SUSTAIN: A Sustainability and Transition Readiness Assessment Tool for Malaria

The Malaria Elimination Initiative

UCSF Institute for Global Health Sciences

shrinkingthemalariamap.org

Cover photo by Paul Joseph Brown.

The Malaria Elimination Initiative (MEI) at the University of California San Francisco (UCSF) believes a malaria-free world is possible within a generation. As a forward-thinking partner to malaria-eliminating countries and regions, the MEI generates evidence, develops new tools and approaches, disseminates experiences, and builds consensus to shrink the malaria map. With support from the MEI's highly-skilled team, countries around the world are actively working to eliminate malaria.

shrinkingthemalariamap.org

Acknowledgements

Contents

About the MEI Malaria Elimination Toolkit

The MEI Malaria Elimination Toolkit is a set of proven tools, frameworks, and guides to help malaria endemic countries accelerate progress toward malaria elimination. Developed by the Malaria Elimination Initiative (MEI) at the University of California, San Francisco (UCSF), the toolkit addresses the unique challenges faced by national malaria programs in heterogeneous transmission settings. These tools have been used successfully at the national and/or subnational levels, leading to important changes in malaria policy and practice.

The MEI Malaria Elimination Toolkit focuses on three primary areas: situation assessment, tailored responses, and program management and sustainability – with the ultimate goal of building capacity and optimizing a country or district's ability to advance toward elimination. These tools help malaria programs understand the drivers of transmission in a target area and the readiness of the health system for elimination; decide what actions to take and how to tailor its response; and ensure efforts are well-managed and sustainably funded.

The MEI offers direct technical assistance to support the adoption, tailoring, and implementation of its tools, frameworks, and guidelines. Please contact us to learn more at mei@ucsf.edu, or visit our website at shrinkingthemalariamap.org.

The MEI Malaria Elimination Toolkit

Situation Assessment
What are the drivers of transmission? What is the readiness of the health system for elimination and what are the gaps?

Tailored response
What actions should the program take based on identified and characterized gaps?

Program management and sustainability
How does the program effectively manage and fund malaria elimination?

Introduction

Global health funding from international governments, multilateral agencies, and philanthropic institutions provides significant support to low- and middle-income countries to make progress towards health goals, such as malaria control and elimination. Over the coming years, a growing number of countries will experience a reduction in or the end of donor support for one or more health program areas. This transition, or graduation, from donor support for country health programs is one of several changes in the way donor assistance for health is allocated, resulting from declines in the availability of donor finance, shifting priorities among development agencies, and changes in the health and economic landscape of recipient countries. For both donors and country governments, this transition offers an opportunity to strengthen the long-term sustainability of the malaria response and progress towards global elimination goals.

Donor transition will require previously donor-supported programs to undergo important changes. Programs will need to find new and increased sources of domestic finance to support their work; make determinations about how to modify and integrate donor-supported program activities, systems, and human resource positions into the national health system; and develop new managerial and staff capacity to implement sustainability strategies. Transition may also necessitate new governance and partnership models, as well as changes to the structure and staffing of the malaria program and core activities such as outreach to high risk populations and commodity procurement which often rely heavily on donor support. Without adequate time and careful advance planning, there is a risk that transition could destabilize essential health programs and undermine a country's progress in controlling, eliminating, and preventing re-establishment of malaria. At the same time, if managed effectively, transition can offer a critical opportunity to create more effective and efficient programs, integrate vertical malaria programs into country health systems, and build stronger domestic capacity to finance and manage essential health services.

While supporting long-term sustainability and preparing for transition are relevant for all donor-supported programs, each malaria program will face unique considerations due to the structure

and organization of the program, the relationship of the program to the broader health system, the role of donors in funding and managing the malaria response, the nature and epidemiology of malaria, and the strength and structure of the broader health system. This tool focuses specifically on sustainability and transition for malaria programs.

What is SUSTAIN?

The SUSTAIN tool is an assessment and planning tool for guiding national malaria programs through the process of preparing for a sustainable transition from donor support. The purpose of SUSTAIN is to help national malaria programs, and their funders and other partners, identify and address needs as the country prepares for the end of donor support for malaria. It is intended to be a first step in the transition planning process, generating evidence to help inform a country's sustainability and transition plan.

SUSTAIN is designed to be a multi-stakeholder consultative process to assess program strengths and weaknesses as they relate to sustainability, and to prioritize strategies and actions for the transition period. As such, SUSTAIN focuses on generating dialogue and facilitating priority-setting and problem-solving discussions across key stakeholders at the national and sub-national level – essential components of sustainability and transition planning and implementation. SUSTAIN is not designed to provide a numeric score of whether or not a country is ready to transition, but rather to provide information that will enable national malaria programs and their partners to proactively prepare for transition and invest strategically in sustainability priorities.

Who should use this tool?

SUSTAIN is intended to be used by national malaria programs in collaboration with their donor, technical, implementation, and research partners. National program managers will lead the development of the SUSTAIN goals and strategy, engaging the program's technical partners, Ministry of Health leadership, collaborating departments within the Ministry of Health, Ministry of Finance, and other governmental, non-governmental, civil society, and donor agencies

in a multi-stakeholder process. A dedicated assessment team, comprising leadership of the national malaria program and an external technical partner, leads the conduct of the SUSTAIN assessment. Technical assistance is available to support the tailoring and implementation of all MEI tools. Please visit our website, shrinkingthemalariamap.org, and contact us for more information: mei@ucsf.edu.

