

Terms of Reference (TOR) Template

Title **TECHNICAL ASSISTANCE FOR DEVELOPING A SUSTAINABILITY STRATEGY FOR THE RESPONSE TO MALARIA, HIV AND TB IN SAO TOME AND PRINCIPE.**

Introduction The Sustainability, Transition, and Co-financing Policy was approved by the Global Fund Board in April 2016, and it strongly recommends that all Upper Middle-Income countries, regardless of disease burden, and all Low Middle Income countries with low/moderate disease burden plan early for eventual transition from Global Fund support, while all other countries work to strengthen sustainability and enhance domestic co-financing. Sustainability planning is an important aspect of transition readiness. The Global Fund defines sustainability as a health program's or country's ability to maintain and scale up service coverage to a level that will allow for continued control of a public health problem and support efforts to eliminate the three diseases, even if funding from the Global Fund and other major external donors is no longer available.

In a bid to enhance transition, the Ministry of Health (MoH) established the Program Management Unit (Celula de Gestao de Subvencoes, CGS) in 2020 as an administrative body in charge of administering internationally sponsored projects in the Republic of Sao Tomé and Príncipe (STP). As part of its mandate, the CGS will work to ensure the MoH's long-term viability through reducing donor dependency. This technical assistance (TA) will support the development of national sustainability strategies for the response to HIV, TB, and Malaria.

Background COUNTRY CONTEXT
Sao Tome and Principe is a lower middle-income country consisting of two islands located in the Gulf of Guinea with a population of 205,965, 50.5% of whom are females, 59.2% are between 15 and 64 years, and 25.5% are children between 5 – 14 years. About two-thirds of the population live in urban areas, and 66% live below the poverty line. Sao Tome and Principe's 2019 HDI value is 0.625, placing the country in the category of medium human development and placing it 135th out of 189 countries and territories. Due to a drop in foreign aid, reduced tax-based income, government overborrowing and the energy crisis, economic growth has been significantly declining since 2018.

In 2020, real GDP grew by 3%, aided by externally financed spending. Real GDP growth dipped to 2% in 2021 due to delays in the return of tourists, but then is expected to accelerate to 3% in 2022. Domestic general government

health expenditure as a part of general government expenditure for the country was 10.76% in 2019 rising from 4.94% in 2015. The health system is highly dependent on development assistance for health which made up about 33.48% of current health expenditure in 2019. This high dependence on external financing for health raises concerns about the sustainability of the health system.

With regards to the three Global Fund diseases, data shows that by 2019 the nationwide prevalence of HIV among adults aged 15 to 49 years was 0.6 percent, down 53.8% from 2010. (2020 Spectrum data). HIV prevalence varies by geography, with rural areas (0.8%) having higher prevalence than urban areas (0.3%). As of December 2019, there were 1,054 HIV positive persons (children 37, Women 460 and men 557). Though the prevalence of tuberculosis in Sao Tome and Principe has fluctuated significantly in recent years, it has tended to rise from 2001 to 2020, reaching 118 cases per 100,000 persons in 2020. Although the World Health Organization forecasts that 21 cases of multi-resistant tuberculosis (MDR) TB occur per year, only 5 cases were reported in 2018. Tuberculosis Preventive Treatment (TPT) coverage was 30.4 percent in 2019. Community health workers are involved in providing treatment support, raising awareness, and identifying and referring presumptive tuberculosis patients.

Sao Tome and Principe is one of the African countries on the verge of eradicating malaria, with the government committing to achieving this goal by 2025 (National Malaria Control Program (PNLP), 2017-2021). Sao Tome and Principe has achieved significant success in reducing the malaria burden: confirmed malaria cases have decreased significantly, from 9,261 in 2013 to 2,457 in 2019, with no malaria deaths in 2018 or 2019. While the national malaria prevalence has decreased from 50.3 cases per 1,000 inhabitants in 2013 to 11.9 cases per 1,000 inhabitants in 2019, ¹ recent statistics however indicate that, the number of malaria cases is increasing in the country. As of week 20, of 2021, 979 (81%) cases were recorded against a goal of 1201 cases by December 2021 according to the malaria strategic plan 2017-2022.²

However, these gains in public health and the three Global Fund funded diseases are overshadowed by the fact that domestic general government health expenditure on HIV, TB, and malaria as a percentage of general government expenditure on health has remained constant at 8.67% from 2017 to 2019. In addition, the institution of the single treasury account system now entails that all revenue generated by public health facilities and hospitals is funneled into the state's general treasury system, making it easier to control in a small nation like STP. However, this centralization of accounts makes it difficult for decisions to be taken that suit local realities at the periphery. Despite these challenges, the national government and the Ministry of Health continue to push for progress towards universal health coverage. This initiative will necessitate a significant change in the Ministry of Health's financing mechanisms.

