kupfer, 2009).

Is South Africa's HIV/AIDS programme ready for full local ownership? What steps were taken to get to the current status in mapping out sustainability? What lessons can be drawn from the process this far concerning the transition of PEPFAR HIV/AIDS activities to local ownership, so as to direct implementation plans throughout the transition process, and inform related processes elsewhere?

The formulation of the problem was arrived at through discussion with major stakeholders within the PEPFAR work stream and review of literature. The general area of inquiry in this research process is to determine if the NDOH's HIV/AIDS programme is ready for transition and epidemic control without disrupting current service delivery. Where and what are the gaps if any? It is mainly through interviews with stakeholders at a national level that this research will attempt to engage.

1.3 Research Approach and Chapter Overview

The literature review in Chapter 2 provides a theoretic background for this study and spotlights the relevant theory that has been put up to address donor funding transition management to-date. The research propositions have been modelled grounded on the research questions, and are addressed in Chapter 3. The research design and methodology follow this in Chapter 4. The research data has been collected to test which theory is pertinent to the study, which led to the resultant research outcomes and conclusions. Recommendations for future studies have been put forward. Figure 4 provides a process map to outline the research approach and its outcomes.

Figure 4: Process Map Showing Classification of Research Approach



2 CHAPTER 2 - THEORY & LITERATURE REVIEW

Chapter 2 is structured as follows: Section 2.1 synthesizes the theoretical framework around transition management from a design, development phases to its implementation while taking into account key concepts on sustainability and efficiency. Section 2.2 presents thinking articulations around the concept of PPP within the context of sustainable development. Section 2.3 discusses several modalities of cooperative partnership between the public and private sectors in a win-win situation. The chapter closes with section 2.4 articulating the implications from the literature on the design methods and methodology for the current research.

This research was designed to test theory with design principles for a sustainable and efficient transition management process by exploring the extent to which the South African National HIV/AIDS programme had managed part of the process of gradually taking over from PEPFAR the full ownership of the HIV/AIDS response in South Africa. This was all done whilst ensuring simultaneously that (a) the gains achieved under PEPFAR are sustained and (b) developing efficiencies. With PEPFAR having adjusted its allocation methodologies to encourage transition away from reliance on external resources, especially in countries like South Africa, the national economy could potentially support a greater share of HIV funding. The study also explored financial sustainability taking into account domestic alternative sources of funding that could contribute to a comprehensive response of the HIV/AIDS programme in South Africa.

2.1 Transition Management

There are many terms used to describe the process of moving away from donor funding towards a more domestically-funded health response. The United States Agency for International Development's (USAID) retreat from financially supporting significant birth control programmes in Latin America and the Caribbean was typically denoted as "graduation". When countries are no longer eligible for Global Fund allocations, this is commonly referred to as "transition". Thailand referred to their Global Fund exit as a "transition to self-reliance". PEPFAR's move out of Southern Africa is often described as a "handover". Some suggest there has been a stable effort in the dialogue towards other terms, like "country ownership", "country-owned responses", and "sustainability" – all intended to mean the same thing (Vogus & Graff, 2015). Having such a range of ways of describing the same thing is not particularly helpful in clarifying an already cloudy process. For the purposes of this research it was decided to use the term "transition" to identify the process through which a country relies

less or not at all on donor funding and relies more or solely on domestic resources to fund its HIV strategy.

South Africa's success in managing a responsive transition programme from PEPFAR to the South African National HIV/AIDS authority will have analytically applicable implications that extend far beyond the country. If transition works, both lessons learned from the process and lasting values will be reaped throughout Southern Africa and, arguably, will be replicable in the rest of the developing world. But what is transition?

According to Loorbach (2007), transition is simply a transformation process in which existing structures, institutions, culture and practices are broken down and new ones are established. Originally, the term transition was used to describe the 'phase transitions' of substances going from solid to liquid to gas, but since then the concept has been applied to a wide variety of different types of systems to describe shifts between qualitatively different states (*ibid*). Transition has also been studied from different perspectives: Sociological-demographic perspective, socio-technical systems, innovation systems and complex adaptive systems. For Loorbach's (2007) study, the interest was to understand the concept of transition in the field of sustainable development. Loorbach et al. (2010) argue that, through the understanding of structural societal change processes (like transitions), it must be possible to formulate governance principles, methods and tools to deal with these processes (i.e. transition management). In their study, the authors (Loorbach et al., 2010) offer that Transition Management is innovative for two reasons: It offers a prescriptive approach toward governance as a basis for operational policy models, and it is explicitly a normative model by taking sustainable development as long-term goal.

2.1.1 Key Drivers of Successful Transition Management

Transition management is itself still in development. Although every transition management process will be unique in terms of context, actors, problems, and solutions, the cycle is flexible enough for adaptation but prescriptive enough to be functional in practice. For this study the core of the transition is on the negotiated complex multi-year handover plan between the U.S. and South African governments. But transitions do not generally occur in a predictable or uniform manner. The criteria, timing and process that need to be taken into account for any specific transition process will inevitably vary for each county. However, according to Vogus and Graff (2015), there are some available methods to help predict when countries will be able to transition away from donor support and fully fund their own HIV programmes with domestic resources. These authors contend that there are key explicit parts to assess in a country's

measurement for transition, and they include:

1. Leadership and management capacity: Country ownership requires key drivers who will champion the process. Government officials must classify HIV programming as a fundamental part of health services and support national financing for such programming using precise and convincing country data.
2. Political and economic factors: Modification in government and policies have an effect on health priorities. Jamison et al. (2013) reinforces the value in huge payoff from investing in health, that result in an impressive reduction in mortality rates at about 11% of recent economic growth in low-income and middle-income countries as measured in their national income accounts.
3. The policy environment: Policies and laws are an essential part in mapping out the nation's forecast and sharing regularly the tasks that local stakeholders can design. Suitable policies safeguard the beneficiaries of the programme, regulate the health sector and provide direction on the vision of the host country's response programme. Having these in place are notable signs of the readiness of a country for handover.
4. Identification of alternative funding sources: There is a need for governments to identify other financial streams other than increasing revenue collections through taxes and duties. This task is difficult for even the strongest of governments because of competing priorities. Economic factors and increasing health costs often drive health budgets below desired levels. The private sector needs to be sort as an active partner to match public initiatives in a way that encourages resourceful and cost effective service delivery.
5. Integration of HIV Programmes: Bossert (2012) argues that the longevity of external funded programmes relies on how effective they have been combined with existing administrative structures within ministry structures and facilities. The evolution of donors has been shifting away from siloed programmes to combined service delivery models. This integration results in improved management and service delivery in these facilities.
6. The institutionalization of processes: Sustainable programme need to be institutionalised and homogenised. Bradach (2011) annotation was that sustainable programmes often require organisation, structures and processes to be uniform and articulated. Placing consistency processes often requires the development of stand tools, recommendations for service delivery, clear job descriptions, specifications for service delivery provision and monitoring. Homogenising and simplifying procedures also assists in overcoming human resource limitations.

7. The strength of procurement and supply chain management: Pharmaceuticals and other merchandise are crucial in the programme access to HIV testing and treatment. This area of the programme is often regarded as a stand-alone in many country programmes and regarded as a separate service in primary care services, this practice has predominately been the key reason why stigma has been propagated.
8. Identification of staffing and training needs: Retention of skilled workers is key to be able to maintain any level of stability in any handover programme. The decline in PEPFAR funding for seconded position in government facilities signals the urgency of training and development on the part of the host government so as to maintain the same level of expertise once the donor has departed.

For example, PEPFAR supported nearly 150 positions in Botswana, mainly in planning and strategic information. Decreases in PEPFAR financial support meant that the government was faced with filling these positions alongside existing issues of major turnover and lack of key technical proficiencies in planning and management. Botswana was further confined by macroeconomic policies that produced hiring freezes at the advice of the International Monetary Fund (IMF) (Stash, Cooke, Fisher, & Kramer, 2012).

9. Engagement of civil society and the private sector: Civil society engagement helps keep the process honest. Private-sector and NGO involvement have enhanced rigor of quality in service delivery, scrutinising quality of public service and advocating on behalf of small interest groups in many countries. There is a need to triangulate the potential of the relationship that could enhance interactions of instituting and/or formalising affiliations, networks and roles between government, private sector and civil society. Through their years of meaningful experience, private health care provider have a role in to measureable health outcomes.

An alternative to determining transition readiness is one based on domestic spending patterns. Resch, Ryckman, & Hecht (2015) propose this alternative based on a review of available information in national AIDS spending assessments; HIV sub-accounts of national health accounts; public expenditure reviews, United Nations General Assembly Special Session (UNGASS) country progress reports; and other reports – to examine countries' levels of domestic effort, taking into consideration epidemic size, resource needs, fiscal capacity, and the amount of external assistance for HIV. The author's assessment produced several spending scenarios which were applied to 12 African countries. The analysis found that Botswana, Namibia, and South Africa should all be able to fully fund their AIDS programmes with domestic resources by 2018 in a maximum effort scenario. However, even with maximum

effort, by 2018 Nigeria will only be able to pay for about 40% of its AIDS programme with domestic resources, Rwanda 29%, and Mozambique just 19%.

Despite these ways of predicting readiness, it remains very difficult to anticipate when an individual country might be pushed by its various donors to transition. This makes it difficult for affected countries to effectively plan for programme absorption, leaving beneficiaries on the ground vulnerable to disruptions. One of the difficulties with understanding and predicting transitions is that they are not even or consistent across donors or within countries. Different donors are transitioning out of countries at different times and in different programme areas.

2.1.2 Key processes in transitioning to country ownership

Planning and implementing transitions is not straightforward. There are key questions that need to be addressed for countries which are thinking about undertaking any transition programme. Burrows, Oberth, Parsons, & McCallum (2016) submission suggests that these crucial questions are: (1) How should the transition process be undertaken? And (2) will the donor's exit leave critical gaps in the response especially for key populations? Burrows et al. (2016) further submitted that transitions need to be based on the following sets of principles: (1) transparency and predictability, (2) good practice and (3) human rights. Their proposal addressed each of these key principles to encompass the following aspects:

Transparency and predictability

- **Systematic transition criteria:** Clear set of criteria needs to be developed for assessment of a country's transition priming.
- **Publicly available transition schedules:** The process should be discussed between donors and representatives of the country to determine start and end dates and duration of transition.
- **Coordinated donor decision:** Donors need a clearer mechanism to communicate their transition plans about a particular country with each other.

Good Practice

- **Time:** Not only is a period of several years required, but also a phased roadmap to achieve various specified financial and operations targets.
- **High-level political commitment:** In the absence of commitment at the highest political levels, transitions can be easily derailed by changes in staffing, political and economic circumstances.

- **Country ownership:** Aligning donor-funded projects with national policy as well as with national context is important if projects are to be absorbed by domestic programmes
- **Built-in monitoring and evaluation:** M&E is need to assess progress against the roadmap targets, as well as to track changes in the epidemic as well as other considerations that may arise.

Human Rights

- **Funding mechanisms for NGOs:** These must be in place and working effectively to enable access to sufficient funds for key population service delivery programmes.
- **High-level political engagement:** Specifically related to the costs and benefits of excluding or including specific key populations in national HIV responses.
- **Improved in-country capacity:** For advocacy based on data collection and analysis by NGOs or community-based networks representing each relevant key population.
- **Increased capacity of NGOs:** To demonstrate specifically the level and types of activities they will undertake in the HIV prevention and treatment cascade to justify the sustained allocation.
- **Ensured funding for police, security, and criminal justice reform:** Programmes because these structural elements have the strongest influence in most countries over access of key populations to needed services.

Vogus and Graff (2015) proposed a similar path in advancing their contribution to the essential attributes/principles that are needed to fence-in critical consideration for country transitions. Their process was based on a review of 48 publications which, using specific key search themes, scanned existing literature, including reports, case studies, and scholarly journal articles, and examined abstracts and executive extractions to determine bearing. Those selected for insertion focused on the flowing dynamic of health programming between one or more donor agencies and partner countries. They concluded that there are a series of six key steps in designing a relevant transition to country ownership, and these steps were outlined as:

1. Developing a roadmap: Curt roadmaps are necessary to clearly communicate transition objectives and procedures. A well-defined strategy needs to be outlined in the early stages of the planning process.
2. Investing in Stakeholder participation: No fruitful transition planning programme can be achieved without any stakeholder inclusions. This inclusion ought to have representation from high-level diplomats, officials from the Ministry of Health and Ministry of Finance, other donors, and private-sector representatives. Engagement at

with these key parts increases their understanding of key objective of the programme and undertake stakeholder responsibilities. Countries need to own the process of enlisting new resources.

3. Communicating strategies through high-level diplomacy: Honest partnerships are essential to drive meaning full mutual trust and openness between high level bilateral leadership teams. Leaders need to have coherent core messaging around why and how transition will happen. This process must take into account also recognise challenges to successful transition.
4. Supporting mid-term evaluations and allowing for flexibility: Mid-term assessments provide an opportunity to validate initial assumptions underlying transition plans and to respond to emerging challenges.
5. Providing technical support to implement the plan: According to Slob and Jerve (2008), institutional ability to manage donor retraction is a key aspect in determining transition success. Initial measurements of financial and technical capacity can help shape an appropriate roadmap for donor departure and reveal which areas require additional support to fully manage HIV activities and integrate them into national health plans.
6. Providing for on-going M&E Support: A sustainable programme is one in which a country can retain or advance priority health outcomes. The outcomes can be compromised by new health threats, sudden instability, or lapsed calculation of in-country capacity after donor withdrawal.

The aim of this research is to test whether or not these steps have been applicable in the South African context. As indicated earlier, this research also aims at generating lessons concerning the transition to local ownership, so as to guide implementation strategies throughout the transition process, and inform similar processes elsewhere.

A major consideration in Transition Management from literature reviewed is that, while governments indisputably have a decisive role to play in national AIDS responses, a much more participatory and inclusive understanding of country has evolved, one that combines a range of actors at all ranks, including civil society, persons living with HIV, affected communities and the private sector.

Likewise, there is general concurrency that country ownership is not a stagnant entity, but rather a graduated process. It can also be concluded that country ownership is not a goal in itself, but a means to an end for achieving effectiveness, efficiency and sustainability of national AIDS responses.

2.2 Considerations for Responsible Transition and Sustainability

Laying the foundation for any Transition Management process requires the identification of the purpose, scope and intended outcome of the proposed process not only to some of the stakeholders involved in the programme but to each role and function within the organisation (Finn & Harshak, 2007). Cessation of donor funding support without credible government commitment to take up ownership threatens years of investment and the lives of people living with and affected by HIV/AIDS.

The Open Society Foundation (Open Society Foundation Discussion Paper, 2015) put forward in a discussion paper that addresses the difficulties faced by countries that are losing Global Fund Support that there are three critical evaluations which a country needs to undergo in order to access its “readiness” for transition. These suggestions for criteria for responsible transition and sustainability are discussed below.

2.2.1 Country Readiness

Country readiness requires engagement for planning with diverse stakeholders, including people affected and living with HIV, government, implementing non-governmental organisations, civil society and private sector players. This consultation process requires continuous involvement of all players listed here. The country needs to have a well-supported legal framework that allows for all group participation for planning and implementation with well-agreed-to timelines that are not limiting in realization of plans. The timeframes need to accommodate the development and functionality of consultation to review and provide valid evidence-based feedback.

Transition readiness is the presence of transparent and accountable mechanisms that will be open for scrutiny by civil society to monitor expenditure and implementation of the process. Before a country can be passed off for transition, it needs to have demonstrated a significant progress towards achieving epidemic control. A coordinated process with other funding sources will need to have been initiated as a “replacement” fund for the pool of donor funds that are ending.

Case in point from Serbia: Until 2014, Serbia received Global Fund Support for HIV when they were determined as no longer eligible. The Global Fund departure without an appropriated transition plan resulted in the collapse of the key mechanisms that facilitated about \$30 million worth of funding, due to a lack of leadership from the host government in implanting the response, post Global Fund presence. No one was held accountable to implement transition.

2.2.2 Is the Country Willing?

It is an important goal to ensure that a country is willing to adopt the necessary behaviour while letting go of inappropriate practices that are no longer essential during any change process (Finn & Harshak, 2007). The government has to be able to explicitly commit to the allocation of resources in both general and key population groups. Communication remains a vital tool in this process to allow for meaningful participation by all groups to the transition process. This willingness drive should have the capacity to invite external monitoring or alert communities when such commitments are not being honoured.

2.2.3 Is the Country Able?

The Global Fund used the World Bank Atlas on Gross National Income (GNI) to determine a country's income classification and eligibility as a criterion for measurement of financial support. This criterion alone is not sufficient as a tool for current needs and does not capture a government's ability to pay. Factors that have been noted to drive a country's ability to fund its own HIV response have included economic disparities within borders, natural disaster and/or other emergencies, the strength of the country's health system, political conflict and the prevailing country's currency valuation. Having major unanticipated financial challenges makes any previous assessment based on GNI alone inadequate as a check for a country's ability to take up ownership.

Considerations from Jamaica: Classified as an Upper Middle-Income country, Jamaica has experienced a sharp economic decline that led to the highest debt-to-GDP ratio in the world. Even through government willingness to take up more HIV expenditures, it has not been able to honour these pledges. Additionally, policies imposed by the International Monetary Fund and an outbreak of chikungunya virus in 2014 have led to a state of emergency that has taken a strain on the health system. Despite all this Jamaica is still expected to take up ownership of 30 percent of costs of ART in 2016 and 50% by 2017 and to get to a stage where they take up full ownership of their HIV programme by 2019 (Open Society Foundation Discussion Paper, 2015).