How is this tool used?

The SUSTAIN tool is intended to be used during the early stages of a country's anticipated transition from donor support, ideally in advance of any reduction in donor financial or technical support to the malaria program. The SUSTAIN tool can be used to understand the anticipated challenges with transition, identify barriers to sustainability, assess readiness to transition across a full range of malaria and health system functions, and identify potential programmatic, policy, and governance strategies to facilitate successful transition and long-term sustainability.

It is important to conduct the assessment early, as designing and making the programmatic and policy adjustments necessitated by transition will likely take significant time and require all partners to pursue new and different strategies and investments. The SUSTAIN tool can serve as a resource during this process, by facilitating the critical evidence generation, consultation, and prioritization processes needed inform the development of a sustainability and transition plan and guide the path towards a fully domestically financed and managed malaria response.

How do I navigate this tool?

The SUSTAIN tool is organized into three modules. Module 1 includes quantitative data collection worksheets on health system and programmatic domains that are critical in facilitating transition and building an enabling environment for a sustainable malaria response. Module 2 includes a series of qualitative interview guides that can be used to conduct stakeholder interviews and supplement quantitative data. Module 3 includes information about the process of conducting a SUSTAIN assessment.

Together, these modules can assist the program to evaluate sustainability and transition readiness in each of the core domains of the malaria response, policy and programmatic barriers to sustainability, and opportunities and strategies to address identified challenges. SUSTAIN also outlines a series of

practical approaches to implement the assessment and facilitate multi-sector dialogue on sustainability and transition.

SUSTAIN is designed to be adaptable to the needs and context of each malaria program, and modules and indicators should be selected and modified as needed in response to country priorities.

SUSTAIN domains

SUSTAIN examines five core health system domains that shape the structure, capacity, and direction of national malaria programs:

1. **Financing:** Evaluate a country's sources of finance for malaria, efficiency, financial risks and strengths, potential funding sources for the future, projected financial impacts of transition, and the policy environment that shapes malaria finance.

2. **Leadership and management:** Evaluate political support for the malaria program, stewardship of malaria activities throughout the public and private sector, multi-sector partnerships, and processes to develop program strategy in line with sustainability goals.

3. **Integration:** Assess the level of integration of malaria services within the broader health system, the governance and implementation mechanisms of integrated services, and how donor-supported systems and activities are embedded in national structures.

4. **Health workforce for malaria:** Assess current and future staffing needs, financing for health workforce training and retention, integration and supervision of the non-state sector, and national and sub-national policies affecting the malaria health workforce.

5. **Health product management:** Evaluate procurement and distribution processes, financing of key commodities, supply chain management and finance, and the policy and regulatory environment.

Each of these domains will be impacted by donor transition and is essential for the long-term sustainability of the malaria response. Across each domain, the SUSTAIN tool includes information about key programmatic areas for malaria, including epidemiological surveillance and response, vector control and entomological surveillance, case management, and information systems.

The Global Fund's Support for Sustainability and Transition Planning

The Global Fund to Fight AIDS, TB, and Malaria (Global Fund) is the largest financier of malaria programs globally. The Global Fund funding model allocates funding to countries primarily based on country economic capacity and disease status. As the Global Fund has increasingly prioritized funding for the highest burden countries with the lowest economic capacity, it has also increased its support and emphasis on strengthening transition preparedness and transition planning, particularly in (a) upper-middle income countries regardless of disease burden and (b) lower-middle income countries with low or moderate disease burden.[1] Other major multilateral and bilateral funding agencies for health also have or are developing similar eligibility and transition policies that emphasize the need for enhanced focus on sustainability of programs supported by external financing.

The Global Fund's Sustainability, Transition and Co-Financing Policy and accompanying STC Guidance Note and transition projections lay out a series of guidelines, approaches, and considerations for national programs to support enhanced sustainability and enhance national planning as they navigate the transition process. Through the STC policy, the Global Fund aims to support countries in proactively planning for transition, in part through sustainability and transition readiness assessments. Findings from sustainability and transition readiness assessments can be used to develop country-led transition plans, ideally informed by multiple stakeholders and including emphasis on both programmatic and financial sustainability. In addition, the STC Policy also includes the possibility of a final transition grant for those countries who have become ineligible for Global Fund support to implement transition work plan activities.[2,3]

The SUSTAIN tool is one resource that can support countries to develop a sustainability and transition plan. It can be applied in preparing for transition from multiple donors, and can be adapted for other disease areas. The Global Fund STC Guidance Note also includes reference to other tools and resources for sustainability and transition planning.

1   The Global Fund. Projected Transition from Global Fund support by 2028 – projections by component. January 2020. Available at: https://www.theglobalfund.org/media/9017/core_projectedtransitionsby2028_list_en.pdf

2   The Global Fund Sustainability, Transition and Co-Financing Policy. Board Decision. GF/B35/04 – Revision 1. 35th Board Meeting, 26 – 27 April, 2016. Available at: https://www.theglobalfund.org/media/4221/bm35_04-sustainabilitytransitionandcofinancing_policy_en.pdf.

3   The Global Fund. Guidance Note: Sustainability, Transition and Co-Financing. May 2020. Available at: https://www.theglobalfund.org/media/5648/core_sustainabilityandtransition_guidancenote_en.pdf.

Key SUSTAIN Messages

- Many countries are facing reductions in or the end of donor support for their malaria programs, precipitating the need for new financing, governance, programmatic, and policy approaches to build a sustainable malaria response.