These financial and health related initiatives are directly affected by the Covid-19 pandemic. Not only has the pandemic had an impact on the

¹ SBN

² Global Fund COVID-19 Response Mechanism (C19RM) Funding Request Form

epidemiological profile and public health system of the country, but also affected its socioeconomic structure. Although the socioeconomic impact of Covid-19 on Sao Tome and Principe has not been quantified beyond the first year, it is reasonable to assume that it has exacerbated poverty levels, resulting in an unparalleled socioeconomic crisis. This crisis certainly has an impact on the sustainability and eventual transition of Global Fund supported country programs in an economy with limited production capacity and a still-developing tax base.

**Scope/
Objective**

In coordination with the Country Coordinating Mechanism (CCM), the Ministry of Health and the Ministry of Finance, the selected consultant team will facilitate and support the development of the Sustainability Strategy for the Response to HIV, TB and Malaria in STP, to be validated and discussed with the stakeholders from the national response to the diseases. The Sustainability Strategy should provide an overview of the priorities, the associated programmatic components aimed at meeting these priorities, clearly prioritized recommendations, and the funding required to implement the programmatic components. The Strategy should be led and developed by national authorities with competencies in this area, in particular the Ministries of Health and Finance. The strategy development process should be realistic and ensure engagement with key actors and implementation partners to ensure that the document is considered legitimate and can be operationalized.

Tasks

PROPOSED SCOPE OF WORK

1. Identify sustainability issues (including any existing tensions) and make proposals on how to optimize the effectiveness and efficiency of program implementation arrangements at the Ministry of Health and the Ministry of Finance to maximize value for money, mitigate distortion effects, reduce duplication of tasks between PMU and other entities, and improve coherence and sustainability, including supporting national capacity building efforts to implement the sustainability strategy.
2. Develop a sustainability plan which embodies recovery perspectives by making recommendations to help the country counter the effects of covid-19 on the health system. Special attention will be paid to the malaria program ensuring the country sustains the gains made in the fight against and eventual eradication of malaria.
3. Produce a consolidated sustainability strategy in line with the guidance on sustainability and transition planning of the Global Fund. This should analyze the challenges and tensions, risks, and opportunities for the sustainability of the national responses to Malaria, HIV, and TB in Sao Tome and Principe. This strategy should include a sustainability roadmap for the Global Fund funded programs and the health system, with action points distributed across actors.

PROPOSED METHODOLOGY

Phase 1 – Initial planning session and definition of the detailed work plan

The consultancy will begin with a teleconference with the Executive

Committee of the CCM, the Ministry of Health, the Ministry of Finance as well as technical and financial partners. In this session, the team of consultants will share the conceptual framework and methodology that will be used for the consultancy, to ensure a shared understanding of the objectives and receive feedback from national stakeholders on key factors to be considered during the consultancy.

Following the teleconference, the team of consultants, in consultation with the Executive Committee of the CCM and the PMU, will agree on: a) the areas of focus for the analysis; b) the main documents to be reviewed; c) the key actors in the process and the different ways of engaging them (individual interviews, workshops, group meetings, etc.); d) the important milestones and dates for drafting the Sustainability Strategy; e) the design of the sustainability strategy and the methodological tools to develop it.

The documents for review should include national development strategies (note that the development of the 2022-2026 NHDP has just been initiated) and any available studies and data on topics related to the socioeconomic context and health care in the country, in addition to national HIV, TB and Malaria response strategies and data. Key external data sources include the UNDP, World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Bank reports and databases, among others. It is also important to consider funding requests to the Global Fund and analysis carried out by other donors and donor support plans that are key to ensuring sustainability. The consultants will look for additional documents and may ask for any material that is not in the public domain in STP.

