Introduction

Sustaining support for health programs requires political commitment from relevant stakeholders, especially government actors, and this is no less true for health programs undergoing transition. A transition process will touch on aspects of leadership, financing, programming support and capacity, none of which can be generated or sustained without political commitment to both the transition process and the program’s overall aims.

*Political commitment for health programs* is—to some extent—a way to frame how different actors prioritize their efforts. Activities with “political will and commitment” are ones which the actor is fully on board with supporting and defending in light of other technical, epidemiological and budgetary priorities. While political science has focused on measuring political commitment around the staying power of a policy decision, public health has focused on attempting to link political commitment to health outcomes with limited success (Fox et al). A recent conceptual framework has outlined three components to political will and commitment which, theoretically, build on and reinforce each other: 1) expressed commitment, or public expressions (or lack thereof) from leaders to a specific policy approach, 2) institutional commitment, or the establishment of institutional arrangements to implement a policy approach, and 3) budgetary commitment, or allocation of resources for continued implementation (Fox et al). In particular around HIV it has been suggested that political commitment is further nuanced by ethical and human rights concerns as well as by evidence and best practices (Fox et al). For example, government concerns about service delivery models for tuberculosis medication may reflect issues around priority setting and health systems capacity, but refusing to provide services for injecting drug users or men who have sex with men could be an abuse of human rights.

In situations where government support for a program or activity is weaker than donor support, the government could be seen to be lacking political commitment. It is unclear whether political commitment can be effectively built, but efforts to build commitment can take different approaches. One approach is that of gentle diplomacy trying to encourage or nudge government actors to support a program with which they do not completely agree, while another is to invest political capital and effort in engaging actors to really change their minds.

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1 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3194164/pdf/1758-2652-14-S2-S5.pdf
**Political commitment to support the transition process** itself is also important both for planning and executing the transition as well as sustaining the program. Local stakeholders that are uncommitted to the process will not put forth the effort necessary to minimize the disruptions caused by transition’s significant changes. Further, as programs and countries begin to face transition, underlying issues around political commitment begin to arise or heighten. The level of political commitment needed also depends on the type of donor support provided to the health program and its subsequent effect on transition planning (see Box 1).

Planning for transition may bring to light areas where the government was never really supportive and external partners had been allowed to fill the gaps. For example, it may become clear that government was unwilling to support programs with key populations or certain ethnic groups, so it allowed external partners to do so. Critically, once external partners cease investment in a health program or area, their influence over the policy agenda in-country may dissipate, which could lead to a decline in domestic political commitment to address an issue if sufficient commitment is not in place ahead of time.

**Key Challenges**

**What are we building political commitment for?**

Political commitment is needed for the program and the transition process itself because the process of handing over responsibility is disruptive, even more so if not all country stakeholders are fully dedicated to the ultimate goal of sustaining the program and its activities.

Resistance to supporting a program’s activities can take many forms. The health issue addressed by the transitioning program may not be as high a priority for country stakeholders, such as HIV programs in a context where child mortality from diarrhea and pneumonia are greater threats. But resistance can also be linked to stigma and social issues with opposition to the services themselves, such as for specific family planning methods, or to the populations for which they are targeted, such as commercial sex workers or transgendered people. It is critical to understand the nature of the resistance to best develop a strategy for response.

Further, building political commitment has to take into consideration both the transitioning program and its components as well as the overall mission it is serving. For example, gaining political commitment to support a transitioning needle exchange program within a larger climate that opposes harm reduction approaches will be unsustainable.

In terms of political commitment for transition, shifts in funding will naturally create resistance and

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**Box 1. Transition will vary depending on types of donor support**

Donors can provide support in very different ways: from direct budget support to project-specific aid, and covering different aspects of health programs. Transitions can be grouped into at least three types depending on donor support (Bao et al.). The type and extent of donor support is going to deeply influence the transition process and the multiple dimensions of political commitment that will need to be assured.

- **Type A**: primarily or exclusively funding support, with program implementation carried through existing government structures. Example: Gavi funding support to vaccine delivery.
- **Type B**: funding, technical assistance and program management support provided by donor to local implementing organizations (government or NGO) for service delivery. Example: USAID support to family planning programs in Latin America.
- **Type C**: funding, technical assistance, program management support and service delivery are all provided by the donor. Example: Avahan HIV/AIDS initiative supported by the Bill and Melinda Gates Foundation.

concern across stakeholders: from governments who have historically underinvested in health to implementing partners who have received grants to support the program for many years to communities who fear that transition will result in a drop in services. So, no matter the how strong the rationale for transition is, it may be difficult to sustain political commitment in the face of sustained opposition.