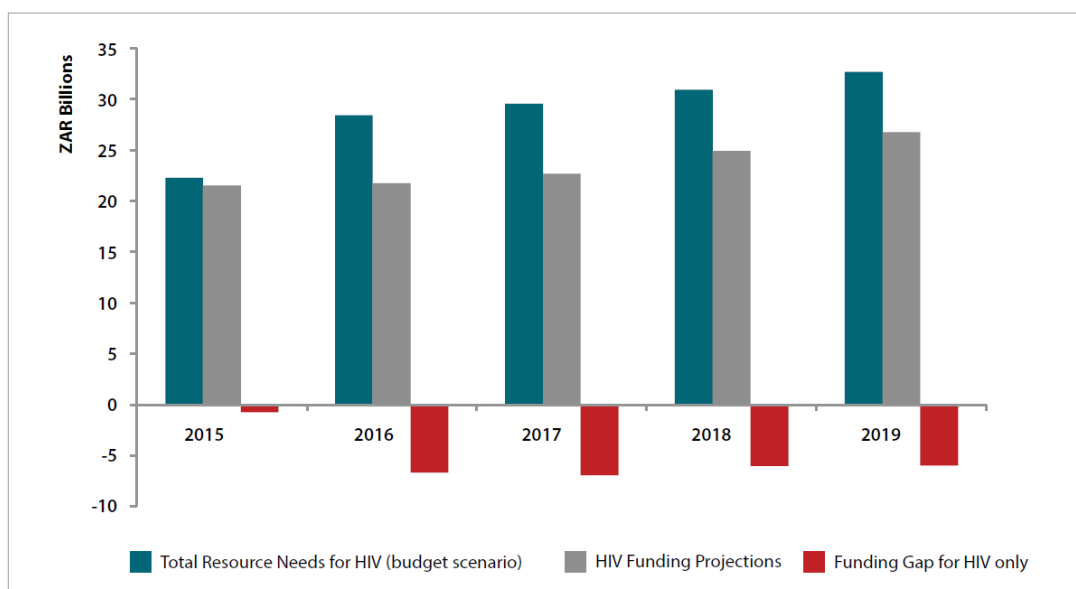
Consideration from South Africa: In 2016 South Africa released their Investment Case for HIV & TB response, which was developed with an eye towards maximizing the impact of investments in HIV and TB programmes – and to ensure the sustainability of the national response to these epidemics. The Investment Case aims to inform the development of a clear

national plan for ending the HIV and TB epidemics through identification of the most cost-effective mix of interventions to address HIV and TB over the next 20 years. The Investment Case will be taken into account in the development of the next National Strategic Plan for HIV, TB and STIs in 2016. South Africa’s Investment Case (IC) is envisaged as an iterative process that will evolve over time based on changes in circumstances and expansion of the evidence base.

Taking into account spending by the government, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) and the United States President’s Emergency Plan for AIDS Relief (PEPFAR), R22.1 billion was invested in HIV- and TB-related activities in South Africa in 2013. In 2011-2013, total funding for HIV and TB activities increased by 27% (including a 15% increase in 2013 alone). Over those three years, the share of spending by the South Africa government rose (from 76% to 80%), while the proportion financed by PEPFAR declined (from 22% to 17%), as a function of the transition of responsibility for PEPFAR-funded programmes from the U.S. government to South Africa.

It is projected that spending on HIV and TB will continue to increase in future years and that the share of spending covered by the South African government will also continue to rise. However, current projects indicate that these projected increases are unlikely to meet resource needs, with a substantial resource gap projected for each of the next five years as depicted in Figure 5 below.

Figure 5: Potential Funding GAP for HIV in South Africa



2.3 Alternative Funding Sources – Public-Private Partnerships

PPPs are critically important in meeting the challenge of sustainable development. In an effort to find replacement dollars, this is ordinarily a difficult task, what with the competing priorities that governments face on a daily basis. The last 20 years have seen the rise to power of Public-Private Partnerships as a means of crowding-in investment and expertise from the private sector for the delivery of public works and services. PPPs are a mechanism that modern governments regularly turn to in fulfilling their responsibilities on public infrastructure and services. Operating on a continuum between full privatization and traditional government procurement, PPP is a generic term used to describe a myriad of structures that facilitate the participation of the private sector in the provision of public infrastructure and services. Within the context of South Africa, PPPs are defined by the South African National Treasury (2004) as a contract between the public sector institution and a private party, in which the private party assumes substantial financial, technical and operational risk in the design, financing and building, and operations of a project.

Many developing countries face the burden of integrating traditional government health resources with a large and growing private health sector, where many people continue to seek treatment. In these 'mixed health systems' centrally planned government systems often exist side-by-side with private sector providers, with very little contact or collaboration (Nishtar S., 2007). An assessment done by Basu, Andrews, Kishore, Panjabi, & Stuckler (2012) suggested that both public and private health-care systems in low- and middle-income countries have assets and limitations. Neither can attain their purpose alone, which makes contact and collaboration inevitable. Both systems can work more effectively and efficiently together, by pooling risks, resources and competencies to deliver greater shared public health benefits. There is lot to learn from each sector. Figure 6 outlines some of the common benefits of private sector engagement.

Figure 6: What the Private Sector Brings to the Table

Business minded, market-driven approaches	✓
Funding	✓
Shared resources, risks, and responsibilities	✓
Access to global supply chains and markets	✓
Skills, services and products	✓
Communication and marketing	✓
Technology and intellectual property transfer	✓
Relationships with local business actors	✓
Innovation	✓

In South Africa (SA) the ‘public–private mix’ has been debated for more than a decade. There are obvious glaring differences in resources available to each of these sectors. The notable differences are in the inequitable distribution of health care professionals and in the access to care dispensed in the public and private sectors (Prof. Johnston, S and Spurrett, 2011). *The private health sector spends approximately six times more per capita than the public sector but covers only 16 percent of the population.* This huge disparity had fuelled debates on the misappropriation of the distribution of resources (Di McIntyre, Whitehead, Gilson, Dahlgren, & Tang, 2007; M. A. Scheirer, 2005; Schneider H, Barron P, 2007). A huge amount of time is lost in managing inefficiencies within health programs. The WHO (2010) estimates that 20 to 40 percent of resources spent on health are ravaged. The most common causes of such inefficiency include inappropriate and wasteful use of medicines, medical mistakes, and negligent quality of care, squander, corruption, and fraud. Collectively, management of human resources efficiency, procurement, and supply chain management account for almost 50 percent of the waste, which, if curbed, could be used to generate excess resources that can be ploughed back in health. This can be done by existing competences as outlined in Figure 6 above. Private-sector organizations can exhibit a range of innovations in health service delivery that have the ability to better serve the poor’s health needs.

Notwithstanding this controversy, South Africa has long recognized interface between the public and private sectors as a policy objective National Health Act (2003). The Health Charter for the Public and Private Sectors (Health Systems Trust, 2005) was written in an effort to get the private and public sectors to subscribe on priority problems, how these should

be addressed and the role to be played by the private sector in contributing to changing health outcomes as a whole.

Private sector engagement and Public-Private Partnerships play a critical role in strengthening and extending the principle of shared responsibility to achieve an AIDS-free generation (U.S. President's Emergency Plan for AIDS Relief, 2014). The United States government private mobilization plan aims to achieve the following objectives:

- Expand the current global and local partnership portfolio, as well as develop new partnerships that enhance country ownership and shared responsibility;
- Seek opportunities to apply core competences of the private sector, to strengthen the global response at every level;
- Manage relationships with key global health influencers within the private sector, including corporations and foundations;
- Strengthen methods for assessing the impact of private engagement;
- Create collaborations around private health sector delivery of services to expand coverage and quality of care.

The benefits of involving the private health sector to magnify delivery of HIV and other essential public health services cannot be underrated. Growing acknowledgement of the importance of strong health systems provides an unprecedented opportunity to methodically include private health providers as an integral part of a country's health system strengthening strategy (Arur A, Sulzbach S, Barnes J, 2010). Whether the private sector is systematically betrothed by the public sector, evidence suggests that the private sector's role can and will develop to meet the increasing demand for health care services around the world. Ideally, private sector providers will follow national guidelines and adhere to quality standards and reporting guidelines. In the case of HIV, providing appropriate preventive and prophylactic care, approved antiretroviral regimens, appropriate clinical and laboratory monitoring, and the psychosocial support required for adherence and secondary prevention is crucial (Kula & Fryatt, 2014).

If unregulated, however, the development of the private health sector could exhaust limited human resources, aggravate inequities, limit health outcomes, and undercut efforts to improve national health information systems; private sector growth may also risk the economic well-being of clients seeking care in these facilities (Pamela Rao, Tesfai Gabre-Kidan, Deus Bazira Mubangizi, 2011). Striking a balance between roles of steward, regulator, direct service provider, and financier is one of the most important stretches a government faces within the health sector.

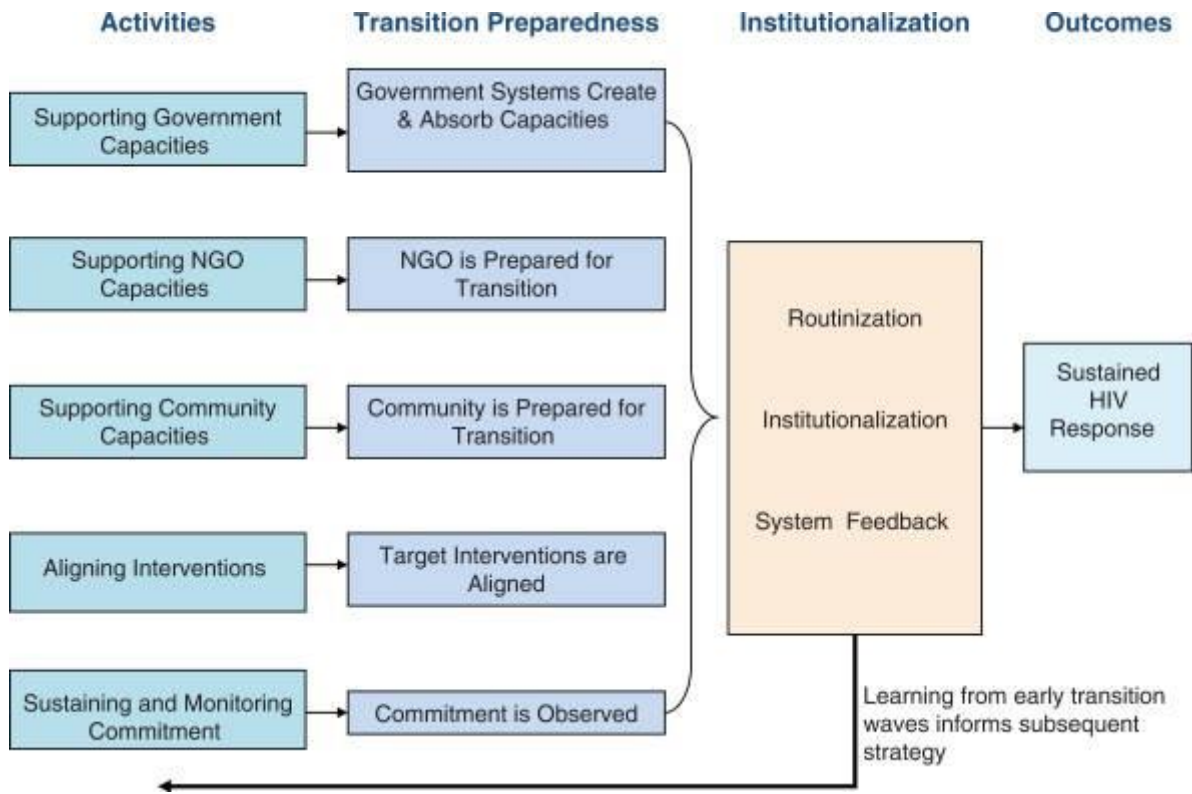
National and local governments planning health sector reforms and health system strengthening initiatives tend to neglect the private health sector and are traditionally focused on the public health sector (Pamela Rao, Tesfai Gabre-Kidan, Deus Bazira Mubangizi, 2011). There is an urgent need to systematically include private sector actors in strategic dialogue, planning, and application of public health programmes if complete admission is to be achieved and sustained. When so doing, it is important to differentiate between not-for-profit and for-profit providers because strategies to negotiate and designate their health sector roles vary significantly. For example, in many countries, non-profit organizations excel at reaching vulnerable populations, such as sex workers, but rely heavily on external aid to sustain their operations. In contrast, private, for-profit health facilities are financially sustainable but do not always serve the poorest or most vulnerable segments of the population.

Public-Private Partnerships are increasingly seen as playing a critical role in improving the performance of health systems globally, by bringing together the best characteristics of the public and private sectors to improve efficiency, quality, innovation, and health impact of both private and public systems. Yet, we also know that while partnerships can be an effective force toward achieving these results, they are not a magic solution to the many problems that now face health systems around the world. If partnerships are to be effective in addressing the issues of provision of equitable health services, quality improvement, and cost control, considerable work will need to be done to develop the accountability and transparency, the legal and regulatory framework, and the mutual trust that is necessary for partnerships to succeed.

2.4 Components of a Successful Transition Model

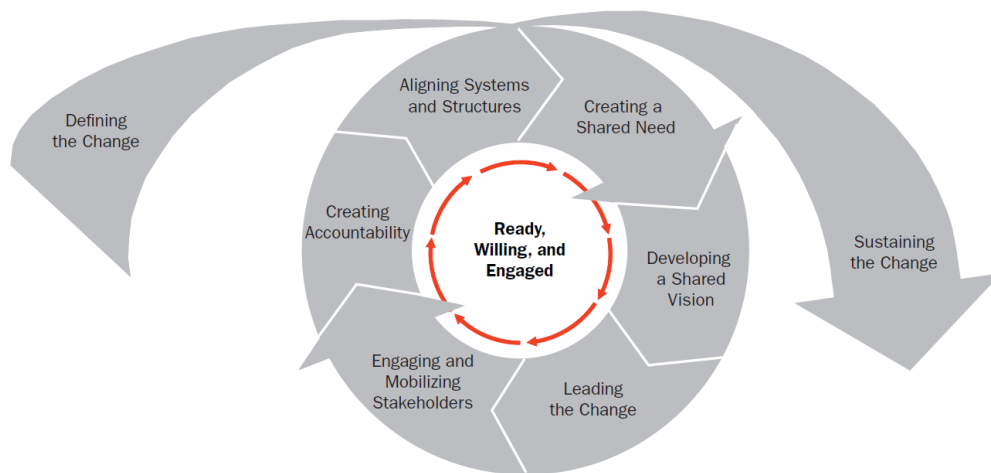
Understanding and undertaking sustainability as a wide agenda which extends beyond resource mobilization is critical. Figure 7 proposes seven tenets in the inner circle, which should be used to determine transition readiness, together regarding as prerequisites before undertaking any transition to country ownership exercise. The diagram in Figure 7, which was adapted from the Avahan Transition programme study by Bennett, Singh, Ozawa, Tran, & Kang (2011), proposes the components necessary as an assessment for a successful transition as supported the literature above when quantifying country readiness. It is clear from the information above that a state of readiness needs to be determined before embarking on any action plan. This process should then be supported by six steps approach in arriving at an implementation strategy as argued above (Slob & Jerve, 2008). All these tenets require a continuous measurement and understanding what sustainability looks like is an important aspect that will bring about a lasting impact of achieving epidemic control.

Figure 7: Transition Logic Model



2.5 Summary and Conclusions

Figure 8: Transition Management Is an Iterative Process



Source: Booz Allen Hamilton

The literature reviewed in this chapter reinforces the illustration in Figure 8, and it fortifies the idea that the process of transition is iterative. Managing the process is not done through a series of one-time interventions that substitute for transition management nor can it be reduced to a “plain-vanilla” formula. The process requires repetition and adaptation to every changing need and at a country level this is constantly evolving. Managing a transition process requires back and forth steps that have to be applied as the implementation happens. Figure 8 has been put forward as a transition model that encompasses the literature presented here from the activities, preparedness placement walking through to an institutionalization framework as critical tools achieving an outcome of a sustained HIV response. Chapter 3 will present propositions associated with each research question in an attempt at arriving at the key drivers/inhibitors of a sustainable HIV response programme.

3 CHAPTER 3 - RESEARCH QUESTIONS AND PROPOSITIONS

This chapter is supported by the presentation in the literature in Chapter 2 and the delineation of the research problem as put up in Chapter 1. Research objectives and questions have been guided by the logic model presented in these two chapters. The research seeks to address both shorter term questions regarding the implementation of different activities and their proximal effects as well as higher level, and longer term questions regarding the overall achievement of PEPFAR's transition objectives to the South African HIV/AIDS response. The research objectives further seek to address the steps that have informed South Africa's readiness criteria and journey to adoption and the implementation process. The primary research question is fashioned in a way to address the overall anticipated results of the study, which is to test the knowledge regarding the key drivers and inhibitors of a successful donor transition programme to country ownership.

3.1 Presentation of Research Questions and Propositions

In line with the aim of this study, the research questions seek to determine possible drivers for successful transition to local ownership. The study explores the key factors that have to be present in a successful programme hand-over and what major processes a country and its people have to go through in order to arrive at a sustainable programme take over.

The following represents the overarching research questions this study serves to address:

What are the key drivers/inhibitors of successful transition?

What key processes are needed to ensure successful transition?

The study will focus on critical drivers/inhibitors of successful transition as it relates to the context of the South African HIV/AIDS response programme in South Africa. The propositions are offered to provide support for defining the direction of data collection, determining the scope of the study and assisting the research to determine the appropriate research methodology, together with supporting activities (Miles, Huberman, & Saldana, 2014). It was decided propositions such as strategy, planning, communication, coordination, transparency, and ownership will be explored in order to obtain an in-depth understanding of the drivers to successful transition. This also leaves a window for future research to explore other areas that are not defined in the context of this study.

Question 1: What are the key drivers/inhibitors of successful transition?

Proposition 1: A well-articulated strategic plan that is effectively communicated from top down is essential for an effective transition programme.

(Loorbach, 2010), (Vogus & Graff, 2015), (Jamison et al., 2013), (Bossert, 2012), (Stash et al., 2012), (Resch et al., 2015), (Finn & Harshak, 2007), (Open Society Foundation Discussion Paper, 2015) comprehensively enforce the need for a well-oiled consultative strategic plan being an essential driver to a transition programme. This proposition suggests that there is a need for an informed process before any programme is taken on. This process requires involvement from a variety of stakeholders and clear lines of communication across country lines from the Minister of Health through to the grassroots official sitting at a National Department of Health facility at a site that is responsible for service delivery.

Proposition 2: Economic Factor have a significant role to play in a country's ability to take country ownership.