- SUSTAIN provides malaria programs and their partners a platform to elevate dialogue on sustainability and to identify and respond to challenges that may occur during the transition process.

- Donor transition is not only about malaria finance – it will affect the full range of malaria program infrastructure and activities.

- SUSTAIN takes a holistic approach to sustainability and transition to foster an enabling environment for a sustainable national malaria response embedded in strong health systems.

- SUSTAIN is a simple, adaptable tool that can be used in a wide range of health system contexts and to assess transition readiness across multiple donors and disease areas.

- SUSTAIN is designed to help guide stages of transition and sustainability planning, well before reductions in donor finance. It is best followed with steps to develop and implement a sustainability and transition plan.

Key Concepts

Transition: The process by which a country or country program moves towards fully financing, managing, and implementing its health programs independent of donor financial support. A transition is successful when national health programs are able to at least maintain, and preferably improve, equitable coverage and uptake of services through resilient and sustainable systems for health, even after donor financial support has ended.

Sustainability: Refers to the ability of a country or country program to strategically implement public health activities at a level, in line with epidemiological context, that will provide for continuing control and prevention of public health challenges (including achieving and maintaining elimination) over the long-term, even after donor funding ends.

(These concept definitions are adapted from the Global Fund's Sustainability, Transition, and Co-Financing Policy Guidance Note.)

Module 1: Quantitative Data Collection Worksheets

This module includes a series of worksheets to facilitate the collection of relevant indicators of transition readiness across the domains of malaria finance, leadership and management, health workforce, and health product management. Indicators should be selected and adapted to reflect the structure of the malaria program and the priorities of the malaria program during the transition process. The assessment team may choose to collate and analyze the data in Excel worksheets or a similar program.

The worksheets ask that data be disaggregated by programmatic area, where possible. **Programmatic areas** can include: vector control, surveillance and information systems, case management, malaria prevention, specific program interventions (e.g., mass drug administration), health product management, program and financial management, policy

and planning, and preparedness for malaria elimination and prevention of re-establishment.

Malaria finance

The financing worksheet includes indicators on the sources and trends in malaria finance, efficiency and utilization of available finance, financial budgeting and tracking mechanisms, and financial policies that govern access to and utilization of funds for the malaria response. These domains provide an overview of the financial strength and stability of the malaria response, the role of government and donor finance in supporting the malaria response, and the policy and health system factors that shape the efficiency and sustainability of the malaria response at the national and sub-national level. In customizing this worksheet, the assessment team may adapt the indicators to reflect specific sources of financing.

Sources of malaria finance

1. Indicate all government sources for malaria finance including national, sub-national, health sector, and non-health sector sources. For each source, indicate which entities and primary activities are supported.

Funding source	Funding recipients	Programs/activities funded

2. Indicate all donor sources for malaria finance. For each source, indicate which entities and primary activities are supported.

Funding source	Funding recipients	Programs/activities funded

3. Indicate all private sector sources for malaria finance. For each source, indicate which entities and primary activities are supported.

Funding source	Funding recipients	Programs/activities funded

Malaria funding trends, alignment, and gaps

4. Annual funding gap by programmatic area. Indicate total funding needs for the National Strategic Plan (NSP) for all programmatic areas. Repeat table for prior five years and the next five years (or the time period for which anticipated resources have been projected). If data on all sources and recipients is not available, specify what is included.

Year:			
Programmatic area	Estimated funding need (NSP) (all sources and all recipients)	Previous, current, and/or anticipated resources (all sources and all recipients)	Financing gap
Total			

5. Programmatic area funding by source for prior five years. Repeat table for prior five years.

Year:					
Programmatic area	Funding recipient	Government funding (all sources, specify sources)	Global Fund funding	Non-Global Fund donor funding (all sources, specify sources)	Private sector funding (all sources, specify sources)
Total					

Commodity funding by source for prior five years. Repeat table for prior five years.

Year:				
Commodity type and name	Government funding (all sources, specify sources)	Global Fund funding	Non-Global Fund donor funding (all sources, specify sources)	Private sector and other funding (all sources, specify sources)
Total				

6. High-risk population funding by source for prior five years. Repeat table for five years.

Year:					
Programmatic area	Funding recipient	Government funding (all sources, specify sources)	Global Fund funding	Non-Global Fund donor funding (all sources, specify sources)	Private sector funding (all sources, specify sources)
Total					

Efficiency of malaria finance

7. Indicate percentage of government malaria finance utilized annually for prior five years, by source and funding recipient. Repeat table for five years.

Year:		
Funding source	Recipient	Utilization rate

8. Indicate percentage of Global Fund budget utilized annually for prior five years, by funding recipient. Repeat table for relevant funding recipients.

Funding recipient:	
Year	Utilization rate

9. Indicate percentage of sub-national malaria budget utilized annually for prior five years by source and funding recipient, by sub-national jurisdiction (e.g., province) where available. Repeat table for available sub-national regions.

Year:		
Sub-national jurisdiction:		
Funding source	Recipient	Utilization rate

Financial management systems for malaria

10. Indicate all systems used to track and manage malaria finance. For each system, indicate agency and/or unit responsible for management, sources of finance and main indicators tracked, and the funder(s).