Who are we building political commitment with?

Government actors are often the focus for building political commitment because the institutions – policies, laws, regulations, budgets and operational plans – that can sustain a program in the long run often flow from government, but its commitment can be mercurial. Even when it appears that sufficient political commitment has been established to sustain a program, it may evaporate with elections and a new leadership, or simply due to shifting priorities and policy concerns.

It is unlikely that political commitment can be effectively built or sustained by focusing on one actor alone. Rather, there is a need to understand the network of actors in the policy space, including health care providers, program beneficiaries, non-governmental organizations and advocacy groups, who need to support the program and its transition and how they relate to each other.

How do we assess whether (enough) political commitment is present?

It is difficult to know when political commitment has really been established. To-date relatively few development partners have developed tools to assess the strength of political commitment to reforms, although PEPFAR’s Partnership Framework Policy Reform Monitoring Table is one example of this. PEPFAR’s approach was focused on assessing specific policies to be targeted for reform by looking at which stage different desired policy reforms had reached in the policy cycle (see Box 2). It is unclear how reliable such indicators are in practice. An alternative strategy would be to take a multi-pronged view of political commitment (i.e. expressed, institutional, budgetary) to begin to discern whether government commitment to a program is present but also likely to be preserved as political winds shift.

It is unclear whether the process and strategies for building political commitment for a program are different than building commitment for transitioning a program. Developing measures of different types of political commitment, tracking how they evolve over time, and how strategies could be effectively applied to building commitment for transition are empirical questions that still need answers.

What are the risks?

As donor support to controversial programs ends, there is considerable risk that program gains to-date will be lost and areas of concern will re-emerge.

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2 http://www.pepfar.gov/reports/guidance/framework/120732.htm

### Box 2. PEPFAR Partnership Framework Policy Reform Monitoring Table

PEPFAR’s guidance for monitoring policy reform focused on six policy areas: human resources for health, gender issues, vulnerabilities of children, uptake of counseling and testing for HIV, access to medications, stigma and discrimination, and multi-sectoral response.

1. Each of these policy areas was evaluated to be at a particular stage of policy reform:
2. Conducting situation assessment to develop baseline
3. Engaging stakeholders on common agenda
4. Policy development
5. Official government endorsement of policy
6. Policy implementation
7. Evaluation of implementation

or worsen. For example, an evaluation of PEPFAR’s Partnership Framework for Central America indicated that PEPFAR had been providing much-needed leadership and political support for activities aimed at key populations, which would otherwise be absent, and civil society organizations expressed skepticism that national leaders would emphasize efforts with key populations without donor pressure

Further, issues around political commitment put donors in a delicate position: if there is insufficient political commitment for program activities at transition or after, what role can the exiting donor play to ensure that the service is sustained? It is not clear that conditions requiring programmatic support to continue could be effectively negotiated up front, so donors may be faced with the difficult decision to transition fully in hopes that government actors (or others) step in to fill any gaps or find an third path that allows for some support and involvement but does not backslide on agreements to shift responsibilities.

These issues will vary for countries in different stages of development, but many are facing multiple pressures at once. Due to low disease burden or increasing overall economic development (typically measured using GNI), some countries may face multiple transitions simultaneously. Others, with high disease burden or severely constrained resources, will face pressures to meet donor requirements for matching funds or investments in programs, straining already tight budgets.

Strategies for building political commitment

Engage multiple stakeholders

In addition to building support at high levels of government, it is critical to build successful civil society organizations and advocacy capacity to be able to improve accountability and demand that services be the right ones targeted at the right people in the right places. Demand of services from beneficiaries, and potentially consumer organizations, can also play a big role.

Efforts to build political commitment with government, civil society and beneficiaries takes a long time. This can be especially difficult with government as stakeholders can be transitory as political parties change and positions are filled by new people who need to be sensitized.

Use multi-pronged strategies

Arguably a precursor to political commitment for a program is that the program (or the issue it is addressing) receive political priority from local stakeholders. Work by Shiffman and others has identified four factors that shape political priority: actor power, ideas, political contexts and issue characteristics. In particular for programs dealing with sensitive issues, the power of actors—especially external ones—to speak for vulnerable populations cannot be underestimated.

In the area of nutrition, efforts to build and sustain political commitment have identified three factors

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4 http://www.sciencedirect.com/science/article/pii/S0140673607615797
shaping the enabling environment: knowledge and evidence, politics and governance, and capacity and resources. All of these contribute to building political commitment and sustaining it, such as by showing which interventions work and then evaluating programs (knowledge), building community accountability mechanisms and supporting a larger role for civil society (governance) or assessing systems capacity and mobilizing resources (capacity).