(Burrows et al., 2016), (Vogus & Graff, 2015), (Slob & Jerve, 2008) and (Open Society Foundation Discussion Paper, 2015) all advocate the need for investments into replacement donor funding to allow for continued response. The absence of this has been seen in other contexts to lead to the collapse of unfunded programme areas.

Proposition 3: A detailed investment plan of action of Public-Private Partnerships is necessary to ensure and maintain sustainability of programmes.

(Nishtar S., 2007), (Basu et al., 2012), (Prof. Johnston, S and Spurrett, 2011), (Di McIntyre et al., 2007), (Arur A, Sulzbach S, Barnes J, 2010), (Kula & Fryatt, 2014), (Pamela Rao, Tesfai Gabre-Kidan, Deus Bazira Mubangizi, 2011) are torch bearers for a robust Public-Private Partnership inclusion in country ownership. The proposition aims to investigate the level of Public private initiatives in the scale up to country ownership and how this has driven the success thereof in the South African context.

Question 2: What key processes are needed to ensure a successful transition programme?

Proposition 4: Quality of exit management is key in achieving a phase-out process that is parallel to the host government priorities with little or no disruption to service delivery.

Burrows et al. (2016), Vogus & Graff (2015) all stand in favour of planning for exit and handing over of a donor-supported programme that focuses on impact and sustainability as being the rule. Systematic monitoring of the exit process is extremely critical and is enshrined in the Paris Declaration of 2005.

4 CHAPTER 4

4.1 Methodology

This research is aimed at making an assessment of South Africa's HIV/AIDS programme readiness for PEPFAR's transition as a major financial contributor to its efforts of epidemic control. PEPFAR and NDOH have reviewed programme and epidemiologic data to develop criteria for the selection of programmes and sites that would continue to receive time-limited support during the period October 1, 2015 through September 30, 2016 implementation in specified Transition Districts and facilities. Given the nature of the information that was required as part of the data collection exercise, the research design applied was a descriptive study with a convenient and purposive sampling approach which was qualitative in nature.

- a. Descriptive, in that the study took an in-depth, qualitative look at the topic and described the experiences encountered by the transition phase since inception post-2009.
- b. The purposive sampling was applied through a snowballing technique, specifically to identify and engage key stakeholders involved with the programme e.g. DOH (province and national) and NGOs
- c. An additional lens was sought to engage a multifaceted group of South African stakeholders who are key to the transition process and PEPFAR Implementing Partners.
- d. A qualitative method was proposed for conducting the research, as the researcher sought to produce accurate representation of the situation (Saunders & Lewis, 2012), as was outlined by key stakeholders from both the NDOH and donor representation. The research's objective was to test theory that has been contributed in previous research.

The South African AIDS response has garnered participation from a large number of stakeholders. This report cannot claim to capture all aspects of the recent changes in the scenario as PEPFAR programmes have transitioned. However, best attempts were made to ensure an assortment of interviewees based on their position associated to U.S.-funded programmes – including recipients of current funding and U.S. government officials. The report notes contradictory views from time to time, though one of the chief findings is the notable consensus that arises from the interviews. Nonetheless, the contentions in this report are necessarily limited – they reflect the interpretation of the author, based on information from various perspectives, at a particular juncture.

4.1.1 Document Review

The research undertook an extensive review of a detailed document-analysis review to supplement findings from the interview in some instances as recommended by the interview participants. All the documents that have supplemented this research have been included in the appendix section. The use of these documents allowed for a comprehensive and historical perspective on this research, giving weight to available data and recognizing a lot of the work that has already been documented on the transition matter that is static. These documents were obtained with participant's permission as they have been publicly shared. Additional material was obtained from publicly available information through websites, specific databases accessed on line particularly, PEPFAR, UNDP, Global Fund, WHO, UNAIDS, NDOH, SANAC and other partnership databases. These documents provided insight which will be the source of economic and programmatic data and sustainability planning.

4.2 Method of Collecting Data

The data was collected using:

- I. A structured interview schedule from key informants. The key informants will give some insight into the funding landscape and core activities that have been undertaken to-date in SA's transition management process.
- II. Participants were allowed to speak at will on the matter, which allowed for additional insight on the matter of the research that was outside the scope of the researcher.
- III. Transition documents, sustainability guidance that has been provided by the donor, documents that informed the transition process at the district level, as well as the Investment Case Study document that has been produced by the National Department of Health as its master strategy that informs health funding priorities based on an extensive data and scenario modelling.

In-depth discussions were conducted with the PEPFAR Implementing Partners and PEPFAR Provincial Liaisons. The consultations allowed for a detailed understanding on the process as they were the main arm of PEPFAR driving the transition process at the point of contact throughout South Africa at a provincial level. PEPFAR's funding model was through Cooperative Agreements to different organizations.

4.3 Population, Size and Method

4.3.1 Data Collection Approach

In-depth, face-to-face and telephonic interviews were utilised to source information from key informants in an attempt to gain a holistic understanding of the issue being investigated (see interview guide in Appendix B). Through these interviews the key informants were able to shed some light on the funding landscape and core activities being implemented to fight HIV/AIDS in South Africa. The HIV/AIDS programme custodians from the Department of Health and Implementing Partners were also able to provide some insight on their experiences and challenges of the PEPFAR transition in an environment grappling with issues of declining donor funding and access to HIV/AIDS related health care services. Not only did this method afford the researcher the opportunity to gather more information through non-verbal cues, but those being interviewed were also empowered to ask questions as well as ask for further clarity on certain aspects of the interview process (De Vos, Strydom, Fouche, & Delpont, 2005 & De Vos, 1998).

It is the nonlinear and cyclical nature of the process that makes qualitative research most suitable for this study. The primary method of data collection for this study, which is in-depth, face-to-face interviews, allows for revisiting issues, topics or aspects that need further clarity, consequently providing greater insight and understanding (a discussion on in-depth, face-to-face interviews follows later in this chapter). Also with in-depth, face-to-face interviews it is the interviewee who in essence controls the flow of the interview. It is the interviewer who uses the responses of the interviewee to proceed and extract elaborations on the responses from the interviewee. In order to conduct the interviews, it was necessary to enter the research sites wherever possible.

4.3.2 Population and Sampling (Universe & Sampling)

Table 1 shows the key informant interviews and surveys that will be conducted. It also shows the sampling population and technique used. Participants for a study are chosen according to their relevance to the research topic *“instead of their representativeness”* (Flick, 2006, p.128). It is the phenomenon being studied that dictates the method to be used as well as who the participants in the study should be (Groenewald, 2004). The sample selected was based on the researcher’s judgement taking into consideration the purpose and the aims of the research (Babbie, 1995). The researcher further made use of the snowball sampling method (Neuman, 2000) to locate additional participants for the study.

Table 1: Population, Size & Method

Aim of Phase	Data Collection Method	Sampling Techniques	Sample sizes	Comments
PEPFAR Implementing Organisation in South Africa - NGOs	Semi-structured, elite interviews	Purposive	2	Initial sample size was 4; however, only the implementing partners that are still receiving PEPFAR funding are traceable and were willing to give an interview.
PEPFAR Provincial Liason	Semi-structured, elite interviews	Purposive	1	New group of participants was brought in on guidance from one interview participant as they played a crucial part in the transition process.
U.S. government officials from Centers for Disease Control & Prevention and U.S. Agency for International Development	Semi-structured, elite interviews	Purposive	6	Interviews were done with U.S government officials who were involved: at the bilateral level, programme implementing level.

South African central government official	Semi-structured, elite interviews	Purposive	1	An interview was held with a representative of the South African government who was core to the PEPFAR transition process and the driver of the Investment Case Document.
South African National AIDS Council (SANAC) representative	Semi-structured, elite interviews	Purposive	0	The researcher after a number of efforts was not able to get representation from this organization.
Civil Society Representative	Semi-structured, elite interviews	Snow balling, Convenient	1	Initial plan was to obtain participation from 3 perspectives; however, 1 interview was obtained from the Chair of the Civil Society NGO Sector.
Private Sector Business	Semi-structured, elite interviews	Convenient, Purposive	0	There was no representation from this group of prospective participants as there is little or no strong engagement from South African Business. Initial target was for 3 participants.

Medical Aids Representative	Semi-structured, elite interviews	Convenient	0	Little or no engagement has been shared between PEPFAR and privately run medical aid companies and their perspective was not deemed meaningful to the process. Initially, 3 participants were sought.
National Treasury	Semi-structured, elite interviews	Purposive	1	The researcher, after a number of efforts, was not able to get representation from this organization. Their engagement is however reflected in a document analysis as well as contribution from the South African government participant stated above. Initially, 1 participant was sought.
National Treasury PPP Consortium	Semi-structured, elite interviews	Purposive	1	The researcher, after a number of efforts, was not able to get representation from this organization. Initially, 1 participant was sought.

Pharmaceuticals	Semi-structured, elite interviews	Purposive, Convenient	0	This group of participants was not part of the core of PEPFAR's transition and South Africa funds its own drug purchases. Initially, 2 participants were sought.
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4.4 Data Collection Tool

Key informants were interviewed about their experience during and after the transition process. A semi-structured interview guide was utilized to collect data from local stakeholders about their interventions in an attempt to assess how well institutionalized the PEPFAR was. Local stakeholders were interviewed about some of the challenges they faced that may have hindered a smooth transition of HIV/AIDS-related health care services. Lastly, local stakeholders were also to be interviewed on their perceptions of the quality, accessibility and adequacy of HIV/AIDS-related policies and health care services. Semi-structured interviews offer some flexibility in the way that questions are asked providing the interviewer enough room for deeper probing and exploring the issues. Moreover, semi-structured interviews allow for a conversational, two-way communication process that is used to give and receive information giving both the interviewer and interviewee enough latitude for discussion and clarity (De Vos, Strydom, Fouche, & Delpont, 2005 & De Vos, 1998).

For the purposes of data capturing, in addition to brief notes, a tape recorder was used. Its use allowed the researcher to devote full attention to the respondents as well as the interview process (Babbie & Mouton, 2001).

4.5 Data Analysis

Survey information collected from all interviews was captured in English. The information gathered during the interview process was transcribed and the data analysed using simple content analysis methods (Neumann, 2007; Patton, 2002; Strauss & Corbin, 1998). Initially, the notion of content analysis was an “*objective and neutral way*” to get a qualitative description of data where the occurrences of specific words were counted. However, as it evolved, it was realised that content analysis was appropriate for “*describing and interpreting the written productions of a society or social group*” and its greatest strength is that it is unobtrusive (Marshall & Rossman, 2010). Furthermore, content analysis may be conducted without disrupting the setting and it is the researcher who decides where “*the emphasis lies*”, once the data collection is complete (Marshall & Rossman, 2006, p.161).

Transcribing or translating recorded data is not an easy task as both processes require judgement and interpretation on the part of the researcher, and since we do not “*speak in paragraphs nor do we signal punctuation*” during speech, the process of inserting a comma, a full stop or a semicolon during transcription becomes a complex process and hence can shape or change the meaning of the data (Marshall & Rossman, 2010, p.164). Thus, careful consideration was given to the transcription of the data from the recorded interviews

Coding was assigned to units of meaning to the descriptive or inferential information compiled during the study. The use of chunks of varying sizes of words, phrases, and sentences or whole paragraphs. These codes were:

- Valid to reflect what is being researched;
- Mutually exclusive in that the codes will be distinctive with no overlap; and
- Exhaustive to ensure that all relevant data is able to fit the code.

Data analysis in the qualitative review was done using a combination of narrative, constant comparative and content analysis. This allowed for an in-depth understanding of the process of transition and sustainability and to get clarity on specific issues.

Figure 9 below depicts the data analysis process in field research in general, a process that the researcher chose for the analysis of the data in this study. Data 1 is the raw sense data as well as the experiences of the researcher. Data 2 represents recorded data and Data 3 represents the selected data which has been processed into a final report.

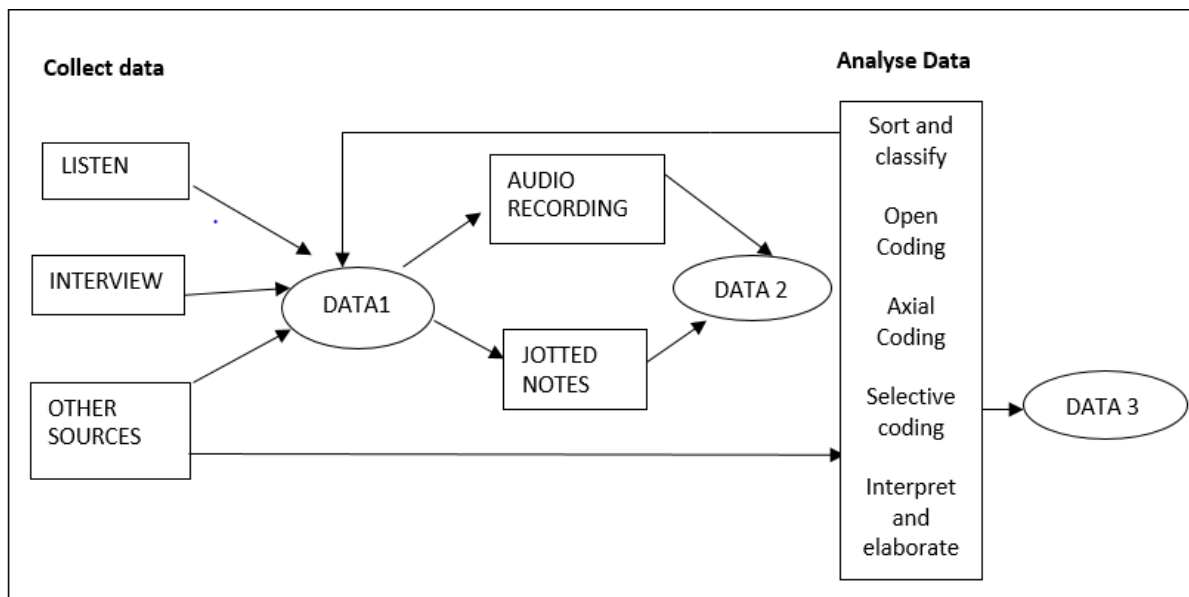


Figure 9: Data Analysis - Search Patterns in Data (Adapted from Neumann 2000, p.426)

4.5.1 Open Coding

The first pass-through for raw data is known as open coding where the researcher read slowly through the data searching for significant terms, main occurrences or themes. The researcher then assigned initial codes or labels to the data, in an attempt to reduce the volume of raw data. Some researchers, according to Neumann (2000), feel that a researcher should begin

coding the raw data with a list of concepts. Neumann (2000), however, suggests that, regardless of whether one begins with a list of concepts or not, one always compiles a list of themes after open coding. The purpose of such a list is to identify and see themes at a glance. Further, to unearth additional themes in future, open coding this list is used to create a corpus of themes, which may be reorganised, sorted, combined, discarded, or extended in further analysis.

4.5.2 Axial Coding

The next step is axial coding which is referred to as the second pass-through the data. After open coding, axial coding is described as “*a set of procedures whereby data are put back together in new ways, by making connections between categories*”. This is achieved by using what may be referred to as “*a coding paradigm involving conditions, context, action/interactional strategies and consequences*” (Strauss & Corbin, 1990, p.96). Here the researcher worked with an initial list of codes generated from the open coding process and additional codes emerged as this process developed. During axial coding, the researcher enquired about “*causes and consequences, conditions and interactions, strategies and processes*” and looked for “*categories or concepts that cluster together*” (Neumann, 2000, p.423). In order to make connections between the categories, the researcher then identified overlapping categories.

4.5.3 Selective Coding

The final pass-through the already categorised data is referred to as selective coding where the researcher selects the most prominent categories. Strauss and Corbin (1990) define selective coding as the procedure of choosing the central category, and methodically linking it to additional categories, authenticating those links and adding to categories that require extra fine-tuning and elaboration (de Vos et al, 2005). The processes involved in selective coding are: scanning the data, and scanning previous codes. The researcher searched specifically for those cases that illuminated the identified themes, making comparisons and contrasts. In addition, the researcher revisited field notes looking for differences, any compromises, or conflicts.

4.6 Possible Limitations of the Study

This study was designed to probe existing theory and there were potential sources of bias that need to be acknowledged. It was anticipated that there would be several limitations to the evaluation. Taking a broad perspective, this evaluation took an adequacy design (Habicht et al., 1999), and the researcher was therefore unable to causally link the transition preparations made to the smoothness of transition, or sustained programme coverage. There are a number of specific design weaknesses in the evaluation. First, while activities such as the volume of training provided was assessed, training does not necessarily translate into higher capacity, and there was no data on the impact of training on skills. Second, the evaluation was not to measure the extent to which key PEPFAR practices were conducted prior to transition and instead relied on programme manager recall of how things had changed. Third, this evaluation collected data from immediately before transition and approximately less than one year post-transition; however, many programme changes are still transpiring even at the time of this research, and the South African health system is also changing rapidly, thus the true long-term effects of transition may still be emerging.

Finally, some features of the South African HIV/AIDS context including the high-level government policy commitment to HIV/AIDS prevention, the availability of significant government funding to support this commitment and relatively high government capacity (despite frequent challenges of high staff turnover) may limit transferability to other contexts. An additional twist and perhaps significant aspect of transition has been the change in guidelines that South Africa has had to adopt in response to the WHO worldwide guidelines on test and treat. This important consideration has in some way had a significant shift on the PFIP agreement signed in 2010 that is scheduled to end in 2017.

4.7 Additional Considerations

4.7.1 Ethical Considerations

In any research project, the issue of ethics should not only be taken into account but should be afforded the utmost importance. Ethics are meant to protect the welfare of the participants and social research should not harm or injure the people being studied. Researchers must therefore take all the necessary precautions to ensure that the respondents are neither emotionally nor physically harmed throughout the research process (Babbie & Mouton, 2001).

4.7.2 Informed Consent

All interviewees were primed about the composition of the research and that findings would be summarized in this report. In order to give confidence to participants to speak freely on sensitive matters that could affect their employment and/or their project's funding, all contributors were told that perspectives would not be attributed to distinctively identifiable individuals. Intrinsicly, this report includes combined perspectives and quotes identified by the speaker's position rather than individual. To ensure that these conditions were adhered to, the researcher signed consent forms as a witness that the consent form was provided, read and voluntarily signed, which was an integral part of this process.