Management system name	Responsible agency	Funder(s)	Sources of funding tracked	Main malaria finance indicators tracked

Leadership and management

This worksheet includes indicators on the management and governance structures for the malaria program, including the level of integration of malaria program activities at the national and sub-national level, the role of the national program in guiding sub-national and private sector activities, the level of political will for malaria elimination, and the policy and technical advisory systems that govern program implementation. These domains provide an overview of the management and stewardship capacity of the national program, the role of external agencies in managing and implementing the malaria response, and the strengths of existing policies and technical support functions to guide strategy development and effective program implementation. In customizing this section, the assessment team may adapt the indicators to reflect the country's health system (e.g., level of decentralization) and malaria transmission context.

Malaria program management

1. For each programmatic area, indicate which agency or unit leads and manages the program activities, and at what level of the health system (e.g., national, regional, provincial, district). Programmatic areas may include topics or interventions related to case management, vector control, malaria prevention, information systems, program management, specific program interventions (e.g., mass drug administration), health product management, financial management, and policy and planning.

Programmatic area	Lead agency	Level of health system

Malaria program integration

2. Identify the level of malaria program integration into the national health system. For each programmatic area, indicate the role of the vertical malaria program and other relevant government and non-governmental agencies/units in planning, managing, and implementing malaria systems and activities.

Programmatic area	Relevant vertical malaria program department/unit	Principal responsibilities	Agency or unit within which activity is integrated	Principal responsibilities

3. Identify the level of integration of donor-supported activities into the national malaria program. For each programmatic area, identify the main donor-supported systems and activities and indicate the role of the government and non-governmental agency/units involved.

Programmatic area	Donor-supported system/ activities	National agency or unit involved in donor-supported activity	Role of national agency in carrying out activity	Non-govern-mental agency involved in do-nor-supported activity	Role of non-govern-mental agency in carrying out activity

Private sector coordination and governance

4. Indicate existing policies and management systems in place to facilitate government stewardship and/or coordination with the private sector on the national malaria response. Programmatic areas may include: provision of malaria services, participation in national malaria surveillance system, compliance with national malaria treatment guidelines, eligibility for public finance, participation in relevant government working groups and access to relevant program and financial data, access to quality assured malaria commodities, training on malaria policies and guidelines, technical monitoring and evaluation.

Programmatic area	Relevant policy/ policies	Relevant management system(s)	Entity responsible for compliance/ coordination

5. Indicate existing policies and management systems in place to facilitate government stewardship and/or coordination with civil society organizations on the national malaria response.

Programmatic area	Relevant policy/ policies	Relevant management system(s)	Entity responsible for compliance/ coordination

Health Workforce for Malaria

This worksheet includes indicators on the plans and policies governing staffing at the national and sub-national level, staff recruitment, training, and retention in both the public and private sector, and the role of donor finance in supporting key human resource capacity for malaria. These domains provide an overview of the current capacity of and gaps in the malaria health workforce, and strengths and gaps in training for the malaria health workforce, and the policies that impact the effective and sustainable staffing of the malaria response. In customizing this section, the assessment team may want to adapt the indicators to reflect the country's health workforce structure, for instance the level of integration of malaria program activities.

Malaria health workforce distribution and funding

1. Indicate each staffing category contributing to malaria response at the national level, and identify which agency or unit is responsible for financing, training, and managing staff; the percent of vacancies; and the percent of positions supported by donor funding. Align data collection to reflect malaria program structure at national and sub-national level.

Staffing category	Supervisory agency/agencies	Financing agency/agencies	% of available posts vacant	% of posts financed by donors

2. Indicate each staffing category contributing to malaria response at the sub-national level, and identify which agency or unit is responsible for financing, training, and managing staff; the percent of vacancies; and the percent of positions supported by donor funding.

Staffing category	Supervisory agency/agencies	Financing agency/agencies	% of available posts vacant	% of posts financed by donors

3. For each staffing category, indicate the salary equivalency between government and donor funded positions.

Staffing category/position	In relation to government salaries, donor-funded salaries are:			
	Equivalent	100 – 150% higher	150 – 200% higher	% donor-financed > 200% higher

Training

4. Indicate the funding source and responsible agency for each training program supporting the malaria response.

Training program	Funding source(s)	% trainings donor financed	Implementing agency

Health product management for malaria

This worksheet includes indicators on the policies and processes for the procurement, supply, and distribution of essential malaria commodities. These domains provide an overview of the current capacity of and gaps in the health product management systems, the role of and reliance on donor support in health product management, and the policy and regulatory environment that enables or hinders effective procurement and distribution of essential commodities.

Procurement

1. For each relevant malaria commodity, indicate the agency/unit responsible for procurement, the procurement platform utilized, and the level of government at which procurement is conducted (e.g., national, regional, provincial). Commodities may include rapid diagnostic tests, long-lasting insecticide treated nets, ACTs, insecticide, injectable artesunate, and other products used in the malaria response.

Commodity	Procurement agency	Procurement platform/ system	Level of government

2. For each relevant malaria commodity, indicate the price paid as a percent of the international drug price indicator guide. Where multiple procurement platforms are utilized for a single commodity type, indicate price for each relevant platform.

Commodity	Price as percent of international benchmark

Supply chain management

3. For each relevant malaria commodity, indicate the number of stockouts and emergency procurements experienced in the prior 12 months. Repeat table for three years.

Commodity	% of central medical stores with stock outs of more than 7 days per month	% of regional medical stores with stock outs of more than 7 days per month	% of health facilities with stock outs of more than 3 days per month	Number of emergency procurements

Quality assurance

4. For each relevant malaria commodity, indicate if national quality standards align with international quality standards as defined by WHO or relevant regional/global bodies.

