

# **TERMS OF REFERENCE FOR CONSULTANCY SERVICES FOR THE DEVELOPMENT OF THE NATIONAL AIDS SPENDING ASSESSMENT (NASA)- 1 April 2017 to 31 March 2020 (3 Years).**

## **I – Introduction**

### **1.1 Country HIV Response and Policy Framework**

South Africa's response to HIV, TB and STIs is laudable given the unwavering investments and commitments made by government and its stakeholders to ensure that people living with HIV (PLHIV) have access to life-saving antiretroviral treatment and live a prolonged healthy life. The South African Government and stakeholders demonstrated commitment through a series of five-year National Strategic Plans (NSPs) for HIV, TB and STIs (2000-2005; 2007-2011; 2012-2016 and 2017-2022) and treatment policy changes in the past decade.

Data from the Thembeisa Estimates, Version 4.2, show that South Africa has the biggest and most high profile HIV epidemic in the world, with an estimated 7.5 million people living with HIV in 2019. In 2019, HIV prevalence remained high among the general population, at 12.9%, similar to the total HIV prevalence for 2018. In 2019, HIV prevalence was even higher among Men who have sex with Men (MSM), aged 18+years, at 25.8% and at 52.8% among female sex workers (FSW). Thembeisa estimates about 198 000 new HIV infections in 2019. HIV incidence dropped from 0.44% (221 735) in 2018 to 0.39% (197 494) in 2019. A reduction of about 8.3% occurred for AIDS related deaths from 73 920 in 2018 to 67 807 in 2019.

South Africa has made huge improvements in getting people to test for HIV through campaigns such as the "Cheka Impilo" which focuses on intensifying HIV testing. Estimates indicate that South Africa has reached the first 90 of the 90-90-90 targets. The UNAIDS 90-90-90 target aims to ensure that by 2020, 90% of all PLHIV know their HIV status, 90% of all people with an HIV diagnosis are put on antiretroviral (ARV) treatment and 90% of all people on ARV treatment achieve viral suppression. Of the 7.5 million PLHIV in South Africa, 91% of PLHIV are aware of their status

An estimate of about 4.9 million people living with HIV were on Antiretroviral Treatment (ART), in 2019 and Thembeisa estimates predict 5.2 million PLHIV to be on ART in 2020. Globally, South Africa has the largest ART programme focusing on intensifying expansion with the implementation of 'test and treat' guidelines financed with domestic resources. The country has also started piloting HIV Self-Testing to close the gap on HIV status knowledge. South Africa was the first country in sub-Saharan Africa to approve Pre-Exposure Prophylaxis (PrEP). PrEP is available to people at high risk of infection at demonstration sites. The success of this ART programme is evident in the increases in national life expectancy, rising from 60.3 years in 2010 to 66.5 years in 2019.

South Africa has continued to increase its annual investments in HIV/AIDS and TB programmes, with its total expenditure standing at R28.8 billion in 2018. An analysis of spending by intervention category and funder showed that prevention intervention and programme enablers accounted for about 15% and 8% of HIV expenditure respectively.

### **1.2 Tracking the Expenditure on HIV/AIDS – globally and in South Africa**

The entire gamut of tackling HIV in the country revolves on improved and adequate funding. South Africa's commitment to this cause remains enshrined in the fourth series of the National Strategic Plan (NSP) for HIV, TB and STIs (2017-2022). Goal 7 of the NSP 2017-2022 entails the mobilisation of "resources to support the achievement of the NSP goals and ensure a sustainable response" to these public health challenges. Drawing inspiration from the country's progressive stride in the mission to end HIV, TB and STIs as public health threats by 2030, the NSP has been central to the strategies and

frameworks within government departments, national, provincial, municipal and other stakeholders' interventions. Other policy frameworks that give support to this commitment are the National Development Plan (NDP) 2030 which envisions a health system that works for everyone, with a sharp reduction in the country's disease burden; and the 2017/18 Medium Term Expenditure Framework (MTEF), within which budgetary allocations to pursue these goals are structured, amongst others. All of these focus towards dealing with the pursuit of adequate investment in HIV, especially investments in treatment, prevention and addressing social enablers

The first NASA in South Africa tracked AIDS spending for a period of two years. The analysis provided a snapshot of funding needs and gaps for HIV and TB for the period 2013/14 to 2015/15 with data available as of July 2013.