4.7.3 Voluntarism

Voluntary participation is one of the basic principles of research and this principle prescribes that people should not be coerced into participation (Babbie & Mouton, 2001). Participants were made aware of the entire research process and their right not to participate if they were not comfortable but they were also made aware of their right to withdraw if they were not comfortable in continuing with the interview. Moreover, the participants were made aware that withdrawal of consent would neither result in any penalties or loss of benefits that the participants would be entitled to from the organisations they were recruited from nor excluded from any benefits that may arise from the publication of this research.

4.7.4 Privacy Issues

The issue of privacy includes two very important dimensions with the first being the concern of exposure of views and actions that may have damaging consequences for the respondents and the second being that the research may probe into areas that constitute private space, thus overstepping the customary between self and the environment (Kelman, 1977). To ensure that these concerns are adequately addressed, the researcher was comprehensive and truthful in providing information about the possible uses of the data to ensure voluntary participation in the study. Further information was also provided about the researcher, the institution under which the research will be conducted, to whom the research findings will be reported and who will have access to the data. In the case of this study, the researcher was able to scrupulously adhere to these guarantees. Moreover, the researcher ensured that the interviews were carried out in an environment that was enabling for respondents to be free to answer to any questions without the fear of being overheard or victimized. In the case of

overstepping certain boundaries that respondents were not comfortable with, the participants were made aware of their right to withdraw if they were not comfortable in continuing with the interview.

4.7.5 Anonymity and Confidentiality

The issue of anonymity and confidentiality is about protecting participants' interests and identity (Babbie and Mouton, 2001). Confidentiality refers to the researcher safeguarding the respondent's answers within the interviews and anonymity refers to withholding the respondent's names (De Vos et al., 2005). Taking into account the sensitive nature of this research, in order to ensure anonymity and confidentiality, the participants were encouraged to make use of aliases to conceal their real identity. This would also ensure that the respondents could freely express themselves. Although a tape recorder was used to gather information with the consent of the participants, the researcher also made it clearly known to the respondents that only the researcher and dissertation supervisor would have access to the transcribed data as all the precautions were taken to ensure data is protected at all times.

4.7.6 Debriefing of Respondents

In order to minimise harm to the participants, it is necessary for a debriefing period after the interview has been conducted (De Vos et al., 2005). The researcher allowed the respondents and opportunity to voice any comments/concerns or questions upon completion of the research.

5 CHAPTER 5: PRESENTATION OF RESULTS

Key observations from the interviews are presented within the context of the research questions and propositions. Open-ended questions were presented during the interview process in order to solicit comprehensive responses and uncover first-hand insights. The interviews were conducted over a period of eight weeks based on the availability of the interviewees. Some interviews were conducted face-to-face whilst others were conducted telephonically. Data was gathered and analysed according to the identified process outlined in the previous chapter.

5.1 Introduction

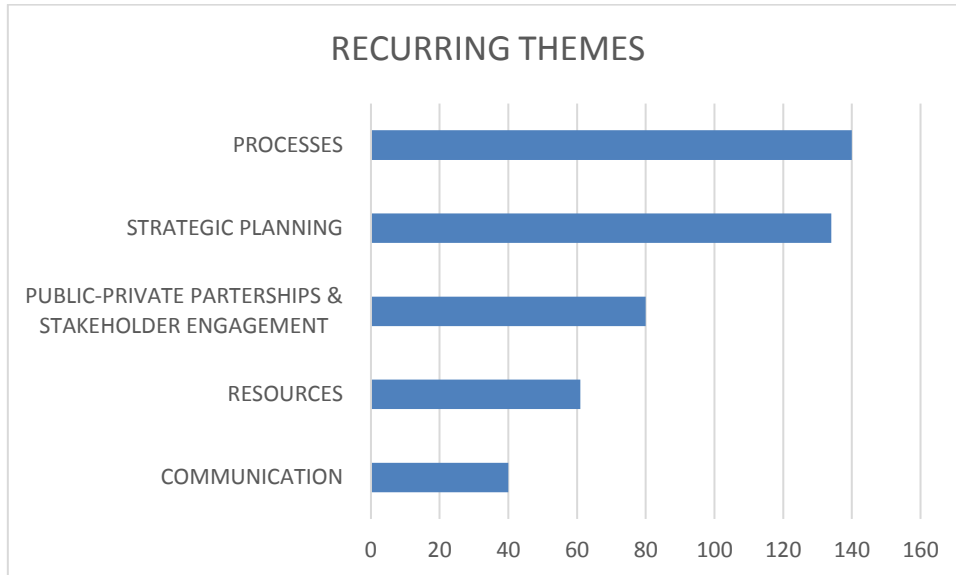
This chapter presents the results obtained from the analysed data. Emergent themes are presented and, where necessary, tables and graphs are presented. Verbatim quotations are presented indicating how they relate to the research questions posed.

The main question examines PEPFAR'S implementation and seeks to establish whether PEPFAR had implemented all the transition strategies as set out in their agreement with the National Department of Health (NDoH). In addition, this study sought to examine how the diverse transition components identified for the achievement of transition are dealt with. A further aspect that this study investigated was to what extent the constituents of the PEPFAR transition translated into the institutionalization of the programme. Finally, the intention was to ascertain the extent to which the incorporation of Public-Private Partnerships engaged actively in the PEPFAR transition plans. In addition, this study also attempted to identify the factors that contributed to the success of PPIs in South Africa as an alternative to replacement funding.

Once the interviews were transcribed, the analysis of the raw data began. Data analysis was conducted using thematic and content analysis to identify the recurring themes commonly known as frequency in quantitative research. The first pass-through the raw data was what is known as open coding where labels or codes are attached to the raw data. The second pass-through the labelled data is referred to as axial coding where themes are identified and clustering of themes is carried out. On completion of the axial coding, selective coding known as the third pass-through, the already coded data is completed. During this pass-through the data, the major themes were identified and clustered and minor themes were subsumed under the major themes and clustered. The propositions are presented with clusters relating to the propositions being presented to highlight the relationship. As indicated in Figure 10 below, there were four major clusters inferred from the literature. In support of these clusters, themes

emerged from the results of the analysis were a wide range of verbatim quotations. Ten interviews were conducted with participants from the various stakeholders and 235 cross-cutting themes emanated from the analysed transcripts of interviews. In the analysis, minor themes were subsumed under the major themes in each cluster.

Figure 10: Number of Recurring Observations per Cluster



5.2 Descriptive Analysis of Interviewees

The following analysis provides an in-depth view of the participants' level in the organisation. These dimensions showcase their perspective in regard to the quality of responses, drawing a variety of responses from their viewpoint. Each participant provided a perspective that was independent and this was varied based on their degree of service as either a PEPFAR implementing partner, employee, or NDoH employee. Table 2 below provides each of the participant's roles.



Table 2: List of Personal Interviewed for Data Gathering

List Interviewees	of	Job Role
Participant 1		U.S. government official from Centres for Disease Control & Prevention - Activity Manager
Participant 2		U.S. government official from Centres for Disease Control & Prevention - Activity Manager
Participant 3		U.S. government official from Centres for Disease Control & Prevention - PPP Specialist
Participant 4		PEPFAR implementing organisation in South Africa – NGO
Participant 5		U.S. government official from Centres for Disease Control & Prevention - Activity Manager
Participant 6		U.S. government official from Centres for Disease Control & Prevention - Transition Lead
Participant 7		U.S. government official from the U.S. Department of Health and Human Services Health Attaché
Participant 8		South African Central government official
Participant 9		PEPFAR implementing organisation in South Africa — NGO
Participant 10		PEPFAR Provisional Liaison

A description of the themes that emerged from the analysed data is presented for responses that each theme elicited.

Figure 11: Emerging Theme under Strategy Cluster: Strategic Planning



Figure 12: Emerging Theme under Strategy Cluster: Communication

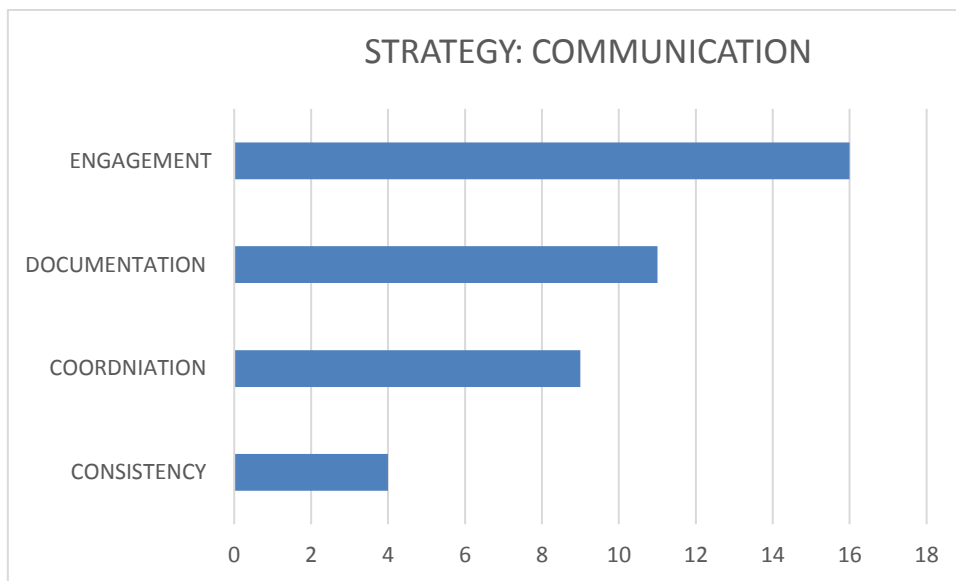


Figure 13: Emerging Theme under Resources Cluster

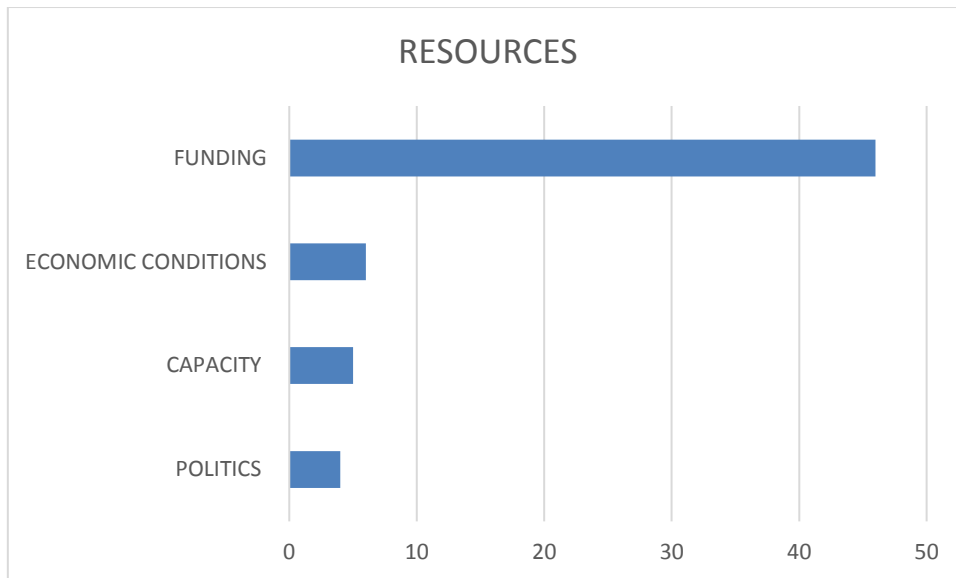


Figure 14: Emerging Themes under Partnerships and Stakeholders Clusters

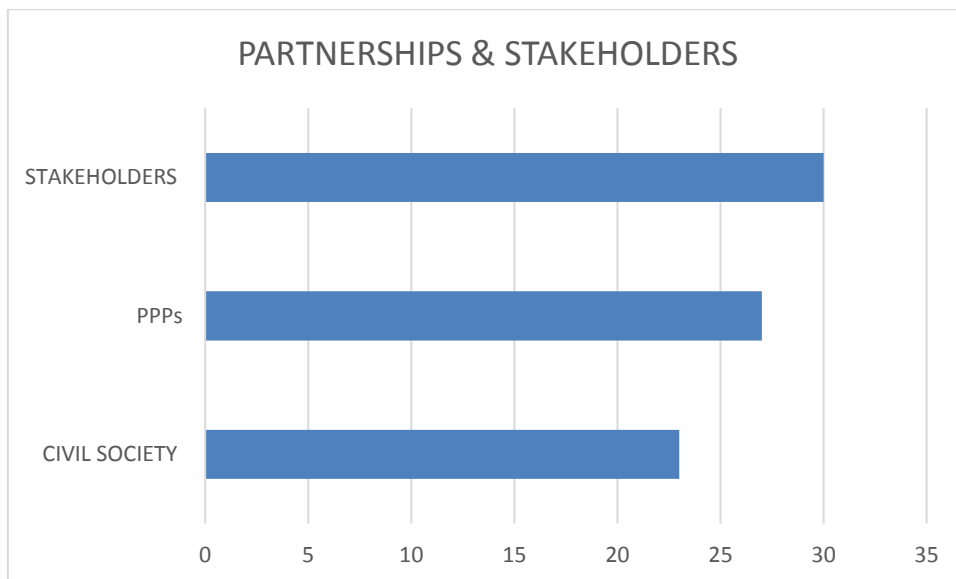
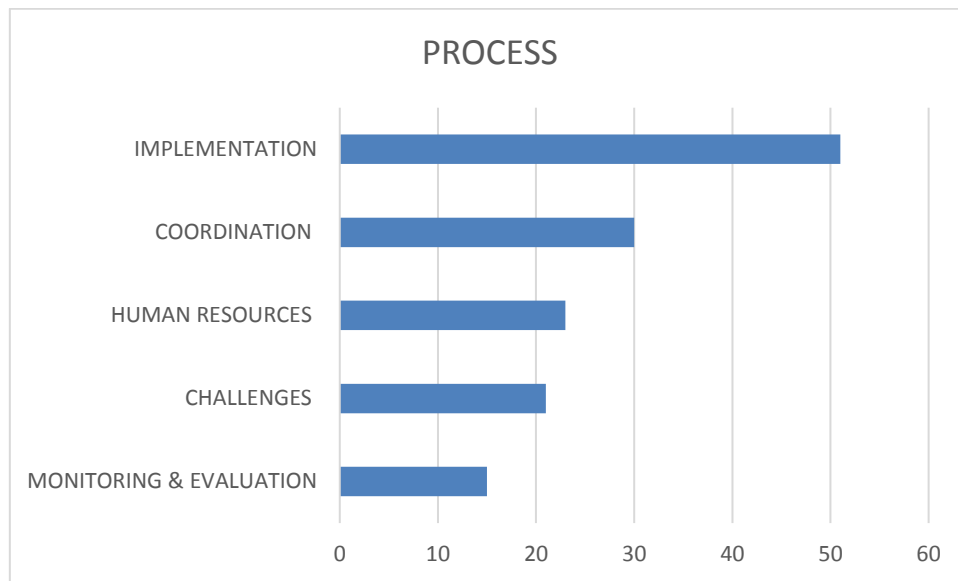


Figure 15: Emerging Themes under Process Cluster



5.3 Research Outcomes

Six major clusters were elicited from the analysed data. Each of these clusters were identified as the major category of analysis for the themes that emerged. Approximately 70 emergent themes arose from the research. These were positioned from highest to lowest as is evident in Figure 10 above. In order to complete the above exercise, it was necessary to identify the number of participants as well as the number of quotations per theme. Some of the themes were grouped under a main theme as the theme was used interchangeably by different participants. The residual themes were subsumed under the major themes and the quotations as per the Figures above (see Figures 12 to 16) were not limited to a particular theme but extended over a number of themes and may also cover other themes.

5.3.1 Major Research Findings

The major research findings are presented below and identify the results emanating from the analysis of the data. These results will be used to confirm the research propositions and subsequently will attempt to address the research question that follows:

What are the Key facilitators/inhibitors of successful transition?

5.3.1.1 Cluster 1 Strategy

Research Proposition 1: A well-articulated strategic plan that is effectively communicated from top down is essential for an effective transition programme

Emergent Theme 1: Strategic planning (evolution of transition)

Sub-Themes: *History (context), negotiation, government buy-in (politics), criteria to transition, planning, alignment & leadership*

Description of Transition: In the context of this study, transition may be described as the withdrawal of PEPFAR Funding from a service delivery model and moving to a technical assistance model. This involved a number of issues that had to be dealt with by the NDoH right down to district level. The parameters of the research are restricted to the 2012 – 2017 Partnership Framework (PF).

Observations: It emerged that strategic smart-thinking innovative planning is important and is a necessary aspect in handling a transition process. All respondents emphasised the need for planning. The evidence presented suggests that strategic planning is embraced as a core element in determining the direction for transition.

The 2012/17 PF transition in South Africa was not the first transition effort that PEPFAR exercised. As far back as 2009, PEPFAR transitioned from International (U.S. based) NGOs to local (S.A. based) implementing partners (IMs). The sentiment from the analysis of interviews by participants was that the process then was not very well managed. The same implementing partners that participated in the then transition were, for the most part, the same IMs in the current transition. They were left with the after-taste of the prior transition and could not but fear experiencing a similar process which, for the most part, they felt had been managed poorly.

PEPFAR/NDoH transition discussion was negotiated at the highest level, with little or no consultative effort filtering to the grass-roots where most of the implementation would take place.

- *“But what you saw then from government side is that it was just a signing of the document.”*

The high-level negotiation did not involve groups of stakeholders – IMs, District Manager or their staff, and civil society. The decision for South Africa’s readiness for transition to country ownership was a directive from PEPFAR as extracted from this research.

The research findings reflect that the South African government and its leadership were fully committed to the country ownership process. They were also equally committed to sustaining the HIV response programme in South Africa and ensuring no erosion in the gains achieved through PEPFAR support over the years.