Commodity	National standards align with international quality standards

Module 2: Qualitative Data Collection Guides

This module includes a series of qualitative interview questions designed to gather the information needed to further understand and contextualize the quantitative indicators, as well as contribute to identifying programmatic strengths and vulnerabilities that can inform mitigating actions and strategies for transition and sustainability. These questions are designed to provide structure to key informant interviews, however they will need to be modified for each assessment to align with the country context, program structure, stage of transition, and program priorities. Modifications can be made as needed based on information gathered during quantitative data collection and in conversation with malaria program leadership.

Finance

1. How well do financial plans and policies reflect projected near- and long-term financial needs of the malaria response, including anticipated changes in donor support?

2. What are the primary factors influencing trends in government spending on malaria at the national level? Sub-national level?

3. What are the greatest challenges in accessing public finance for the malaria response? Describe the position of the malaria program in relation to other health priorities in terms of securing and maintaining public finance?

4. What is the fiscal capacity of government to increase public sector financing, and to absorb financing previously provided by external sources? What commitments have been made to increase public sector finance for malaria?

5. Which programmatic areas are more and less challenging to finance through public sources? Does public finance support activities for high-risk and/or marginalized populations? Are current public sources of finance sufficiently flexible to allow the program to respond to priority and changing programmatic needs?

6. What resource mobilization and/or budget advocacy strategies are currently used to increase malaria program budget, and how successful are these strategies in mobilizing adequate levels of government investment? What bottlenecks has the program faced in implementing health financing strategies?

7. What are the primary causes for non-utilization of government and donor funds allocated to the malaria program, and what is needed to improve utilization of available finance?

8. What challenges does the program face in improving efficiency of malaria spending? What strategies is the program currently using to improve program efficiency? What are priority opportunities/strategies to improve program efficiency?

9. What are the key policies that impact how money is allocated and used by the malaria program at the national and sub-national levels?

10. What impact will donor transition have on government finance for the malaria program? What opportunities are available to increase public finance for malaria elimination, including diversifying sources of government funds?

11. What, if any, components of the malaria response are currently funded through national health insurance programs? What opportunities exist to embed malaria program activities within national health insurance?

12. What opportunities are available to access and/or strengthen innovative and private sector finance?

Political will

1. What is the level of awareness and engagement of senior leaders from the ministry of health and other relevant ministries (e.g., finance, industry, environment) in the malaria program? How has this changed over time and what is driving this?

2. Describe the position of the malaria program in relation to other health priorities in terms of securing political commitment and attention. How has this changed over time and what is driving this?

3. What is the level of awareness and political support for the malaria program among sub-national leadership? How has this changed over time and what is driving this?

4. What is the program's approach towards increasing awareness and support for the malaria response? How effective are existing advocacy efforts?

5. What challenges does the program face in advocating for its needs at the national and sub-national level?

6. What is the role of donor partners in advocating for malaria elimination and engaging senior leaders in the malaria response?

7. What impact will donor transition have on political support for the malaria response?

Leadership, management and governance

1. To what extent is the malaria response integrated within the broader health system? How has this changed over time? How is this expected to change moving forward?

2. Describe which components of the malaria program are integrated by programmatic area. For each relevant area: What role does the national malaria program play in planning, implementing, managing, and monitoring the integrated activities? What is the relationship and level of coordination and collaboration between the national malaria program and the relevant government agency/unit? When was integration implemented and what has this process been like?

3. To what extent is management of the malaria response decentralized to the local level? How has this changed over time? How is this expected to change moving forward?

4. What are the roles and responsibilities of the national malaria program and sub-national program offices in terms of strategy and policy development, work plan and budget development, and human resource development and management?

5. What role do donors and implementing partners play in policy development, program implementation, management and governance?

6. What impact will donor transition have on malaria program management and governance?

7. What technical and strategic advisory bodies serve the malaria response (e.g., elimination task force), what are their mandates, how are they funded, and how effective are they? How can these bodies support the program during donor transition?

Surveillance and Information systems

1. Describe the breadth and strength of the national information systems for malaria. Consider information systems for epidemiologic and entomologic surveillance, health product management, and any other relevant systems. What gaps or challenges exist in current information systems? What plans are in place to improve these systems?

2. For information systems managed and/or financed by external agencies, how will transition impact the program's ability to access essential information? What plans are in place to facilitate integration of these activities into national agencies?

3. What is the level of functionality of the current financial management system? What gaps exist in the data and data systems used to track program finance and develop program financing plans and policies? What sources of finance are used to support financial management systems?

High risk, vulnerable, and marginalized populations

1. What laws and policies impact the provision of malaria services to high risk populations (e.g., access to health care for migrants)?

2. What is the impact of these policies on financing for and availability of services to these populations?

3. What is the role of donors and implementing partners in managing and implementing programs for high risk populations?

4. What impact will donor transition have on access to malaria services for high risk populations? What programmatic or policy changes need to be adopted to minimize the risk of transition for effective service delivery to high risk populations?

Private sector and civil society engagement

1. What is the model of private sector engagement in the malaria response? Consider the role of the private sector across all programmatic areas.

2. What is the model of civil society engagement in the malaria response? Consider the role of

civil society organizations and actors across all programmatic areas.

3. What role does donor finance play in supporting private sector and civil society engagement in the malaria response?

4. What role do implementing partners and civil society organizations play in staffing the malaria response at the national and sub-national level? How are these positions financed?

5. How are private sector and civil society partners and providers trained in malaria policy and guidance? How are these partners and providers supervised and managed?