SANAC has continued to make significant strides towards achieving its mandate, which entails coordinating programmes and interventions around HIV/AIDS across the various sectors and provinces in the country. The SANAC Trust has intensified its efforts to harmonise funding strategies designed to respond to the HIV/AIDS pandemic in South Africa. One of such effort is the development of the South African Country Coordination Mechanism (CCM) (under the Global Fund), which is made up of partnerships of key players in the country's HIV response. South Africa has done commendably well in its HIV funding programme, both in terms of its domestic allocation and donor support from international funders. However, there is need for strides to ensure adequate funding towards the response. The NSP 2017-2022 estimated that R207 billion will be required to implement national strategies regarding HIV/AIDS, STIs and TB, amongst others, over the duration of the NSP. The cost for this implementation is estimated to rise from R35.1 billion in 2017/18 to R45.7 billion in 2021/2022 for the country.

### **1.3 The National AIDS Spending Assessment (NASA) overview**

The NASA is a comprehensive and systematic methodology to track the flow of resources for the AIDS response from the source through the different agents to the beneficiaries. The NASA resource-tracking algorithm describes financial flows and expenditures using the same categories in the global resource needs estimation. The NASA serves as a core-tracking framework without substituting for other methods and tools already in use. The NASA framework aligns with globally accepted standardized methods and definitions, that are compatible with, but more disaggregated than, the National Health Accounts (NHA) – now called System of Health Accounts (SHA).

NASA can therefore generate useful evidence to assist with the planning and financing of HIV services and can be used to measure the potential financial gap and thus to mobilize for additional resources. It is a very powerful tool for policy makers and all actors involved in the HIV/AIDS response, including governments, donors, persons affected by HIV and civil society more broadly. In countries with the successful implementation of NASA, useful insights on the extent of harmonization and alignment of the resource envelope to the programmatic priorities are evident. This is particularly important when there is potential threat on future HIV funding by competing global priorities and the economic down turn while expectations to achieve more remain high.

### **1.4 Lead / Coordinating Agency**

The South African National AIDS Council (SANAC) Secretariat will lead and convene partners for the NASA. Partners include the Treasury, Departments of Health, Education and Social Development. Other partners will include Non-governmental Organizations (NGOs), South African Business Coalition on HIV (SABCOHA), UNAIDS and the UN agencies and programmes in the UN Joint Team on HIV and AIDS, PEPFAR and Global Fund. The SANAC Secretariat will also spearhead/coordinate the development of the NASA by specifically undertaking the following key roles:

- Oversee the process of the NASA

- Prepare and sign a Memorandum of understanding between Secretariat, and the key participating agencies
- Establish a NASA functional coordination framework and structures
- Set up a NASA task team, steering committee to provide oversight of the resource tracking
- Organize monthly meetings as part of routine management of the NASA processes
- Mobilize technical and financial resources to support implementation and sustainability of the NASA.
- Ensure that NASA is ultimately incorporated into the national M&E system

The appointed consultant/consultancy firm will lead the fieldwork, data collection, verification and cleaning processes, in an effort to ensure the long-term sustainability of the NASA.

## 2 SCOPE, OBJECTIVES AND OUTPUTS OF THE NASA IN SOUTH AFRICA

### 2.1 Scope of the NASA

NASA will cover the 2017/2018, 2018/2019 and 2019/2020 SANAC Trust financial years. The NASA is limited to three years. The NASA guidelines recommends including 2 to 4 financial years. South African NASA will include funding from public, external and private sources. The assessment will be at both the national and provincial levels. Data collection and presentation will follow the programmatic disaggregation in the NASA guidelines. In order to allow for international dissemination and comparability, NASA will use both South Africa Rand and the US Dollar. The conversions rates between the South African Rand and the US Dollar will be in line with the NASA guidelines. All NASA vectors will be in line with the NASA guidelines – and where there are data availability challenges, the NASA Task Team will decide on the vectors for inclusion or exclusion.

- the funding entity (FE),
- revenue (REV),
- financing scheme (SCH),
- financing agent-purchaser (FAP),
- service provider (PS),
- the service delivery modality (SDM),
- function/ intervention (ASC),
- cost components (factors of production, PF),
- Beneficiary populations (BP).