Phase 2 – Analysis of challenges and tensions, risks, and opportunities for the sustainability of the national responses to HIV, TB and Malaria in STP and organization of the National Stakeholder Meeting.

The team of consultants should draw up an initial analysis of the challenges, risks and opportunities for sustainability of the national responses to HIV, TB and Malaria in STP. This should be based on the reviewed documents and information gathered in individual interviews, workshops, group meetings and focus groups with key actors engaged in the responses in STP.

When preparing the analysis, the team of consultants should use the [Guidance Note on Sustainability, Transition and Co-financing](#) – follow link to [English](#) and [French](#) versions. While it includes questions aimed at analyzing the risks associated with the transition from Global Fund funding, it also includes information that is crucial for analyzing the sustainability of the response. The team may also consider using other relevant documents to analyze the sustainability of the responses to HIV and TB. The consulting team's technical proposal should detail the methodology to be used for the analysis. The analysis is expected to be multidimensional (institutional, epidemiological, programmatic, financial, etc.) and should describe the main goals, the challenges for controlling the epidemics and the risks and opportunities so that STP can ensure a lasting response.

The consultations will begin with a National Stakeholder Meeting, where national authorities will launch the Sustainability Strategy development process during the first country mission. The meeting will also serve as an

opportunity for the team of consultants to share their initial findings after analyzing the documents identified and to receive inputs from local stakeholders. This will be prior to the individual interviews, where relevant issues will be discussed in more detail.

It is recommended to interview the following key actors and stakeholders in subsequent phases of the work: CCM representatives; key representatives from the government, including those responsible for planning and budgets; regional authorities; civil society members, including community-based organizations; representatives of people affected by the disease and key and vulnerable populations; principal recipients and sub-recipients; national disease programs; health care providers; technical partners (UNDP, WHO and UNAIDS, among others); US government agencies ; and other parties that are relevant to the context of STP.

The team of consultants will draft a country report (maximum 30 pages, without counting annexes), summarizing the key findings, priorities, risks and opportunities. The report should include an executive summary, complete bibliography and list of people interviewed/National Stakeholder Meeting participants. Analysis of documents and the interviews/focus groups in the countries will be the main sources of information.

The first draft of the report will be shared with the Global Fund team, which will then review it. A second draft of the report taking into account any observations made by the Global Fund will be presented to the designated stakeholders including the CCM Executive Committee, who will then be expected to send their comments to the consultants within two weeks of receiving the report. A call will be scheduled so that the stakeholders can give feedback to the consultants, respond to questions regarding important conclusions and recommendations and discuss next steps, which will involve integrating the outcomes into the Sustainability Plan. The consultant team will be responsible for incorporating relevant points from the feedback received from the CCM, the Sustainability Committee/Working Group, and other key stakeholders into the final report.

Phase 3 – Drafting the Sustainability Strategy

Based on the analyses from Phases 1 and 2, in which the main sustainability-related challenges are identified, the results from the consultations and national workshops, the team of consultants will facilitate the development of a sustainability strategy for the response to HIV, TB and Malaria in STP. The strategy must be in line with the international commitments undertaken by STP as well as regional and global strategies, and ongoing development of UHC strategy in the country.

The consultants will facilitate the process, enabling public sector institutions to develop the strategy with civil society, donor partners and other stakeholders. The Sustainability Strategy should take into account the reforms under way in the health sector and identify specific measures to be implemented in order to optimize the opportunities and minimize any risks that the reforms might pose to the response to HIV, TB and Malaria in STP.

The sustainability strategy should offer an overview of the priorities and the

associated programmatic components aimed at controlling the epidemic. It should explicitly include prioritized recommendations on how to address identified gaps/bottlenecks, plus an indication of responsibilities for their accomplishment among different stakeholders. It should also specify the funding required to implement the programmatic components for the duration of the plan (3-5 years). If the programmatic information already exists, for example in the national strategic plan (NSP), it will be reviewed and used as a reference, accompanied by an in-depth financial costing report, to estimate how much funding is needed to support the programs. This financial analysis should consider existing funding for the disease, highlighting any funding gaps and offering options and strategies for obtaining additional funding to fill those gaps. In addition, it should propose cost-effective actions and identify any measures that can be taken to optimize and improve the efficiency and overall value for money of the national responses, particularly in the context of Covid-19 and limited resources.