- *“Largely, it was negotiated through the partnership framework. I think the large thrust of the discussions was because we had to negotiate this partnership framework.”*
- *“I think there was a willingness on the part of South African government to absorb a lot of what we said that we wanted to transition.”*
- *“The idea of getting a government at a policy level to make the fiscal and programmatic commitments to fully embrace the epidemic is not an easy thing to do. There are only a few countries that they’ve done it.”*

The analysis suggests that transition alignment is a fundamental instrument to ensuring a sustained programme. A number of participants indicated that not only is alignment obligatory, it needs to mould around national priorities and be inclusive of national priorities. This theme was spoken about quite consistently by all participants. The alignment to national strategy was not clearly understood across all provinces. The process worked differently as each province had its own unique set of competences and attitudes towards transition and resources. The high-level agreement signed between PEPFAR and NDoH did not set out any guidance as to how the process was going to be rolled out. Each province had to figure out how the modalities of transition would be applied to each of their contexts. In the Western Cape for instance, PEPFAR and NDoH put together a Terms of Reference (TOR) that guided the process on how the roll-out would be implemented. Both participated in putting this document together.

A significant observation regarding alignment was that although a lot of transition was expected to happen within a specified timeframe, there was no actual financial capacity with the current period that allowed for the absorption of the cost of transition since budget provision was not possible. The Provincial government’s budget processes had already been set in stone and adjustment to accommodate transition could only be accommodated in forthcoming years. An additional complication is that the South African government budgets are two years out.

- *“I think that this was especially challenging because the South African government budgets two years out. So if you want something to be absorbed you have to ensure it is included beforehand.”*

Outcomes from the research examination exposed a lack of clarity among the patrons about what transition to country ownership means in practical terms. A strong strategy did not exist in the initial phases of PEPFAR's transition, so much so that each province had to draft their own roadmap. This resulted, in most cases, to resentment and frustration among the officials in the Provinces. This also further exacerbated the divide between the South African officials and PEPFAR Implementing Partners working in the provinces where transition was actually taking place.

- *“There was a lot of transition effectively on the ground because of that process and, again, that process was probably not yet very closely managed.”*
- *“It was imperative that there is collaboration between PEPFAR, the NDoH and facilities and districts in order that transition from PEPFAR is smooth.”*
- *“Now we were told that we are no longer going to do that, we suddenly had to stop one level of transition and move to another, after we had already done so much work on the preceding process – it was frustrating and it made us look confused.”*
- *“PEPFAR has managed to transition out of service delivery model but I don't know in terms of TA if PEPFAR would say we are packing our bags and leave, because technical assistance is always revolving and you'll get more information coming out.”*

PEPFAR provided for leadership to spearhead the transition process by appointing PPLs and the idea was that each province would have a representative who would work to liaise and coordinate the efforts of PEPFAR in achieving transition. The NDoH leadership was intimately involved and committed to achieving an effective transition. An analysis of the interviews shows this.

- *“Critical is having strong leaders at national and at the province to really guide this because if you don't have that leadership it's not going to happen.”*
- *“He (NDoH Head of HIV, TB & PMTCT) physically went to each province and discussed the PEPFAR transition with each one of them.”*

Emergent Theme 2: Communication

Sub-Themes: *Engagement, coordination, documentation and consistency*

Observations: An effective transition programme will require active engagement at all levels, across all teams, and not just in the sphere of top leadership. Decisions made at the top need to be communicated across channels so that everyone is clear as to what is their expected contribution and indeed, outcomes. The sub-theme of Engagement formed part of the cluster

under Theme 1. Engagement appears to be of significance in this study as it requires both senior leadership and community involvement. The research findings revealed that in some cases clear guidelines for the ownership process were set at a political level, while in other cases this was left to the provincial staff and PEPFAR implementing partners.

- *“I don’t believe the transition was communicated to the districts in advance (in some cases). It was slightly confusion because the final priority districts were different than what was communicated to us originally. It was difficult. Of course, districts don’t like it when you do things that way especially because they count on your support, they want you to communicate with them, but we didn’t do that.”*

The way in which exits were communicated to the different stakeholders varied. The conclusion was based on the analysis that, in some instances, it was a natural and unavoidable process while others viewed it as negative. Some provinces took little interest because their programmes were not heavily supported by PEPFAR and in the last instance, some stakeholder groups mobilised to negotiate the process and often this welcomed.

There is very little mention of joint decisions made regarding the actual process of South Africa’s transition. As mentioned above, the decision to transition was unilateral by the U.S. government and the South African government came to the party. Even though they had known for a while that transition was coming, the reality of facing the process was a different matter altogether. The analysis found that some of the announcements by PEPFAR to different provinces and structures were marred by mixed messaging and timelines.

There was very little actual written documentation to reference as a guideline on how to proceed with transition. Provinces had to figure it out as they progressed. In provinces that experienced better coordination they had to put together their own Terms of Reference (TOR) which was a document written by both the NDoH provincial staff and the PEPFAR programme liaison staff. Sources of strategic elements needed for transition did not exist. Another specific problem was that no formal documentation existed about what PEPFAR was funding. PEPFAR is yet to document the formal process for transition in South Africa.

- *“I think there was a willingness on the part of South African government to absorb a lot of what we said that we wanted to transition but I think...unless you’re able to really articulate in a very detailed way what it is you’re currently supporting, is this something that the government wants to take over?”*

A key observation made was that of inconsistent messaging on the part of PEPFAR regarding the direction that the PF transition was moving in. Over the period it was planned to scale-down funding levels to \$250 million by 2017. This has not been realized with COP16 being flat-lined from the planned \$357 to the same funding levels as COP15.

- *“I think that that’s really, really important to understand...to have very clear goals in mind and not just expect, again, that in two years they’re going want to absorb the staff that you’ve now put in again after we’ve already absorbed what we thought was the transitioned staff. So I think that that’s also not shifting the goalpost and be very clear with what the transition means on both parties is critical.”*

5.3.1.2 Cluster: Resources

Research Proposition 2: Economic Factors have a significant role to play in a country’s ability to drive ownership

Emergent Theme 3: Funding & Investment Case

Sub-Themes: *History, Power & Economic Conditions, and Capacity*

Description: Another significant theme that emerged was funding. These are the funds that are available to continue the project once the transition has been effected. Participants were passionate about funding and voiced their opinions regarding PEPFAR Funding, government funding and various other partner funding. The following are excerpts from interviews.

Observation: Funding from PEPFAR was considerable, a large sum that enabled facilities and districts to provide their services. However, there was concern with PEPFAR reducing its funding levels. It is evident that South Africa has budget constraints.

- *“There were some big gaps left by PEPFAR partners pulling out.”*
- *“PFIP laid out a trajectory of five years going from \$500 to \$250 million dollars and the government wanted to transition at a slower pace to be able to allow to budget for the absorption of staff and service.”*
- *We have a big funding gap there is no way of putting this in a very simplistic way. In the next three years, we, terms of resources that Treasury, PEPFAR and The Global Fund have committee.”*
- *“So if PEPFAR continues to provide funding at the flat-lined COP16 levels of \$416 million we should be fine, assuming that these resources remain in place.”*

There is no doubt that the South African government had anticipated Transition of the PEPFAR programme, however the phase-out plan presented by PEPFAR was unexpected for the most part. The government had envisioned a long transition process with less drastic shifts in funding reductions.

- *“The idea of the partnership being inevitably that we just have to tail off our response is actually a little simple. It’s more complicated that we, in partnership, both want to reach the same goals.”*
- *“The partnership framework expires next year...or the implementation plan, we have a change in government in the United States, we have continual epidemiological information that shows us the real need to continue to do what we’re doing and even do more of it.”*

The Investment Case was a significant theme that emerged on the part of the South African government in providing for capacity of transition. The South African HIV and TB Investment Case is the result of two years of intense work by the Investment Case Task Team, a group of technical experts in HIV and TB, and the Steering Committee, which was chaired by Dr. Yogan Pillay (NDOH) and Dr Fareed Abdullah (SANAC Secretariat). The Investment Case aims at informing, and if need be, changing national policy with regards to these two diseases, which continue to claim thousands of lives every year in South Africa. It has fulfilled this objective in providing 5 important results listed below.

The Investment Case has helped the South African government in in five ways:

- *By reviewing the evidence base for all known interventions against HIV and TB, including those that are currently part of our HIV and TB programmes and a number of those that they could add;*
- *By comparing the impact and cost of each of these interventions and suggesting an optimal package of services to reach important targets in controlling the two diseases;*
- *By calculating the total budget needed to implement the optimal package over 20 years so that the return on our initial investment becomes clear;*
- *And by pointing out in greater clarity where the gaps are in their collective knowledge on what works against the two diseases.*
- *“The investment case has since its sign off been used as a budget an advocacy focusing tool.”*

The NDoH applied for a Conditional Grant to bridge the gap between the overlap of the PEPFAR transition timelines and the uptake of the new budget period when they would be able to take up new provincial positions that were no longer going to be funded through PEPFAR. The Funding Level approved from this Grant was just a small amount of their requirement.

A case to be made, with significant observation during this research, was the progression of the context of PEPFAR's evolution of funding models. In the very early stages, PEPFAR funding was with international partners that were U.S.-based. In many ways, the first every transition was moving from U.S.-based organisations to local ones. Today PEPFAR's implementing partners are 80 per cent driven by local partners with about 10 per cent in government and parastatal institutions and only 10 per cent through U.S.-based organisations. The South African government necessitated the requirement for PEPFAR to work with local organisations if the programme was to have any semblance of long-term impact. This shift in power dynamics has not extended to the determination of funding levels. The United States still determines funding levels and priority programme areas with its COP budget cycle. This power dynamic is reinforced in the transition decisions that PEPFAR tabled regarding the funding levels and timelines. There was no consideration given to the economic conditions and/or actual funding capacity that the South African government would practically be able to absorb.

It was noted from the research findings that there was evidently a lack of capacity and human resources on South Africa's side. The PPL role played an important part in coordinating the phase-out. PEPFAR did not have a detailed record of their footprint across the country. South Africa did not have systems in place to manage the magnitude of transition that PEPFAR had put toward. A lot of gaps still existed that would translate into the achievement of an undisruptive transition programme. Despite having these facts on the table, PEPFAR still insisted on transition. Stakeholders from both the South African and U.S. governments conveyed the deficiencies of health systems strengthening that was needed to absorb the process with little impact on service delivery.

Many of the participants to this research put forward that one of the biggest contributions of the PEPFAR's partnership was its ability to act fast and innovate. The calibre of personnel recruited through Implementing Partner structures and the salaries were equally matched to retain their services. There was a heavy sentiment of doubt that the South African government would be able to retain these personnel and match their salaries.

5.3.1.3 Cluster: Partnerships and Stakeholders

Research Proposition 3 **A detailed investment plan of action of Public-Private Partnerships is necessary to ensure and maintain sustainability of programmes**

Emergent Theme 4: Public Private Partnerships and Stakeholders

Sub-Themes: Civil Society, Private Sector, Advocacy, Empowerment

Description: The current status of private and public sector engagement and willingness to participate in the country ownership process.

Documents reviewed emphasised a different approach regarding PPP policy between the PEPFAR's implementing agencies (CDC and USAID). Each of these agencies have different governing regulations regarding involvement and inclusion of PPPs in their programmes. In the face of PEPFAR's funding decline trajectory, the government must identify replacement donor funding. In this context, there is little evidence that the private sector has been vigorously engaged as an alternative funding source to compliment public services in a way that advances resourceful and cost-effective service delivery after PEPFAR funding levels reach its baseline planned funding levels.

This exercise produced strategic information for the deepening of resources to achieve maximum impact to identify alternative fund sources before transition. In the case of South Africa, the private sector has largely stepped in to bridge the gap through one-time interventions. This has been seen mainly in infrastructural development. Some notable examples include the Xstrata Mining-Reaction in terms of getting the infrastructure to set up clinics and then transitioning those over. This level of partnership, although welcome, has not expanded to include long-term sustainability contribution in terms of service delivery.

There has been a shift over the years in the involvement of private sector contribution beyond their involvement as a Cooperate Social Responsibility (CSR). A lot of private sector companies cold-call PEPFAR implementing agencies trying to set up "partnerships" without having a detailed understanding of how the programme works. PEPFAR is not able to get into such types of partnerships. Their thrust for partnership is mainly geared towards innovations and new areas of treatment that drive epidemic control. This has seen the shape of partnerships where PEPFAR and the private sector – through the host government – identify priorities that best enhance such cooperation. This type of strategic partnership has been realized through the DREAMS initiative, which was a Public-Private Partnership including Nike and the Gates Foundation.

For the most part, the observation of private sector involvement in South Africa has been that larger multinational companies run parallel programmes in their own setting that aim at providing HIV treatment and prevention support to their employees. These services are run completely separate from the government and this has often been criticized as duplicating the efforts of the government and not fostering efficiency in communities where both the multinationals and government run separate programmes. In their defence, these multinationals say that they provide this service because the government system is slow and inefficient and running their own programmes eliminates down-time for their employees seeking healthcare in government facilities.

A noticeable development in the enhancement of PPP realization has been the acute guidance by OGAC – PEPFAR’s controlling agency to enforce an inclusion of private stakeholder participation. This has also been encouraged in PEPFAR’s blueprint and has been required as part of the COP planning process to include what action each implementing agency has achieved or plans to achieve in its implementing cycle.

A reiteration that was voiced repeatedly throughout this investigation, as requirement to country ownership, is a comprehensive response from a variety of stakeholders, and ranking high on this list of stakeholders was civil society communities (CSOs). Post 2012, PEPFAR’s directive to its implementing agencies has been to include the CSO and share its full set of COP planned interventions.

- *“When we did the COP itself, civil society was present to say here are the gaps and this is how we could be involved and, most importantly, what came out of that was a recommendation straight from the ambassador to say we want to hear the plan with what the bigger partners are doing and I remember the Health Advisor in the Presidency mentioning this, when she was asked to talk at our COP, she specifically said what is the plan that PEPFAR has in terms of working with community-based organisations?”*
- *“2016 was a year of involvement of different sectors from other funders to the civil society and what we are seeing now is actually more engagements happening.”*
- *Civil society voices that we don’t engage with as much as we should and, in the last couple of years, the leadership at OGAC has said to us we want hear more from these places and this goes back really to the roots of the AIDS experience in the United States where the activists pushed very hard on US government to develop a response to HIV in the early days when we first identified HIV and we first had treatments that were experimental and difficult but still people wanted access to them.*

- *Civil society for years has always been saying we want to be heard and, with the leadership of Ambassador Birx, we seeing that we're having a platform where we saying that, civil society, we want to hear you. What are the issues?*

5.3.1.4 Cluster: Process

Research Proposition 4 **Quality of exit management is key to achieving a phase out process that is parallel to the host government priorities with little or no disruption of service delivery**

Emergent Theme 5 Implementation

Sub-Themes: *Human Resources, Challenges, Mentoring & Training, Monitoring & Evaluation, Process, Coordination, Analysis*

Description: With transition came numerous processes and challenges which had to be dealt with by those implementing the transitioning. There were various challenges that contributed towards making the transition difficult. Stakeholders were faced with these challenges which impeded progress in some cases.

Observations: In the act of transitioning there were many challenges that emerged and participants pointed out the many stumbling blocks they encountered. These were related to various aspects where stakeholders were involved. Human Resources emerged as participants pointed out the need for absorption of the positions that PEPFAR was looking to handover. Coordination was also highlighted in order to make the transition a smooth process.

One of the most significant challenges that came up in the onset of transition was that the PEPFAR and NDoH's planning and budget cycles were not synchronised. PEPFAR's cycle ran from October through September, whilst the NDoH's process is from April to March of each year. This clashes with priority absorption once PEPFAR has determined to transition any activities to government. NDoH is not able to immediately accommodate these into their funding base.

Other challenges experienced were the direction of absorption of key positions that PEPFAR has previously funded. The Human Resource (HR) transition was an integral part of PEPFAR's shift. For the most part, the decisions that PEPFAR made were complex and urgent. The NDoH Provincial staff were not aware of the full complement of PEPFAR staff in their regions, but through consultation it came to light that there were significantly more staff than envisioned. It was weighed on each provincial PPLs to coordinate the creation of a

database for all PEPFAR health workers based or linked to the South African government health facilities. This database would serve as a central tool used to capture transition decisions on staff absorptions. The output of the HR audit was used to prioritise posts that could be transitioned in line with policies and strategies. Not all PEPFAR posts were aligned with NDoH policy.

The narration above was the ideal strategy to handle HR transitions. Again, the Western Cape was identified as a single programme where this process worked successfully. This research was not able to extract any further information which had similar best practices.

The practical challenges that emerged with HR transition absorption were that NDoH had not budgeted to take over posts in the 2012/13 cycle, the period that PEPFAR was pushing for absorption. Most posts were absorbed into the system via Conditional Grant funding which took away from other equally competing priorities within the national response programme. It was observed that not all posts were absorbed into the NDoH facilities. HR transition was a primary concern because both PEPFAR and NDoH did not want to experience any loss in service delivery.

The shift in HR from PEPFAR to NDoH hosting to capacitate and retain skilled workers was not without its challenges. NDoH had to provide for the hiring and retention as well as the training of staff. Staff who previously worked in PEPFAR structures had to learn a new way of doing business.

Monitoring and Evaluation are sub-themes that emerged, where participants identified the need for mentoring, monitoring and evaluation in order to implement processes and sustain programmes. A critical observation was the absence of a system to trace patients who may be lost to follow-up as services transferred from IMs to government facilities. There was no tracking mechanism which meant that it was not possible to make corrections.

Observation: Implementation is a significant sub-theme as processes had to be implemented.

- *“Yes, there was a process but, in terms of the implementation of the process, initially it wasn’t done properly. It wasn’t done properly in the sense that I don’t think we...the approach that we used.”*
- *“At a meeting recently in one of the provinces and I think there was kind of an admission from some people within the district that, even when there is a long handover period – which wasn’t really the case with this, it could have been longer –”*
- *“It’s difficult. I’m not so much on the ground so it’s hard to say. A lot of my role was just getting transition plans and close-out reports from the partners which has also been mixed in terms of quality and timeliness and, of course.”*

- *“Somebody who can drive...the key person who can drive the process because you can’t make everybody responsible otherwise then things don’t get done. So you do want to...and then if it’s not somebody dedicated only to that work but somebody whom you can rely on who drives the plan because if everybody’s responsible nothing happens but if you have a dedicated person who’s like a project manager who then drives the thing.”*
- *“Work of the PEPFAR programme evolved quite rapidly to the technical assistance thing which was mainly training people adequately, setting up huge mentoring programmes. So still visit the facilities but actually work with the NDOH nurse to get her to become better at doing the work.”*
- *“To make sure anything that we’re taking over is something that’s good for the South African government, for public health, and I think really engaging the government at all levels throughout...not just at the end when you want to transition but throughout the life of it with constantly ensuring that you have the end goal in mind and both parties are...have that end goal in mind otherwise it’s going to cause frustration.”*

5.3.1.5 Cluster: Overarching Themes across the research topic

What are the key drivers/inhibitors of successful transition?