These factors point to the need for multi-pronged approaches that are responsive to country stakeholder concerns and needs, acknowledge the political economy in-country, and which attempt to capitalize on budding commitment to secure more lasting obligations.

**Early and often**

Changing mindsets is not something that can be done at the last minute. Efforts should be made during a program’s existence to build political commitment long before transition is on the radar, with frequent check-ins. Assessments of transition readiness are one potential avenue to systematically evaluate current levels of commitment to the program and the transition.

Relying on graduation or eligibility criteria can end up postponing addressing issues around political commitment for a program because these criteria can leave the most politically unacceptable aspects of programs to be externally funded until the last moment. For example, in the Global Fund graduation policy, countries may continue to access funding specifically for key populations even after they are no longer eligible for programs for general populations. It could be questioned whether this is helpful in building political commitment to allow more time or leaves the difficult conversations to the very last minute.

**Strategies for managing a lack of political commitment**

External partners may often find themselves transitioning from a program for which they recognize there is a lack of political commitment to sustain key elements post-transition. What strategies can be used to address this?

Post-transition support arrangements are one strategy that can be employed to provide support for a program or specific activities that may falter. During the transition of the Avahan program from the Bill and Melinda Gates Foundation (BMGF) to government actors, state level agreements of post-transition support were eventually established between BMGF-funded State Lead Partners (SLPs) and State AIDS Control Societies that outlined that the amount and types of support that SLPs would provide to transitioned programs. For Avahan, the post-transition support was focused on building and supporting community mobilization efforts that government was less equipped to provide.

Another alternative is to identify, encourage and support other donors or actors to fill the gap being left by the transitioning donor. This can help buy additional time to continue generating political commitment among local stakeholders, although it can be risky as it leaves the program vulnerable to future exits and transitions, and may sometimes feel like passing the buck, especially when multiple donors are all talking about transition in some shape or form.

Lastly, donors may choose to step back in after transition to support a program or specific activities if indicators or outcomes take a nosedive. This strategy presents a complex timing quandary as sentinel indicators may not show changes until after the donor has shifted away its own atten-

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5 http://www.sciencedirect.com/science/article/pii/S0140673613608429
6 GF Eligibility policy [The Global Fund Eligibility and Counterpart Financing Policy (Adopted under Decision Point GF/B30/DPS)].
tion, and it has the risk of communicating mixed intentions to country stakeholders (and those elsewhere also facing impending transitions) about how strong the donor’s commitment to transition is. Nevertheless, this remains an important alternative in contexts which face rapid shifts in economic growth, political unrest or due to emergencies after transition is complete.

**Strategies for building political commitment for transition itself**

Generating support for the transition itself would ideally build on earlier processes between stakeholders aimed at improving country ownership over donor-supported activities. Strategies for building political commitment to the transition are focused on enhancing transparency between actors and having clarity around goals and responsibilities. Although these strategies have not been empirically tested, they draw from experience studying various transition processes.

Despite the potential resistance to transitioning support, being clear and transparent about transition decisions, processes and partners will lay the groundwork for a more productive relationship and more successful transition. Part of this process will be for donors and recipients to recognize that transition may be difficult, expensive, and force hard choices, especially when transition decisions have shorter timeframes or may be driven by political decisions. It is critical to get all stakeholders on the same page and reach an agreement about the end goals of transition. This will require enough time to manage the different actors involved in the process.

Lastly, it needs to be acknowledged that, by definition, donor exit places greater pressure on local stakeholders, especially government, to expand its service portfolio with potentially limited increases in budget and capacity while facing a greater number of competing priorities. Supporting prioritization and budgeting exercises may be one approach donors can take but with the understanding that local stakeholders may not emphasize the same areas as donors would.

**Conclusions/next steps**

The Paris Declaration outlines fundamental aspects of development meant to guide rights and responsibilities of aid donors and recipients, and outlines characteristics of good donor practice. Issues of harmonization, alignment and predictability of funding are critical to establishing and scaling donor support for programs, but they also play an essential role in transitions and in underlining donors’ responsibility as an honest development partner. Building political commitment for a transitioning program is a factor that underlies all further efforts around transition.

Next steps in this arena include:

- Continuing open, transparent discussions among donors, and between donors and country stakeholders, about how transition decisions are reached (e.g. eligibility criteria) and how to best prepare.
- Evaluation of strategies to build political commitment for transitioning programs, especially those addressing stigmatized populations and services.
- Developing measures of political commitment that can better capture the multiple dimensions of the concept and testing them in various contexts and types of transitions.
- Reviewing/evaluating best practice examples where national political commitment emerged strongly during and after transition.