The document should define specific activities, timeframes, and responsibilities to help achieve sustainability in the epidemiological, programmatic and financial aspects of the response. The sustainability strategy is expected to be a clear and concise document that a wide range of stakeholders will understand, thereby making it easy to implement and monitor. The strategy should include a detailed and prioritized work plan for three to five years, with expected outcomes, indicators and means of verification, and identifying specific technical assistance requirements. The document should also identify areas of work which are more systemic but well-aligned with the long-term sustainability of Global Fund programs.

The consultant team will be tasked with designing a methodological framework and coordinating and facilitating working meetings to create the strategy and a detailed action plan through a second in country mission. Once the first round of consultations is complete, the first draft of the strategy will be shared with the Global Fund team, which will then review it. A second draft of the report, taking into account any feedback from the Global Fund, will be presented to the national authorities of each country at a face-to-face meeting. The team of consultants will be responsible for incorporating relevant points from the feedback received by key stakeholders in each country, including the CCM Executive Committee.

Phase 4 – Final report

The final report will include a description of the methodology implemented and the analysis, strategy and roadmap developed to address the challenges identified in relation to the sustainability of the response to HIV, TB and Malaria in STP. The final report will be shared with the Global Fund and stakeholders in the country and may also be made available to the public at the discretion of the PMU and CCM of STP.

Deliverables The consultancy deliverables include the following products, with estimated delivery dates.

Product	Timeframe
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Product 1: Initial planning session and detailed work plan (English and Portuguese). The work plan aims to achieve the consultation objectives and facilitate the participation of key government stakeholders, civil society members and technical partners. The work plan will include the selection of participants, where the workshops will be held, taking into consideration how the various affected populations and the civil society organizations are distributed.	21/04/22 - 28/04/22
First country mission to conduct national stakeholders meeting and interviews in order to analyze challenges, risks and opportunities for the sustainability in the response to HIV, TB and Malaria	11/05/22 - 15/05/21
Product 2: Report of the analysis of the challenges, risks and opportunities for the sustainability of the response to HIV, TB and malaria (draft in Portuguese, final version in Portuguese and English)	29/05/22
Second country mission to facilitate working meetings to create the strategy and a detailed action plan.	16/06/22 – 20/06/22
Product 3: Sustainability Strategy (including detailed and prioritized work plan) (draft in Portuguese and English)	6/07/22 – 10/07/22
Product 4: Final report	30/07/22

Experience Skills

PROFILE AND COMPETENCIES OF THE CONSULTANT TEAM

The team or organization responsible for the consultancy must include international and local professionals with the following training, experience and skills:

- Knowledge of STP and the regional responses to HIV, TB and Malaria.
- Knowledge of and experience in strategic planning at the national level and budgeting and finance in the health sector.
- Experience in evaluating and supervising programs funded by international cooperation; ideally HIV and/or TB, and/or Malaria-related.
- Experience in working with civil society and other actors in the private health sector and collaborating with state and non-state stakeholders and/or on strategies to mobilize resources.
- The chief consultant must be a professional from the field of health sciences, social science or political science, with a postgraduate degree in public health, community health or health care economics.
- The chief consultant should also have strong diplomatic skills and experience engaging with senior management from Ministries of Health and Finance
 - The remaining members of the team must complement the chief consultant's specialism, in areas including public health, health care economics, social sciences or other areas relevant to the consultation.
 - The ability to process and organize information from various sources and stakeholders.
 - The ability to facilitate groups, order information, work in a team.
 - Fluent in written and spoken Portuguese and English. Knowledge of French will be of added advantage
 - An understanding of the Global Fund's transition and sustainability policies.

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- Ability to work effectively in multicultural teams with varying expertise, skills and backgrounds
 - Commitment to diversity and non-discrimination on grounds of culture, disability, gender, religion, race, age and nationality.
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Place of Performance

Period of Performance The consultation will take place between April 21st and July 30th, 2022. The total estimated level of effort is approximately 75 workdays.

Attachments N/A

Contracting Party N/A

Evaluation Criteria (for RFP) *Refer to Attachment B of the RFQ.*