The NASA exercise will include HIV, TB and STIs expenditures, financial data will be included at both national and subnational levels, nevertheless, checks will be in place to avoid any double counting. The resulting data from NASA will inform Sustainability Plans, Allocative or Productive Efficiency analyses, to monitor National Multisectoral Strategic Framework 2023-2028, and applications to the Global Fund.

#### 1.1. NASA Objectives

The primary objective for this project is to collect data on HIV expenditures in South Africa from 1 April 2017 to 31 March 2020 using the National AIDS Spending Assessment methodology. Specific objectives are:

1. To track the allocation of HIV and AIDS funds, from their origin down to the end point of service delivery, among the different financing sources (public, private or external) and among the different providers and beneficiaries (target groups) and compile a comprehensive

National AIDS Spending Assessment (NASA) Report for the period 1 April 2017 to 31 March 2020.

2. To implement a methodology for systematic monitoring of HIV financial flows at national and provincial levels using the NASA methodology in South Africa;
3. To adapt the NASA methodology, classification and tools to the South African context, including central as well as subnational financing;
4. Build national level capacity for systematic monitoring of HIV/AIDS financing flows using the NASA methodology, with a view to a yearly, fully institutionalized NASA.
5. To conduct an HIV, TB and STIs spending assessment focusing on public and development partner (external) resources and including private (both for-profit and not-for-profit) entities known to be contributing to HIV activities.
6. To identify and measure the flow of resources for HIV by the funding entity (FE), revenue (REV), financing scheme (SCH), financing agent-purchaser (FAP), service provider (PS), the service delivery modality (SDM), function/ intervention (ASC), cost components (factors of production, PF) and beneficiary populations (BP).
7. To prepare a report of expenditure trends that will inform the development of Sustainability Plans, mid-term review of the National Multisectoral Strategic Plan 2023-2028, and Global Fund Application April 2022 to March 2025.

The NASA will answer the following questions:

- ✓ Who pays for HIV services in South Africa? Who pools funds? What funding schemes are used?
- ✓ Who purchases the HIV services?
- ✓ What mechanism (insurance) allows payment?
- ✓ Who are the providers of HIV services in South Africa?
- ✓ What HIV services are available, and what is the expenditure on these?
- ✓ Who are the beneficiaries of the HIV spending in South Africa?
- ✓ What are the key cost drivers, the production factors, of the HIV spending in South Africa?

### 3 NASA METHODOLOGY AND PHASES

The NASA methodology, as promoted by UNAIDS, will take precedence, with primary collection of expenditure data from service providers and sources/agents of funding. Where expenditure data are missing, consideration of costing methods may take place to estimate the expenditure, for example, for the in-hospital treatment of opportunistic infections, or for the Department of Health costs incurred in delivering services with costs embedded in the primary health budget and not specifically labelled as HIV. The most logical estimation approach will apply, based on available data, but generally, the use of estimations will apply as little as possible.

NASA implementation will occur in the following three phases, with the key role-players and their roles, identified:

#### 3.1 Planning, Mapping of Actors and Capacity Building

- a) Undertake a mapping of all actors involved in the HIV, TB and STIs response in South Africa at national and provincial levels – The consultant/consultancy firm with technical assistance from SANAC.
- b) Training of lead agency, government officials, other relevant stakeholders and the local consultants on NASA principles and methodology –the consultant/consultancy firm.
- c) Review and adjust the NASA data collection tools –the consultant/consultancy firm.
- d) Plan for data collection (develop a plan) – consultant/Consultancy firm.

### 3.2 Sampling, Data Collection and Quality Control

The mapping of all actors, at national and provincial levels, will provide the sampling frame, from which the majority of respondents will be included, time and resources permitting. All the funding sources and agents shall be included, without sampling.

If a full survey of all service providers cannot be undertaken, then strata, to ensure adequate representation of the different levels and sizes of providers and the inclusion of approximately 80% of all the HIV expenditure in the country, by purposively sampling those with the largest portfolio of services and expenditure. SANAC must inform this selection process.

The NASA uses data collection tools for Sources, Agents and Service Providers through face-to-face interviews, which require greater financial and time resources.

The consultant/consultancy firm will lead and undertake the data collection to ensure the correct application of the tools and quality of the data collected.