Emergent Theme 6: Sustainability, commitment, coordination, communication,

This research review shows that the success in the PEPFAR transition in South Africa faced many barriers. The issues that affected the process here were mainly characterised by PEPFAR imposed timelines, varied inclusion/exclusion of important stakeholders in the planning process, and an absence of well-defined communication. The research found for the most part that PEPFAR has made efforts to undo this bias with a focus on inclusive country ownerships and sustainability.

The stand-out lesson as echoed by participants in this research has been that for a sustained country ownership programme. The first steps need to be based on mutual agreement of goals, objectives and actions, with all of this developed in a joint, detailed fashion that allows for change as the process evolves, in collaboration with relevant stakeholders to ensure buy-in and ownership of the process.

5.4 Process of Observation

Despite the sensitivities and uncertainty of the Transition process, all participants contributed to the best of their knowledge and experience with enthusiasm. Respondents often provided answers to issues that they highlighted as “sensitive” and exercised the nature of anonymity in their interview. Most of the participants were clear and decisive with their answers and insight as you could clearly tell that they have been actively involved in the process. Some of the answers provided by a few participants were estimated, based on their good recollection of the events that happened as far back as 2009. It is fair to say that none of the responses provided were crafted and were accurate to the best of the participant’s knowledge.

Participants seemed comfortable with the interview content and spoke with confidence. A few participants were looking forward to the results of the research and asked the researcher to share the final report output. All participants were professionals and have worked in international developmental assistance for a number of years. Their conduct was professional at all times. Participants who took part in telephonic interviews also sounded comfortable and well-settled about providing their perspective on the research topic, and in no way felt hurried.

5.5 Summary and Conclusion

A descriptive analysis of the interviewed participants was provided to highlight the breadth of the responses from as diverse a perspective as possible. The primary research findings were illustrated as four clusters to address the research question and corresponding research propositions. The results presented showed an agreement with literature as well as providing some distinctive insights on transition. The results discussed here, plus the literature presented in Chapter 2 will be used to authenticate the research question and propositions in Chapter 6.

6 CHAPTER 6: Discussion of Results

This chapter discusses the objectives of the study by addressing the research findings from Chapter 5 in detail. The findings will be aligned and give credence to the literature that was presented in this study. The research question and propositions were formulated on the basis of the literature that existed and is proposed in this paper. The in-depth interviews and data content analysis, and the results outlined attempt to contribute to a further understanding of the critical determinants of the essential drivers/inhibitors of successful transition to country ownership. The presentation of results will follow the format of the research proposition as presented in Chapter 3. The discussion of results is again based on the analysis of the responses collected under the various themes that are presented in Chapter 5. Addressing the research propositions will serve to answer the overall research question which are presented below:

What are key drivers/inhibitors of successful transition?

What key processes are needed to ensure successful transition?

6.1 Discussion Related to the Questions & Research Propositions

The research propositions to be discussed with primary research results are:

Overarching

Research question: What are the key drivers/inhibitors of successful transition?

Proposition 1: A well-articulated strategic plan that is effectively communicated from top down is essential for an effective transition programme

Proposition 2: Economic factors have a significant role to play in a country's ability to achieve country ownership

Proposition 3: A detailed investment plan of action of Public Private Partnerships is necessary to ensure and maintain sustainability of programmes

Proposition 4: Quality of exit management is key to achieving a phase-out process that is parallel to the host government priorities with little or no disruption of service delivery.

6.1.1 Research Proposition 1: A Well-articulated Strategic Plan that is Effectively Communicated from Top Down is Essential for an Effective Transition Programme

Research Proposition 1 set forth to establish the level of strategic planning and thinking that set the tone for the overall transition determination of South Africa as a transition-ready country and further what plan was laid down to champion this process into action. A significant number of participants provided commentary related to how this determination came about. The document analysis also provided a historical content of the discussion of the transition criteria.

- *“South Africa is a middle-income country and it has the resources for the most part to be able to respond to its own HIV response, and so being a middle-income country and considering the needs of other countries it was decided that South Africa should start to transition services and get the government to pay more for its own response as it has the capacity to do so.”*
- *“South Africa is a middle-income country and should be responsible for providing treatment for the people of South Africa and South African government said a hundred percent we want to be fully responsible, that is our goal, and so we specifically negotiated with the South African government to take elements in the PEPFAR programme and put them into the South Africa responsibility and that is the Partnership Framework Implementation Plan, it has a very clear set of principles about how that’s done.”*

South Africa was the largest recipient of PEPFAR funding until 2012, when it was announced PEPFAR’s budget would decrease from \$550 million to \$250 million by 2017 (SAG-USG Design Team, 2010). During this time agreements (Partnership Framework and Partnership Framework Implementation Plan (PFIP)) were signed. The agreement laid out PEPFAR’s plans to continue to support the South African National Strategic Plan for HIV and AIDS, to prevent new HIV and TB infections, increase life expectancy and improve the quality of care for people living with and affected by TB and HIV, and improve the effectiveness of the HIV/AIDS response through health system strengthening. The PFIP also outlined the initiatives which fell under the umbrella of “transition”: The transition of PEPFAR’s reduced financial support for HIV and AIDS in South Africa and the shift in focus from direct service delivery to health system strengthening and capacity building, both of which necessitated a transition of human resources (HR) from PEPFAR partners to the South African government.

The research investigation draws from a number of participants who are quite vocal in saying that the criteria for South Africa’s selection for transition is not clearly documented. The Partnership Framework, signed in December of 2010, was an elevated political concord on

the future interests between the US and South Africa on AIDS. Following a decade of stormy relations between PEPFAR and the SA Ministry of Health and the Presidency, it imagined a communal governance model and a transferal of clinical programmes over the course of 5 years. The specifics were to be solidified after a “comprehensive assessment” of the direct services funded by PEPFAR and agreement on a way to manage the handover process in an orderly fashion that would not unsettle the South African health system or patient care.

A lot of the decisions were made at a macro level. Participants to this research are humble enough to admit that at the time the Partnership Framework was endorsed, PEPFAR itself did not have collated data on its programme. Their files were missing vital information on the full complement of services they were funding through their Implementing Partners. This ranged from for the number of health professionals supported in the facilities they had a presence in to even the critical services they were running. The absence of this significant well-articulated threatened the nucleus of their programme which was critical not only to PEPFAR but most important significant to the country’s infrastructure would disappear without PEPFAR.

Regrettably, contrary to the provisions of the Partnership Framework, it seems that a good part of the transition took place before PEPFAR was able to collect this critical facts and jointly plan with its South African teammates. In perhaps the most arresting instance, many PEPFAR partners received notice in June – August 2012 that they were to handover all patients to the public sector by September 30 of that year, yet it was not until November of 2012 that full exposition was completed of the number of PEPFAR-supported staff who had been providing services to those very patients.

During the valuation process, many engaged in the AIDS response, including within the South African government, were people involved in the process taken aback by the magnitude, scale and involvedness of services to be absorbed by the public sector. The diplomatic pact in principle was, as is often the case, apparently less daunting than the responsibility of actually assembling the resources, recruitment, logistical systems and strategy needed for successful transition in a country as large as South Africa.

The approach of the U.S. government has altered along the changing political climate. Home politics and growing demands on a stagnant budget for PEPFAR has prompted shifts in U.S. AIDS policy in South Africa and elsewhere across the consortium of PEPFAR-funded countries. PEPFAR’s programme in South Africa has been undoubtedly one of the most successful foreign aid interventions in the world. The investments made since 2004 when PEPFAR first heeded the “emergency call” has saved million lives through the NGOs, private and public sectors. In many aspects, the political transformation pictured in the 2010 Partnership Framework has been positive more so because of the leadership demonstrated

by the South African government. This strong political will has resulted in PEPFAR structuring a new relationship that shares decision-making power over the programme.

6.1.1.1 Inferences from Themes: Strategic Planning

The emergent theme of high level of ‘transition planning’ was dominant and featured with the highest level of recurrences. All participants provided comments in support of high-level solid strategic direction that is communicated timely across the programme stakeholders. In many ways, the politics outpaced smart policy-making and implementation.

- *“Political transition was translated into rapid widespread pull out of U.S. support for “direct services” that likely resulted in care disruption for thousands of people”*

Findings from the literatures (Abigail Vogus, 2015) and anecdotal evidence from the research outcomes revealed a lack of clarity among stakeholders as to what country ownership means in practical terms. This was heightened by a lack of strategic planning which perpetuated scepticism that transition was equal to donor withdrawal. The literature (Hirschhorn et al., 2013) confirms that understanding complexities is a common struggle. The authors note that terms such as “scale-up” have evolved from single definitions of size, such as the number of sites in a programme, to broader notions that include a shift to local ownership. Multiple understandings of “ownership” have emerged in transition management. Esser (2014) findings suggest that there is a lack of clarity regarding the number of country ownerships. He contends that there has been a move away from the traditional notion of transferring power from donor to host government. Its evolution has included an expanded notion into de-politicised definition that includes civil society and non-state actor’s inclusions that involves.

On the basis of this literature, it can be inferred that transition planning in South Africa was ill-defined with civil society still stuck in the notion that transition equates to withdrawal in the current climate of declining funding. There is consistent finding from the research respondents of a unified message across government agencies and the initial framework to outline the process is vital for improving communication among stakeholders and build capacity to successfully manage transition.

6.1.1.2 Inferences from Themes: Effective Communication

Embedded in the emergent theme of strategic planning is a need for effective communication. For South Africa, the research showed that the challenge was translating the guidance in the Partnership Framework process experiences and mixed messages from PEPFAR about timelines. This contributed to misguided utilization of resources because of a misunderstanding over the period of transition. Stash et al. (2012), Slob & Jerve (2008) endorse the need for consistent messaging through high-level diplomacy, which enforces active participation of the stakeholder.

- *“PEPFAR’s communication is slightly different from the way the South African government communicates. PEPFAR’s communication structures are firstly through the agencies, the agencies, the agencies will in turn communicate to their implementing partners, the partners must then communicate to their staff and their stakeholders and their partners on the ground, and those would be now your government employees, your facilities, the districts, sub-districts, and other community based stakeholders. This process is done, before people actually get into internalising what then needs to be done and start doing that, they actually first deal with it in stages.”*
- *“South African government having to communicate that information, for us it’s easier because we would just inform the provinces and the province would inform the districts but, remember, it’s just communication that says PEPFAR will be withdrawing as of this date without really thinking about what the implications would be because you are playing a messenger role kind.”*
- *“The biggest lessons that we learned is in bilateral agreement, any bilateral agreement, both partners have to be close to each other on regular basis. So, firstly, you need to be talking to each other.”*

Beyond this report, findings from South Africa suggest an important reality for future transition, that successful implementation requires institutionalization and standardization. Bradach (2011) notes that programmes require structures and processes that are systematic and can clearly be articulated to others. This process also assists in overcoming human constraints. Some key evaluations that have come out of other research Bennett et al. (2015) are a look at how well the current organizational systems and practices are in line with integration of planned processes. This process helps to lessen the burden of misalignment of what is already in existence and avoids a process of duplication.

6.1.1.3 Conclusion Related to Research Proposition 1

Based on the content analysis, Research Proposition 1 which states that a well-articulated strategic plan that is effectively communicated from top down is essential for an effective transition programme has to be accepted. It can be concluded that PEPFAR and the South African government did not have a well-articulated plan for the transition process. Although it was well-known that a transition programme had been negotiated, it is widely accepted that both parties were ill-prepared for some of the essential processes that need to occur. Although the bulk of the process still went ahead, it can be concluded that the challenges around a process/road map and active communications from the top/bottom compromised some of the systems that had been previously set up during PEPFAR's tenure.

6.1.2 Research Proposition 2: Economic Factors have a Significant Role to Play in a Country's Ability to Take over Country Ownership

This research proposition sought to establish how the absence of planned adequate replacement funding inhibited successful transition. The thrust of the Partnership Framework was a reduction in funding levels as PEPFAR and the South African government had negotiated a shift in funding levels over a five-year period from \$550 million to \$250 million by 2017. There are several debates about what constitutes a country's ability to take over country ownership and it still remains debatable as to whether economic activities have a pull or push factor in successful transition.

The two themes were used to draw conclusions to Research Proposition 2. There is little debate around the significance of funding requirement in a transition programme. What remains contested is the degree to which a country's economic position affects its ability to take up full, or indeed partial, ownership using its own resources of any programme that has been supported through donor funding. The key levers of this Proposition are Resources and Investment Case.

6.1.2.1 Inferences from Themes: Funding, Resource Allocation & Investment Case

South Africa had been paying significantly more than other low- and middle-income countries in addressing the HIV/AIDS epidemic with a government contribution of almost 80% and the balance coming from PEPFAR and The Global Fund (National Department of Health & South African National AIDS Council, 2016). Even with this significant contribution it seems almost likely that bridging the unfunded 20% should be an easy shift. South Africa developed an

Investment Case for HIV and TB that was articulated towards maximizing the impact of investments in the national HIV response programme. The aim of this detailed investigation was to inform development of a clear national plan for achieving epidemic control through the identification of the most cost-effective mix of interventions to address HIV and TB over the next 20 years. Based on the findings in this report, the NDoH formulates an annual budget that is presented to parliament for resource allocation as outlined in the report.

Data analysed from the Investment Case report projected an increase in spending on the HIV response in outward years and that the share covered by the South African government will also continue to go up. However current projects indicated that these projected increases are unlikely to meet resource needs, with a substantial resource gap projected in each of the coming five years. The economic disparities that exist within the borders have an impact on future funding for a response programme (Open Society Foundation Discussion Paper, 2015).

Factors that have been noted which drive a country's ability to fund its own HIV response have included economic disparities within borders, natural disasters and or other emergencies, the strength of the country's health system, political conflict and the prevailing country's currency valuation. Having major unanticipated financial challenges makes any previous assessment based on GNI alone inadequate as a check for a country's ability to take up ownership. Literature fails to drive the significance of economic disparities in determining transition eligibility and role players in the transition process have inferred that the host government has very little say as to when a donor comes or goes.

Literature suggests a way for the importance of economic considerations when establishing transition. Most reviews make sweeping statements such as "a country with a strong surging economy, for example, may be able to significantly increase domestic funding of its AIDS response" (Oberth & Whiteside, 2016). A noteworthy comment drawn from a respondent lingers in the mind as to how economic considerations are side-lines in transition eligibility assessments.

- *"Now, of course, whoever has the money has the power. So what can you do in certain cases?"*

Most literature (Abigail Vogus, 2015; Bossert, 2012; Jamison et al., 2013; Loorbach, 2010; Oberth & Whiteside, 2016) consistently provides a list of “key elements” required to achieve country ownership and a sustainable national AIDS response ranging from high-level political engagement, effective coordination, to having a high level of strategic plan with smart decisions. Criteria are set around norms of a country’s GNI as ranked by the World Bank Atlas (Open Society Foundation Discussion Paper, 2015) that give little or no credence to the country’s current economic status.

South Africa is deemed as an upper-middle income country economically and an emerging geopolitical power, being an official member of the influential BRICS group (Kavanagh M M, 2014). Yet despite these impressive statistics, its health outcomes are worse than many lower-income countries. It is also important to bear in mind that South Africa is just over twenty years from the end of Apartheid and continues to encounter affliction from the era’s devastating legacies. The health infrastructure inherited by the government in 1994 was geared towards the health of the wealthy portion of the population with more than half of the financial and human resources allocated to the private sector (Coovadia, Jewkes, Barron, Sanders, & McIntyre, 2009). Even more so, South Africa is still emerging from a denialist and inactive period during the Former President Thabo Mbeki’s reign (1990 – 2008) where the national government’s stance towards AIDS was zero action (Kautzky & Tollmani, 2008).

6.1.2.2 Conclusion Related to Research Proposition 2

Based on the content analysis very little weight is given to the criteria that was used to determine South Africa’s qualification for transition. Not much weight is given to the process or consultation, although these are important factors. The sentiment based on the document reviewed and the results from this research bring one to conclude that the process is more political in nature than purely based on numbers. In the context of South Africa one can strongly conclude that this was perhaps the case. Based on the fact that the in United States, the initial years of the Obama administration proved to be a turbulent time for global response programme. The then Senator Obama pledged \$50 billion to the global response programme. In the early days of his office however, budgets did not match the promised expansion and some of his advisors questioned his decision to expand HIV treatment and its cost-effectiveness. During the same period the BRICS alliance of “emerging economies” was gaining momentum and as such some members of Congress and Administrative officials questioned South Africa’s membership in the BRICS alliance versus the increasing PEPFAR footprint, and called into examination the on-going high levels of aid to the country.

6.1.3 Research Proposition 3: A Detailed Investment Plan of Action of Public-Private Partnerships is Necessary to Ensure and Maintain Sustainability of Programs

South Africa has long acclaimed partnership between the public and private sectors as a policy objective in health, but practice is still limited and scantily documented. The objectives of this research are to understand the dynamics that increase the prospects of success of public–private interactions in South Africa, and to identify and deliberate opportunities for them to be scaled up.