6. What role does civil society play in advocacy and accountability activities related to the malaria response? To what extent do civil society partners participate in program governance (e.g., through advisory or working group bodies)?

7. Is program data on program performance and budget publicly available to civil society organizations? To what extent are civil society partners engaged in tracking and utilizing this data?

8. Describe the policy and regulatory environment for social contracting with private sector and/or civil society organizations. Describe any social contracting arrangements in place between the national malaria program and private sector and/or civil society partners, or broader health social contracting arrangements that could support the malaria response.

9. What impact will donor transition have on the role and engagement of private sector and civil society partners in malaria program activities? How will the activities of non-government funded entities be integrated into the national program? What strategies are in place to transfer and/or sustain these capacities? What changes will need to be adopted to minimize any adverse impacts of transition?

Human resources

1. What are the primary human resources challenges at the national and sub-national level, and what opportunities and strategies exist to address these? Is current human resource capacity sufficient, and if not, what are the primary barriers to building this capacity?

2. What policies at national and sub-national level influence the size, composition (e.g., cadres and structure), recruitment, training, and retention of the malaria workforce? What policy changes are

required to ensure adequate program staffing in the near- and long-term, taking into consideration anticipated changes in malaria epidemiology and finance?

3. What is the staffing structure for the sub-national malaria response? How integrated are sub-national staff and malaria frontline workers (e.g., village malaria workers) in the general health system? What agencies/units are responsible for funding, training, and managing these positions?

4. What is the capacity of the national malaria program to provide on-going training to sub-national and non-government malaria staff? What is the capacity of the national malaria program to supervise integrated staff?

5. What needed changes are anticipated within the malaria workforce to achieve elimination and maintain prevention of re-establishment? How well positioned is the national malaria program to implement these changes? What policy or programmatic barriers and/or facilitators will affect this workforce transition?

6. What impact will donor transition have on the malaria workforce? How will donor-funded positions be absorbed into the public health system?

7. Which malaria workforce positions and capacities are essential to maintain during and after transition? How are malaria workforce needs anticipated to change in the future?

8. What plans and strategies are in place to maintain and/or adapt the malaria workforce after donor transition?

Health product management for malaria

1. What challenges does the national malaria program face in procuring and distributing essential malaria commodities? Consider both routine program needs and rapid outbreak response.

2. To what extent is malaria health product management integrated with product management for other health commodities? What opportunities exist to further integrate malaria health products into general health system procurement and supply chain mechanisms?

3. What are the key policies that impact health product management for malaria at the national and sub-national levels? Consider procurement, registration and approval processes, distribution, etc.

4. What quality assurance processes are currently in place for the malaria response? What are the roles of the national malaria program, sub-national malaria program, donors, and implementing partners in quality assurance?

5. What is the role of donors in financing, facilitating, and managing the procurement process and supply chain for essential malaria commodities? What global, national or regional procurement mechanisms are available to the malaria program following transition? What capacity does the malaria program have to access and utilize these mechanisms? What, if any, modifications need to be made to accommodate utilization of these mechanisms (e.g., new capacities, new regulatory or policy decisions)?

6. What impact will transition have on health product management for malaria? What changes could be adopted to minimize any anticipated adverse impact of transition on malaria health product management?

Transition planning

1. What impact has any change in the level of donor support had on the malaria response to date? What changes have been made in response to declines in donor funding and how effective have these strategies been in minimizing any adverse effects of reduced donor support?

2. Which areas of the malaria program are most vulnerable to disruption during the transition period, and which are best prepared to manage this transition? Consider: vector control, surveillance and information systems, diagnostic and treatment services, laboratory capacity, quality management, procurement and supply chain, high risk populations.

3. What changes do you anticipate the program will need to make to the strategy, scale, or scope of the malaria program in order to achieve elimination and prevention of re-establishment goals? Consider: vector control, surveillance and information systems, diagnostic and treatment services, laboratory capacity, quality management, procurement and supply chain, high risk populations. How will these changes impact the program's readiness to transition?

4. What priority challenges are anticipated with donor transition and what strategies and opportunities are available to respond to these?

5. As donor funding declines, is there an optimal sequencing of transition by area of malaria response?

6. How can donors and external partners best support the malaria program in preparing for and managing the transition period? How can transitional finance best be leveraged to facilitate sustainable transition?