6.1.3.1 Inferences from Themes: Partnerships & Stakeholders

Responses in the preceding chapter illustrate that stakeholder engagement and private immersion have until four years ago not had a significant platform in the PEPFAR response programme. It is not until COP14 that we see a significant thrust to how PEPFAR has changed their inclusion of a diverse group of stakeholders. According to their COP14 guidelines this group includes professional associations, faith-based organisations, and networks/coalitions. This definition is expanded to include host governments, multilateral organisations, bilateral donors, and the private sector in COP15. Before this period there was a sweeping mention in the guidelines regarding stakeholders in the planning and mapping process. This concept is reinforced in:

- *“The leadership at OGAC has said to us they want to hear more from those voices. This goes back to the roots of HIV in the U.S. where the activists pushed very hard on U.S. government to develop a response to HIV in the early days when we first identified HIV and we first had treatments that were experimental and difficult but still people wanted access to them.”*

The big push from PEPFAR to have inclusive participation is driven by the vision and end-goal to drive collective advancement on country ownership. It is through these planning discussions that countries can dialogue on country ownership of PEPFAR-supported programmes and provide specific action that can be taken to advance local ownership and to monitor progress. Swanson et al. (2015) suggested two primary reasons why inclusion is critically important to health: (1) health is everyone’s burden and all sectors of the economy ought to make a contribution and take an active responsibility in the solutions and (2) the present and future problems in health require a collective response. In June 2014, Secretary of State Kerry distributed a diplomatic cable charging all PEPFAR country teams to openly

and honestly solicit contribution from civil society on the development of Country Operational Plans – to take particular input on USG plans, account for that input to headquarters, and answer to both headquarters and directly to civil society about how each request or submission was or was not included in the annual plan. There are meaningful methods to do this and ways in which this could become a useless box-ticking exercise (U.S. President’s Emergency Plan for AIDS Relief, 2014).

There is a robust legislative framework and a number of guiding principles and tools that have been developed by the Treasury for managing partnerships. The review of confirmed the need for the state to have effective regulations in order to oversee quality and standards and to provide stewardship and oversight. The public sector requires sufficient capacity not only to manage relationships with the private sector but also to enable innovation and experimentation. Evaluation is an integral part of all interactions not only to learn from successes but also to identify any perverse incentives that may lead to unintended consequences (Health Systems Trust, 2005).

Participants in this research showed very little confidence in the level of private sector engagement as an active participation. The observation was that there are distinct silos between the private and public sectors.

- *“I haven’t seen much and...I don’t know much about involving the private sector. All I really know is hearing things about using general practitioners, so private practitioners, I hear about that more in the context of using them to help with initiation and decanting even within the focused districts.”*

Recalling the reference in literature regarding South Africa’s health infrastructure and the legacies of pre-independent South Africa, there is still a significant skewness towards the private sector having the lion’s share of resources (Coovadia et al., 2009). Where mention is given to private sector involvement, their participation is mainly towards achieving CSR targets and one-time interventions which do not spiral into long-term commitments.

- *“There’s been a shift in private sector involvement in the public sector from corporate social investment and corporate giving to a shared value and I think the shared value principles, however we have not seen this making a shift into long term commitment.”*
- *“We’ve had some of public/private partners in our treatment programme and I think that they were critical in some of the delivery of treatment. For instance, the mining community and what Xstrata Mining-Reaction in terms of getting the infrastructure to set up clinics and then transitioning those over.”*

Key analysis from documents reviewed on the current status of an inclusive National Strategy on PPP is that South Africa is in the process of reviewing the National Strategic plan on HIV/AIDS, STI, TB (HAST). The process requires meaningful engagement and involvement of the Private Sector. Considering the complexities of the Private Sector in South Africa, a lead agency is required to guide and coordinate the inputs from the Private Sector. The South African Business Coalition on Health and AIDS (SABCOHA) has been identified as best placed to play this role. Though SABCOHA is a membership organization the role of coordination and facilitation of inputs will go beyond the members of SABCOHA targeting a variety of players in the Private Sector.

The Private Sector has been offering HIV and AIDS programmes through their businesses, workplaces and through other means since the early years of the AIDS pandemic and contributed to the development of all the previous NSPs. Considering the 90-90-90 Strategy to reach national targets, the South Africa Investment Case and recently-adopted Declaration on HIV and TB, it is important to engage and ensure meaningful involvement of the Private Sector. According to the Quarterly Labour Force Survey (QLFS) released by Statistics South Africa (STATSSA) in May 2016, there are approximately more than 15 million people who are in some form of employment in South Africa (formal and informal).

Whilst the government employs approximately 1.2 million, the private sector accounts for the remainder of the people who are in employment, be it formal or informal employment. The Private Sector is the largest contributor to the GDP, particularly the eight sectors that include manufacturing, mining, agriculture, communication, tourism, wholesale and retail, finance and business services. This contribution cannot be left unnoticed, therefore continuous engagement of the private sector will assist in fast-tracking the targets towards ending AIDS by 2030.

6.1.3.2 Conclusion Related to Research Proposition 3

Based on the content analysis, Research Proposition 3 which states that a detailed investment plan of action of Public-Private Partnerships is necessary to ensure and maintain sustainability of programmes is valid. The results from the research show that this platform still needs to be explored in the South African context. The current plan by the NDoH for bridging the PEPFAR funding decline has been through (1) finding and improving efficiencies in the programme, i.e. prioritizing intervention that has immediate results for epidemic control and (2) direct funding through National Treasury in its annual budget and through a supplement of the Conditional Grant. The full mastery of using PPP interventions is yet to be realized.

6.1.4 Research Proposition 4: Quality of Exit Management is Key to Achieving a Phase-Out Process that is parallel to the Host Government Priorities with Little or No Disruption of Service Delivery

Research Proposition 4 sought to establish how the quality of exit management affected the transition programme that had little or no disruption in service delivery, whilst maintaining alignment to NDoH priorities. The observations from this proposition were lumped into a process cluster, with implementation being the main theme.

The main theme and sub-theme were used to draw conclusions to Research Proposition 4. It is strongly evident from the responses that the transition implementation process faced a lot of challenges. All participants commented on challenges which contained the highest number of responses throughout this study. The data showed that the responses around the challenges discussed were mainly in the implementation process. A significant number of responses were gathered relating to the key issues that emerged around implementation namely, human capital, mentoring and training, monitoring and evaluation, coordination, process and analysis.

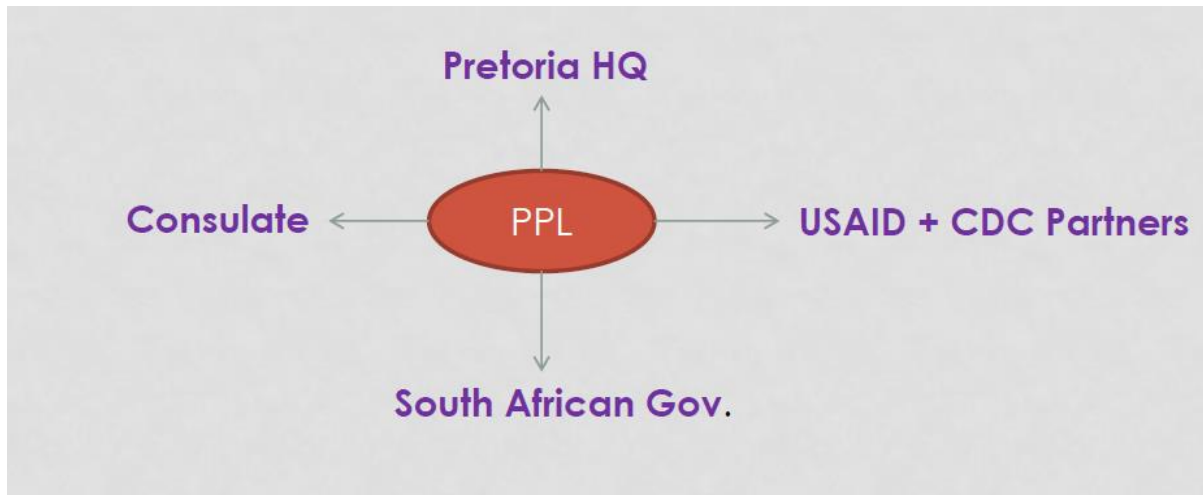
6.1.4.1 Inferences from Implementation

Facilitators had been signalled that this changeover away from direct services was coming, at a meeting in early 2012. There had not been precision, however, about how or when the transition would ensue, or its magnitude. Some facilitators who hid the warning began immediately to devise a plan for what this process would mean for them. Considerations were made in terms of staff training for technical assistance efforts, retrenchment plans, and most importantly the crucial consideration for patient transition. Others put off the planning process, uncertain of precisely what it meant for them or how they would transition patients into a public health system they viewed as unready.

It is important at this stage to outline how PEPFAR's Provincial structures worked. Each province in South Africa is responsible for their own HIV/AIDS plans and for implementing the HIV/AIDS policies set by the National Department of Health, PEPFAR recognized there was an urgent need to coordinate PEPFAR activities at a provincial and district level. This led to the placement of nine PEPFAR Provincial Liaisons (PPLs), whose responsibilities were to strengthen PEPFAR's relationships with the provincial government and the coordination of PEPFAR policies, programmes, and activities between the provincial government, the United

States government, and PEPFAR implementing partners, both USAID and CDC supported. The PPLs were (and, in some provinces, still are) key in negotiating the PEPFAR transition in their respective provinces. The figure below illustrates PEPFAR's required provisional coordination. It was hoped that the PPLs interaction would allow for a welcome inclusion in various provincial meets, quarterly visits and Provisional AIDS Council meetings. This however did not happen across the country. There were varying levels of inclusion in most of the provinces.

Figure 16: PEPFAR's Provincial Liaison Coordination Structure



The Human Resource transition was an integral part of PEPFAR's shift from direct clinical service delivery towards a health systems strengthening and technical assistance role. In the Western Cape, the transition process was initiated in April 2011 by the HAST director, who recognized that decisions regarding PEPFAR were complex and urgent. Before the PPL position existed, the Western Cape Department of Health (WCDoH) was aware of a handful of PEPFAR partners working in the province, but after initial meetings with the PPL, the HAST Director realized that PEPFAR activities in the province included a large network of various prime and sub-partners, which necessitated the drafting of a Terms of Reference (ToR) to guide the various stakeholders through the process:

- *“So it was aligning the PEPFAR partners...they had different names for them but, anyway, like the districts...I guess all these things, districts, partners and...so I was trying to organise the PEPFAR partners in the provinces so they weren't overlapping in their work and so this was a top-down thing and it didn't really work well.”*
- *“It was just hand over to government whatever we can in terms of what PEPFAR was funding, USAID and CDC. So, as part of my job as the PPL, you have to work with CDC and USAID and the State department.”*

- *‘So they’re still there but...so, at a provincial level, each PPL was supposed to start introducing this concept of transition to the HAST unit, usually that’s where we sat...all of us sat, and...so then it was really up to the government to take it forward because, at that time, the PFIP, the framework was already in place.’*
- *“Regarding the TOR (Terms of Reference) – it laid out how transition’s was going to happen in the Western Cape and we wrote that document together.”*

6.1.4.2 Analysis/Coordination

The transition faced a variety of logistical challenges and some resistance from stakeholders. A trial and error process was used to create the HR database, which required a lot of back and forth with partners. Part of the confusion was around posts which were part-time positions or voluntary (Community Health Workers) the same employee was often listed across different part-time posts or not registered at all in the database. Since the government funds only full-time posts, the name of the employee was collected to allow multiple part-time posts to be matched to one full-time post. Some government structures did not have infrastructure to recognize voluntary workers who had for many years received a stipend from PEPFAR funding organization. This resulted in these positions falling away. Additionally, there were challenges matching the names and salaries of PEPFAR posts to government posts.

- *“It was very difficult to make these decisions and it was obviously people’s livelihoods and their jobs and some posts were taken away but, those posts that were kept, the person in the post had to reapply for the posts.”*
- *Government had to advertise the job again because it was going to be a government job not a PEPFAR job. So a lot of people there was a lot of frustration like that. It’s like all of a sudden they had to reapply and interview for their own post.*
- *“Other challenge is that community health workers were not part of this at all because, in the Western Cape...and I think it’s different in another province, community health workers are funded under a different mechanism and government did not have a mechanism to fund community health workers who previously received a stipend from PEPFAR.”*

The Execution Plan contained limited detail that provide the much needed guidance by the South African national officials to operate with district and local teammates to plan for continuity of care, such as details about which precise services were being delivered by which partners and how many staff were a recurring issue in each region. As the PEPFAR preparation practice was not costumed toward these questions but mainly dedicated on achieving national targets, it is comprehensible that PEPFAR struggled to assemble this critical information.

- *“In many provinces PEPFAR did not have record of all the positions it was funding. Through the PPLs an in-depth analysis had to be undertaken so as to determine the accurate numbers to allow the NDoH ability to make an assessment as to which positions they would keep and which they would do away with.”*

According to Slob and Jerve (2008) the process of managing a successful exit strategy is hinged on managing institutional capacity. Assessment of the technical capacity can aid in stratifying an appropriate road map for donor withdrawal and highlight gaps that need to be filled in order to support and manage a full complement of HIV activities and integrate them into the national response plans. For South Africa, this assessment was absent and most of the activities were being addresses as they emerged in the process of transition. Bossert (2012) insists that the sustainability of any donor funded programme cannot achieve its sustainability objectives in the absence of an effective integration of existing administrative structures. For a good variety of grounds, however, the proficient scale of planning that was coordinated in the Western Cape did not happen in most of the country. The inadequacy of planning, though, did not preclude the transition from going ahead. Much of the problem experienced can be attached to a U.S. government process that moved competently to rewrite the compulsions for partners, but then budged to handover patients at a speed that outperformed even its own ability to deal with the outcomes

6.1.4.3 Conclusions related to Research Proposition 4

Based on content analysis, Research Proposition 4 which states quality of exit management is key to achieving a phase-out process that is parallel to the host government priorities with little or no disruption of service delivery, is valid. Not all of the PEPFAR partners experienced a successful transition. Some partners did not receive a letter of support from the district, and therefore they were not able to work in districts. Their activities were either taken over by a new PEPFAR partner or the activities they were involved within were no longer implemented in the province. By contrast, it was observed that the PEPFAR partners, who had a good

relationship with government and had been coordinating efforts with government from the inception of their PEPFAR grant, were able to transfer more posts over to government compared with those partners who had a weaker relationship with government. Their success was due to the fact that their posts were aligned to government staffing structures, priorities and policies.

6.2 Addresses the Overarching Research Question

Through the content analysis and corroboration of the finding with literature in Section 6.1, the following research conclusion can be synthesized:

6.2.1 What are the Key Drivers/Inhibitors of Successful Transition?

The main research question is the key principle being investigated in this research. It framed the basis of the interviews conducted and as such throughout the process all interview participants were found to use it as a basis for most of the responses that were provided.

6.2.2 Observations

One is dismayed by the lack specifics contained in the Implementation Plan. The approach taken by PEPFAR left a lot to interpretation regarding the specifics that would have been necessary as a desirable paragon South African national officials in government facilities to work with district and local counterparts to plan for stable linkage of services. Information pertaining to PEPFAR's core package of support in all the district upfront would have alleviated an otherwise agonising process as counterparts from both sides scrambled to piece puzzle whilst still maintaining recognition to transition by the stipulated dates provided by PEPFAR. It is heart-breaking to note the PEPFAR planning process was not designed toward these questions but instead focused on achieving national targets. It is then understandable that PEPFAR struggled to assemble this critical information. Since it is mostly the provincial and district departments of health that actually had to sop up patients and staff, the absence of this level of detail crippled their capacity to respond effectively. Why the transition of patients had to happen before this information could be furnished remains an unanswered question

6.3 Summary and Conclusions

According to the evaluation, planning for transition to country ownership and appropriate exit that secures sustainability of activities previous funded by PEPFAR is the exception rather than the rule. Similarly, quality and attentive monitoring of transition were not adequately effected. Despite the principles of partnership and mutuality, which were formulated in the Paris Declaration of 2005 (*The Paris declaration on aid effectiveness, 2005*), the PEPFAR exit was a unilateral decision. Country exits are indeed politically motivated. Some good casing examples of transition were experienced in some provinces; however, this sentiment cannot be shared throughout the country. This was mainly due to a consequence of poor planning and coordination. The objective of broader coordination with all stakeholder groups seems to be key to establishing criteria for a sustainable transformation. Therefore, it is crucial for transition to country ownerships programmes to take an approach that clearly defines expectations of the funder and what the host government would like to see achieved whilst understating the context within which it exists.

The research objective has been achieved through the interview responses and elaborate document analysis and results determined. This led to the provision of the results discussed above having proven for the most part to be a validation of the literature that was being probed. These outcomes have contributed to current insight and greater current awareness. Further findings by the researcher have been presented in the following chapter.

7 CHAPTER 7: Conclusion

7.1 Introduction

The purpose to this chapter is to highlight the key research findings in the study based on the presentation of results and discussion of findings in the two preceding chapters. Recommendations for drives of a transition programme implantation and future lessons for application are also presented.

7.2 Principle Research Findings

There is much conversation in South Africa, at various levels of the response, about “when PEPFAR leaves”. PEPFAR should clarify what it pictures will happen after the Partnership Framework concludes and should pledge to a long-term presence in the country. Current efforts to create a detailed 5-year plan are an imperative stage in the right direction.

PEPFAR should re-assess the current downward trajectory in funding in South Africa. The present plan is to decrease PEPFAR financial support to US\$250 million in the country by 2017 according to the current PFIP, which is a not an insubstantial amount of funding. The estimated funding decline was planned, before the full potential of treatment-as-prevention was fully appreciated. The U.S. risks squandering the commitment of treatment-as-prevention and protracting the pandemic if it fails to make suitable temporary and mid-term financing obligations to HIV treatment programmes that save lives and prevent new infections. Indeed, these modest investments will bear returns many times greater, as HIV prevalence falls and the abiding queue for treatment is condensed.

The case for continuing scale-up is even stronger under the WHO’s new 2013 Guidelines whereby 5.3 million of those presently infected in South Africa should be receiving treatment. The South African National Strategic Plan, launched prior to WHO’s change in its treatment guidelines, projects a total spending needs of just over \$4 billion by 2016 for a scaled-up response (National Department of Health & South African National AIDS Council, 2016). According to SA calculations, the AIDS resource disparity is huge, reaching \$2.28 billion in 2017 according to the PFIP.