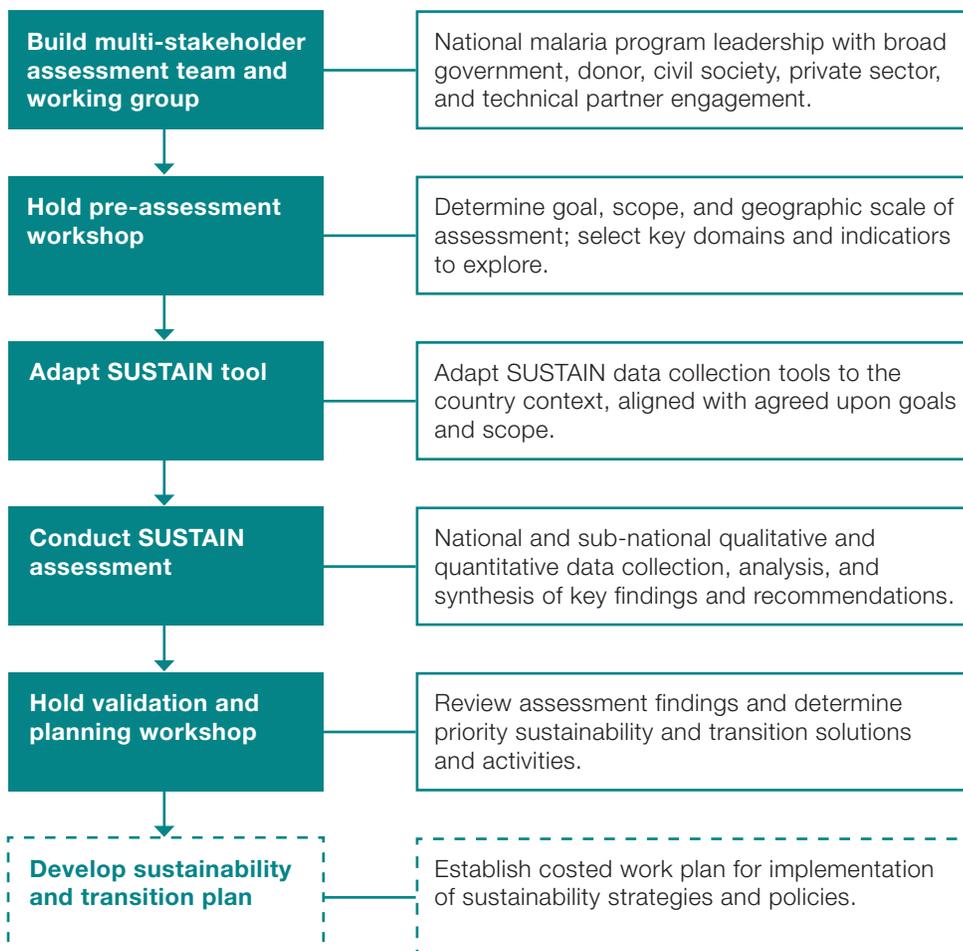7. How will donor-supported systems be integrated into the national program?

Module 3: Conducting the SUSTAIN Assessment

This module provides an overview of the process used to conduct the SUSTAIN sustainability and transition readiness assessment. This module is not designed to provide comprehensive or definitive guidance to assessment implementation. Rather, the module provides a framework for designing an assessment and considerations for building an assessment team, conducting assessment data collection, and facilitating active stakeholder engagement to ensure maximum utility of assessment findings in designing and implementing a sustainability and transition plan.

While the assessment process will be similar across countries, the specific assessment approach, goals, and scope will need to be tailored to the country and will vary in response to the health system structure, the role of the malaria program within the health system, program priorities, the time and resources available to conduct the assessment, and other epidemiological and health policy factors.

The SUSTAIN assessment is ideally followed by a collaborative, multi-stakeholder process to develop an actionable and costed sustainability and transition plan. This plan should build on the assessment

Figure 1: Steps to conduct the SUSTAIN assessment

Build multi-stakeholder assessment team and working group	National malaria program leadership with broad government, donor, civil society, private sector, and technical partner engagement.
Hold pre-assessment workshop	Determine goal, scope, and geographic scale of assessment; select key domains and indications to explore.
Adapt SUSTAIN tool	Adapt SUSTAIN data collection tools to the country context, aligned with agreed upon goals and scope.
Conduct SUSTAIN assessment	National and sub-national qualitative and quantitative data collection, analysis, and synthesis of key findings and recommendations.
Hold validation and planning workshop	Review assessment findings and determine priority sustainability and transition solutions and activities.
Develop sustainability and transition plan	Establish costed work plan for implementation of sustainability strategies and policies.

findings to define specific programmatic and policy strategies to respond to the identified challenges, and outline the financing and human resources plan for achieving these strategies. The SUSTAIN tool includes some suggestions on developing this plan, and the MEI can provide further technical support to countries on plan development and implementation.

Building an assessment team

SUSTAIN is designed to be led by the national malaria program, with its senior leaders shaping the assessment's goals and strategy, identifying transition priorities, and carrying forward the assessment findings into development of a sustainability and transition plan. It is critical to put in place a dedicated assessment team with adequate time and resources to conduct the necessary data collection, analysis, and synthesis as well as to facilitate needed stakeholder engagement and dissemination activities.

The assessment team should ideally be composed of individuals from the national malaria program and an external technical institution. The collection of financial, human resources, and management data from the national malaria program is critical to the assessment, therefore it is advantageous for the assessment team to include an analyst that works for the malaria program and for this analyst to lead data collection for these portions of the tool. It is recommended that an independent external partner lead the key informant interviews to ensure confidentiality and elicit unbiased responses. The assessment team should work under the overall guidance of the national malaria program manager.

Adapting the SUSTAIN tool

Each of the modules in SUSTAIN are designed to be adapted to meet the needs and priorities of the malaria program in planning for transition and to reflect the country context and malaria program structure. The assessment team should work in partnership with the national malaria program manager and key program stakeholders to adapt the tool to the specific context. This process should include: (1) Selecting priority indicators from each quantitative and qualitative domain, (2) Modifying selected indicators as needed to reflect the program structure and key programmatic areas, (3) Identifying and defining additional indicators as needed to adequately capture transition and sustainability priorities in the given country and program context, (4) Selecting sub-national jurisdictions for inclusion in the data collection process, (5) Identifying key stakeholders at the national and sub-national level for inclusion

in qualitative data collection, and (6) Identifying key stakeholders at the national and sub-national level for participation in assessment workshops (as described below).