7.3 Ingredients Necessary for Future PEPFAR Transitions

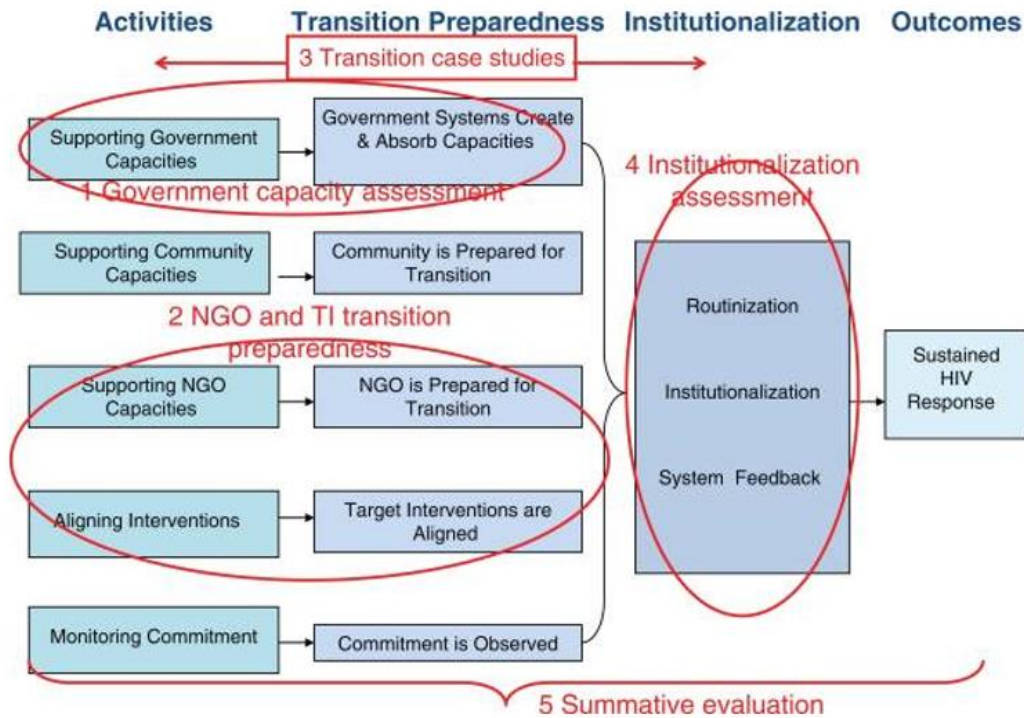
South Africa is a good case example. While South Africa's HIV programme will remain eligible, there are certain components of the programme which the Fund is categorically no longer supporting (or not providing the same level of support). These include the orphans and vulnerable children's programme and the country's HIV treatment programme, which are being transitioned over to government budgets. Some emerging lessons for future country ownerships are presented below.

7.3.1 The Transition Must be Well-Communicated and Government Led

Transition succeeded in the Western Cape because the WCDoH valued PEPFAR's work and there was commitment to improve coordination efforts. There were also various levels of engagement from a national level to the provincial Minister of Health and district level to ensure every level of government was aware of the reason for transition and the process that ensued. Transition also succeeded because of the strong leadership within the WCDoH and the provincial office's ability to negotiate and enforce policies in the province.

Transition will also require consistent negotiation with various stakeholders, but the more it is led by government, the more buy-in and sustainable solutions will be established. These negotiations should be face-to-face as much as possible, especially at the beginning of the transition process. The district managers and hospital CEOs were the last to hear about transition and many were very upset at the beginning of the process, but over time and with more face-to-face meetings, there was less resistance.

Figure 17: Overview of the Five Main Work Packages Associated with the Transition Assessment



The model above was presented in Chapter 2 as an assessment tool for readiness for transition to country ownerships assessment kit. Following the inclusion of research and the discussions presented, the model has been adapted to provide an overview of the five main work packages that are associated with transition assessment. The packages have been identified as critical steps that need to be addressed to give strength to existing structures and propose remediation for alignment in country ownerships changes. These steps were adapted from the transition process in India (Bennett et al., 2011) and have been tested here in the study by the outcomes of the process in the Western Cape and have been proven to be successful and so it has been presented here.

7.3.2 Transition Will Take Time

It is important to allow the government time to make decisions. Although PEPFAR has been discussing transition with their partners for years, local governments will still need time to decide on their own transition process. To support the process, PEPFAR could draft plans and budgets for government to consider. The Western Cape did not work on transition full time for two years, but gave government staff time to get used to the idea by including it on the agenda in various government meetings. This process ensured people were reminded of transition, given time to ask questions and kept up-to-date on transition decisions.

7.3.3 The Transition Will Need Ongoing Logistical Support

The South African government and the U.S. government will need to work together for transition to be successful. The South African government does not have the time nor the internal capacity to create the documents needed to support a transition process, therefore the transition needs at least one full-time person who will be able to manoeuvre through the politics and be sensitive to government's and PEPFAR's needs and constraints. The South African and United States governments speak two different languages; therefore, during the Western Cape transition process it was useful to have someone who could communicate with both sides to ensure a smooth transition. This person should also be responsible for creating or updating the database, drafting documents for government, following up with stakeholders and organizing various meetings. The Western Cape transition took a full two years with the support of one full-time and one part-time person.

When updating or collecting HR data, it is important to ensure partners understand the data that is needed. Due to a lack of a transition model, the WCDoH and PPL spent a lot of time and frustration clarifying the format and exact salary data that was needed from partners. Now that a template has been created, it would be advisable to distribute and explain from the start, how to fill it out. It is also advisable to hold face-to-face meetings, and ensure the correct data is collected from partners. This will save a lot of time and frustration later.

7.3.4 The Transition Will Need a Policy to Guide the Process

A policy will set the rules and responsibilities for engagement. Ensuring there is a policy or terms of reference agreed upon by the national government and PEPFAR before additional stakeholders are engaged in the process will be crucial in future transition processes. The policy should include a monitoring plan to document lessons learned to inform future transitions. A policy based on transparency and mutual collaboration will set the tone for the process. Ideally there should be a national agreement signed before transition is negotiated at provincial and district levels, so provinces are aligned to national strategies.

7.3.5 Recognize That Every Transition Will Be Different

There were many contextual factors which led to the relative success of the transition in the Western Cape. Future transitions should learn from the Western Cape's experience, but not try to duplicate each step. Each transition situation will be different and a new plan tailored to the province will be needed.

7.4 Recommendations for Future Transition

This research finding and review of the literature presented show that PEPFAR's transition to local ownership faced many obstacles to success, some of which were self-imposed such as timelines and non-participation by key stakeholders in the planning process. The lack of clear and complete communication lines to ensure all participants from the highest official within the NDoH to the District Manager responsible for implementation of key processes were among the avoidable failures that were within PEPFAR's scope of action.

PEPFAR needs to remain consistent and understand that you cannot shift the goalposts. If the directive is transition to local ownership, then that must be the message across the board. Even though it is understood that the programme allows for flexibility, this should be exercised in line with the ultimate goal of transition. Change in leadership in donor structures should follow the mandate of the existing structures that have been built up. Mixed messaging over donor priorities erodes work that has already been done to bring them up to scale and undoing this and then requiring countries to re-do the same exercise is disingenuous. Relationships between host governments and donors work because there is a psychological contract of trust and transparent boundaries which are critical.

7.5 Limitations of the Research

A significant obstacle noted from this research was being limited to reach only 10 participants for this study. The views of other potential participants were not incorporated into this study because first some key participants who could have provided some key insights have since moved away from the PEPFAR South Africa programme onto other PEPFAR programmes in other parts of the world, and were not reachable despite several attempts. Some participants did not feel comfortable providing their views on transition as they have also moved on onto other programmes and feel that their views would be construed with bias. A further limitation of the study was that some participant groups which had been initially listed as key informants were never funded through PEPFAR and did not contribute to the PEPFAR handover

programme.

7.6 Suggestions for Future Research

As noted in the first two chapters of the research, the context being investigated here was a test in existing theory as to what the key driver/inhibitors of an effective transition to local ownership ought to look like within the parameters presented in the propositions tested. The research findings are limited to responses to the particular aspects tested here.

- The research focused on limited dimensions related to transition management approaches. Future research can expand the scope of a study to look at the clinical dimension of any potential loss to service post PEPFAR's exit.
- This research was done within a single context of dimension for PEPFAR'S transition using the frame of the 2012 – 2017 PFIP framework. Future research would explore prior transition or coming transition context and make a comparison as to what PEPFAR has done differently during those interventions.
- This study was conducted using PEPFAR's HIV response in South Africa. PEPFAR is one of two major contributors to the South Africa's HIV and AIDS response. The Global Fund is a significant contributor in the same response. Their approach to sustainability in this context would be an interesting investigation for future research.
- The research findings indicate some significant gaps that PEPFAR outpaced when they moved out of 27 of the 52 districts that they were initially spread across. It would be interesting to see what has happened to service delivery in the non-high burden districts and how and if the NDoH has managed to maintain sustainability.

7.7 Conclusions

Full transition still hangs in the balance, taking into consideration the political climate in the United States political arena with the pending election and changes in government. The bilateral relations between the two governments is uncertain. Lessons presented in this report suggest that the means of access to achieving successful transition to country ownership is mutual agreement of the goals and actions required. This should then follow with a simplified articulation of a detailed, yet accommodating roadmap in collaboration with relevant stakeholders to ensure buy-in and ownership of the process. Whilst establishing readiness for transition is arduous, this process must take place taking into account the requirements of strengthening health systems, building capacity for service delivery approaches and having integrated private sector engagement. With donors moving to a technical assistance model, the local country programme needs to build a model for long term Monitoring and Evaluation support that will drive the HIV response at home while maintaining improvement on new innovations on epidemic control and sustaining the gains of PEPFAR support.

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Appendices

Appendix A: Coded Data

STRATEGY											
STRATEGIC PLANNING	32	TRANSITION	61	HISTORY	5	NEGOTIATION	15	GVNT BUY IN/LEADERSHIP	7	ALIGNMENT	15
ENGAGEMENT	10	TRANSITION	41	FORERUNNER	2	NEGOTIATION	10	APPROVAL	2	AGREEMENT	10
MODEL	9	SUSTAINABILITY	17	HISTORY	2	CONSULTATION	5	MANDATE	2	ACCOUNTABILITY	5
CONSISTENCY	3	EPIDEMIC CONTROL	3	POLITICS	1			COMMITMENT	1		
SUCCESS	3							GOVERNMENT BUY IN	1		
DOCUMENTING	2							LEADERSHIP	1		
STRATEGY	2										
DIALOGUE	1										
DIRECTIVES	1										
OWNERSHIP	1										

COMMUNICATION							
ENGAGEMENT	16	COORDINATION	9	DOCUMENTATION	11	CONSISTENCY	4
COMMUNICATION	15	COORDINATION	9	MODEL	9	CONSISTENCY	4
DIALOGUE	1			DOCUMENTING	2		

RESOURCES							
FUNDING	46	POLITICS	4	ECONOMIC CONDITIONS	6	CAPACITY	5
FUNDING	36	HISTORY	2	ECONOMIC CONDITIONS	6	CAPACITY	5
INVESTMENT CASE	10	CONTROL	1				
		POWER	1				

PUBLIC-PRIVATE PARTNERSHIPS & STAKEHOLDER ENGAGEMENT					
PPPs	27	STAKEHOLDERS	30	CIVIL SOCIETY	23
PARTNERSHIP	13	PARTNERSHIP	13	PARTNERSHIP	13
PRIVATE SECTOR	12	ENGAGEMENT	10	EMPOWERMENT	3
CONSULTATION	1	STAKEHOLDERS	3	CIVIL SOCIETY	2
PARTICIPATION	1	CONSULTATION	1	ADVOCACY	1
		OWNERSHIP	1	CONSULTATION	1
		PARTICIPATION	1	HUMAN RIGHTS	1
		TRANSPARENCY	1	PARTICIPATION	1
				TRANSPARENCY	1

RESOURCES

RESOURCES									
IMPLEMENTATION	51	HUMAN RESOURCES	23	CHALLENGES	21	COORDINATION	30	MONITORING & EVALUATION	15
IMPLEMENTATION	8	HUMAN RESOURCES	13	CHALLENGE	16	ENGAGEMENT	10	TRAINING & MENTORING	5
NEEDS ANALYSIS	8	CHANGE	3	TIMING	2	COLLABORATION	7	IMPROVEMENT	3
IMPACT	7	PRIORITISATION	2	FLEXIBILITY	1	NEGOTIATION	4	TIMING	2
PLANNING/PROCESS	6	TIMING	2	RELATIONSHIP	1	TIMING	2	COMPLIANCE	1
SERVICE DELIVERY	4	FLEXIBILITY	1	SUPPORT	1	COORDINATION	4	FLEXIBILITY	1
EPIDEMIC CONTROL	3	RELATIONSHIP	1			FLEXIBILITY	1	RELATIONSHIP	1
PRIORITISATION	2	SUPPORT	1			RELATIONSHIP	1	SUPPORT	1
RESPONSIBILITY	2					SUPPORT	1	MONITORING AND EVALUATION	1
TIMING	2								
SYSTEM/SOFTWARE	2								
DOCUMENTING	3								
FLEXIBILITY	1								
MANAGEMENT	1								
RELATIONSHIP	1								
SUPPORT	1								

Appendix B: Interview Schedule

Consent Letter

Dear Sir / Madam

Successful Transition Management: The key drivers and inhibitors in the South African health sector

This letter serves to obtain the consent or disapproval of a third party to participate in an interview used in research conducted in the process of fulfilling the requirements for a Master's degree at the University of Pretoria's Gordon Institute of Business Science.

I am conducting research on Transition Management, addressing the key drivers and inhibitors in the South African Health Sector.

Our interview is expected to last approximately thirty minutes and will help me understand how the transition process has evolved in the HIV/AIDS PEPFAR partnerships in South Africa today. I am hoping that the results will allow for an assessment of South Africa's readiness for scale up and transition. This research will also aim to generate lessons concerning the transition to local ownership, so as to guide implementation strategies throughout the transition process, and inform similar processes elsewhere. I hope that from the results obtained here that various key stakeholders may also benefit and be able to apply any information generated from this research for further research or decision making.

Please note: Your participation is voluntary and you can withdraw at any time without penalty. All data will be kept confidential and no identifying information will be provided in the research report.

If you have any concerns, please contact me or my supervisor. Our details are provided below.

Researcher

Tendai Chinyimba

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Phone: 076 589 9940

Research Supervisor

Prof Johan L. Olivier

Email olivierjo@gibs.co.za

Phone: 083 452 5529

Signature of participant: _____ Date: _____

Signature of researcher: _____ Date: _____

Interview guide – relevant questions raised based on participants' involvement in the Transition process.

1. What level of engagement were you involved in, in the transition process? What were your observations?
2. What criteria was used to determine SA as a transition country?
3. Was the South African government a willing party to the transition process?
4. Do you feel that the government was ready? In light of the PEPFAR transition, has the South African government adequately made provision for the replacement funding? What challenges or opportunities have been experienced?
5. Had there been adequate engagement leading up to the process? What process/form were you involved in?
6. Were the objectives of the transition communicated clearly? Did all parties know what was expected of them?
7. Post PFIP signing, what process was followed that guided the transition process?
8. Who are the major external stakeholders interested in PEPFAR's transition? What role did they play in the process?
9. What were the channels of communication employed by both PEPFAR and NDoH?
10. Discussion on funding – was the SA government ready to take up health workers that we being transitioned by PEPFAR?
11. Was there engagement of other parties regarding alternatives for funding? What was the process around this?
12. What steps have been taken to track the transition process to-date?
13. What significant challenges have been faced?
14. What major victories have been recorded?

Appendix C: Consistency Matrix

Research questions/ objectives	Hypotheses/ Propositions	Literature Review	Data Collection Tool	Analysis
What are the key drivers/inhibitors of successful transition?	A well-articulated strategic plan that is effectively communicated from top down is essential for an effective transition program	(Loorbach, 2010), (Vogus & Graff, 2015), (Jamison et al., 2013), (Bossert, 2012), (Stash, Cooke, Fisher, & Kramer, 2012), (Resch, Ryckman, & Hecht, 2015), (Finn & Harshak, 2007), (Open Society Foundation Discussion Paper, 2015)	Face-to face/telephonic semi-structured interviews	Content analysis through iterative data coding on open ended questions related to prepositions 1 through to 4 Consolidation of findings.
	Absence of planned adequate replacement funding will inhibit successful transition and sustainability of South Africa's HIV/AIDS response programme and epidemic control.	(Burrows, Oberth, Parsons, & McCallum, 2016), (Vogus & Graff, 2015), (Slob & Jerve, 2008) and (Open Society Foundation Discussion Paper, 2015)	Face-to face/telephonic semi-structured interviews	Content analysis through iterative data coding on open ended questions related to prepositions 1 through to 4. Consolidation of findings.

	A detailed investment plan of action of Public Private Partnerships is necessary to ensure and maintain sustainability of programmes.	(Nishtar S., 2007), (Basu, Andrews, Kishore, Panjabi, & Stuckler, 2012), (Prof. Johnston, S and Spurrett, 2011), (Di McIntyre, Whitehead, Gilson, Dahlgren, & Tang, 2007), (Arur A, Sulzbach S, Barnes J, 2010), (Kula & Fryatt, 2014), (Pamela Rao, Tesfai Gabre-Kidan, Deus Bazira Mubangizi, 2011)	Face-to face/telephonic semi-structured interviews	Content analysis through iterative data coding on open ended questions related to prepositions 1 through to 4. Consolidation of findings.
What are the key processes need to ensure successful transitions	What are the key steps in transitioning to country ownership	(Burrows et al., 2016), (Vogus & Graff, 2015),(Slob & Jerve, 2008), (Finn & Harshak, 2007), (Open Society Foundation Discussion Paper, 2015)	Face-to face/telephonic semi-structured interviews	Content analysis through iterative data coding on open ended questions related to prepositions 1 through to 4. Consolidation of findings.



Appendix D: Ethics Approval



Dear Ms. Tendai Chinyimba

Protocol Number: **Temp2016-01562**

Title: **Successful Transition Management: The key drivers and inhibitors in the South African health sector**

Please be advised that your application for Ethical Clearance has been APPROVED.

You are therefore allowed to continue collecting your data.

We wish you everything of the best for the rest of the project.

Kind Regards,

Adele Bekker



Appendix E: Turn It Report