Multi-stakeholder workshops

Engaging diverse multi-sector partners throughout the SUSTAIN process – from planning the assessment to developing a sustainability and transition plan – is critical. SUSTAIN is designed to be a consultative process through which national malaria programs can, together with their key donors and partners, assess program and health system strengths and vulnerabilities as they relate to transition and prioritize strategies for the transition period. SUSTAIN focuses on generating dialogue and facilitating priority-setting and problem-solving discussions across key stakeholders at the national and sub-national level. As such, it is recommended to hold a series of multi-stakeholder workshops throughout the assessment process. A minimum of two workshops are recommended, including:

- **Pre-assessment workshop:** The goals of this workshop are to engage key program staff and partners to begin a discussion about transition and sustainability needs and priorities, to generate awareness of and support for the assessment and subsequent sustainability and transition planning process, and to provide guidance to the assessment team on the goals, scope, and priority domains for assessment data collection.

- **Validation workshop:** The goals of this workshop are to present and review the findings from the assessment, confirm the validity of the findings and identify any gaps in assessment data or results, and begin to prioritize transition challenges and strategies for inclusion in the transition plan.

These workshops and the assessment process should engage staff of the national malaria program, staff from the ministry of health including representatives of any units/departments engaged in the malaria response, staff from the ministry of finance, staff of other national ministries engaged in or relevant for the malaria response, representatives from the malaria program and other relevant government ministries at the sub-national level, representatives of all donor agencies supporting the malaria response, and representatives of international and civil society organizations providing implementation, technical, research, or other support to the malaria response.

In addition to these workshops, it is recommended to conduct additional stakeholder outreach and engagement to ensure dissemination of assessment findings to key malaria program partners. This may include for example meetings with key leadership at the ministry of finance, donor agencies, sub-national program offices, and others to discuss the assessment findings.

Quantitative data sources

To complete the quantitative data collection, the assessment team will need to access and review data on the malaria program's performance, financing, and human resources at both the national and sub-national level. The sources for this data will vary from country to country depending on the information systems used by the national malaria program and other implementing partners. Build on existing reports and data to expedite and target the data collection process. Likely data sources will include:

- National strategic plans and other planning documents at the national and sub-national level
- National and sub-national malaria budgets
- National and sub-national human resources assessments and plans
- Procurement and supply chain assessments
- Global Fund and other donor grant applications, budgets, reports, and other documents
- Ministry of Health budgets and planning documents
- Implementing partner reports and planning documents

Qualitative data collection

It is recommended to conduct key informant interviews with stakeholders at the national and sub-national level, modifying the qualitative interview questions as needed to collect information on priority sustainability and transition domains. The assessment team should develop interview guides to target questions to specific participants. The specific participants in key informant interviews and number of interviews required will be determined by the assessment team and depend on the goals and scope of the assessment. The following categories of participants are recommended to be included in data collection:

1. Program director and senior management in the national malaria program office

2. Program directors and senior management in sub-national malaria program offices, and/or in sub-national health offices that conduct malaria activities

3. Lead program finance staff at national and sub-national malaria program offices

4. Senior leadership and management staff at the national Ministry of Health, including staff at all Ministry of Health units actively engaged in and/or relevant to the malaria response (e.g., offices responsible for surveillance, finance, health product management, vector control, community health, etc.)

5. Staff at the national Ministry of Finance, including those staff responsible for health services and national health insurance programs

6. Staff of other national ministries relevant for the malaria response (e.g., industry, environment, community, etc.)

7. Senior program leaders of national health insurance and social contracting programs

8. Senior staff of all donors to the national malaria program, including donor governing bodies and working groups (e.g., Global Fund CCM)

9. Staff of all partners supporting implementation of the national malaria program (e.g., international implementing organizations, research partners, WHO)

10. Staff of key civil society and private sector organizations supporting the national malaria response and/or engaged in oversight and accountability for the national malaria program

11. Staff of all relevant technical or other advisory bodies supporting the malaria response (e.g., malaria elimination commission)

Data analysis and reporting

The SUSTAIN assessment tool indicators will need to be adapted to the malaria program and health system context. The tables in the tool are designed to be indicative of possible data collection format. However, the assessment team may develop tailored data collection forms, using Excel or other similar data platforms, to support the analysis of quantitative data for selected indicators.

To support qualitative data analysis, it is recommended that all key informant interviews be recorded and transcribed. Interview data should be de-identified and summarized, and quotes should remain anonymous. The assessment team may then develop a tailored data analysis strategy using Excel

or an on-line qualitative data analysis software (e.g., Dedoose) to meet the needs of the assessment.

Following data analysis, the assessment team should prepare a detailed SUSTAIN assessment report to be shared with stakeholders through the above-described workshop and dissemination activities.

Sustainability and transition planning

The SUSTAIN assessment is intended to be the initial step in the process of preparing a country for the end of donor financial and other support. The assessment should be followed by a sustainability and transition planning process, which will result in the development of a costed sustainability and transition plan outlining the strategies a national malaria program and its partners must take to ensure the on-going success of the malaria response in the absence of donor support.

The assessment can initiate and support planning, particularly during the multi-stakeholder Validation Workshop. Recommended steps include:

- During the interviews, ask key informants what strategies could help mitigate transition risks.

- Prioritize a few main topics from the assessment findings to focus attention on moving forward. For instance, consider which areas are the most significant barriers for sustainability, and which actions need to happen first.

- Develop strategies and actions to address priority areas. In addition to technical actions, consider the political and policy steps needed.

- Identify who is responsible for each action, and what is needed to enable that action to move forward (e.g., financial resources, multi-stakeholder collaboration).