#### Quality Control

Data processing will occur in the field – the Consultant/Consultancy Firm will collect data, check, clean and validate the data before entry into the NASA Resource Tracking Tool (RTT). The field supervisors must check the capturing of all the transactions by all the data collectors. Tracing of the transactions occurs during data processing, by crosschecking the data collected from multiple sources, agents and providers. This process must carefully and methodically eliminate any potential double counting of resources and ensure that each transaction has all the vectors labeled correctly. The RTT control board indicates where there are discrepancies that need adjustment/fixing.

### 3.3 Data Analysis, Validation and Report Writing

This phase will focus on data entry, analysis, triangulation and report writing – the consultant/consultancy firm undertakes this process, with strict quality control and internal validity checks. The consultant/consultancy firm enters all data into MS Excel and then exports to the NASA RTT once triangulated and verified. The consultant/consultancy firm will undertake the analysis and prepare the presentation of the findings, in PowerPoint at first. SANAC will convene a stakeholder meeting to validate the preliminary findings, the consultant/consultancy firm will present the results with a clear explanation of the methods applied, estimations, assumptions, missing data and other limitations, including the interpretation and use of the results. Thereafter, the consultant/consultancy firm addresses any omissions or errors before the drafting of the technical report.

The consultant/consultancy firm submits the draft report to SANAC, and SANAC further shares the draft report with all relevant stakeholders for comments and suggestions. The proposed report structure is provided in the Annex 1 below, and the UNAIDS country support person, can review the draft report and provide feedback on any improvements required.

## 4 ROLES AND RESPONSIBILITIES

The roles and responsibilities are as follows:

- ✓ The consultant/consultancy firm will provide overall project management and co-ordination, ensuring sound NASA principles, tools and processes are adhered to, **maintaining high quality of the data collection, cleaning, capturing and analysis**, providing quality control, trouble shooting and technical support, so as to ensure the sound delivery of the project.
- ✓ SANAC and/or the Steering Committee will provide guidance and oversight of the project, as well as support the in-country coordination. SANAC will be responsible for raising awareness

of the project and data requirements, convening of the stakeholder meetings, providing letters of introduction and permissions for the data collectors, and encouraging all stakeholders to share their expenditure data in a timely manner.

- ✓ UNAIDS will provide in-country technical and logistical support, ensuring that the consultant delivers upon its contractual obligations, and providing suggestions for the selection of the local consultant/consultancy firm. UNAIDS NASA technical support person shall ensure standardization of the NASA application and quality control, as far as possible.

## 5 SKILLS AND EXPERIENCE OF THE LOCAL RESEARCH TEAM

The research team should have the following expertise and experience.

### Consultant/Consultancy firm:

A post graduate degree in Economics, Health Economics or Social Sciences with a proven track record in managing large research projects, ensuring sound research processes in data collection and analysis, preferably in the field of HIV/AIDS and with experience in applying the NASA approach.

### Preferred Skills and Experience:

- Sound Knowledge of HIV/AIDS policy and service provision/ programmes / acronyms in South Africa;
- Experience in the NASA method, or the National Health Accounts (NHA/SHA) approach;
- Strong background in research methods and experience in the design, conduct, management and analysis of research and data collection processes;
- Experience in managing a team of data collectors for country-wide research products;
- Sound management, analysis, reporting and presentation skills;
- Excellent Excel skills.

### Preferred Skills and Experience:

- Knowledge of HIV/AIDS policy and service provision/programmes in South Africa;
- **Understanding of basic economic and accounting terms and practices;**
- Experience in undertaking research data collection: setting up appointments, holding interviews, obtaining required data, cleaning and capturing the data correctly and comprehensively;
- Good working knowledge of Word and Excel;
- Capacity to work in a team, and report regularly to Team Leader.

## 6 KEY DELIVERABLES

The Consultant/Consultancy Firm must deliver the following outputs:

- ✓ Inception report – summarizing the consultant’s approach, capacity building approach, quality control and supervision/ checklist, work plan.
- ✓ Map (database) of key actors in the HIV response, with contact persons and details.
- ✓ Data collection plan – teams, times, appointments record, etc.
- ✓ Final data collection forms (if using hard copies).
- ✓ Monthly update reports – e.g. status database, highlighting key challenges, including who need what.
- ✓ Completed hard copy data collection tools, filed by source, agent and provider, and in alphabetical order by name – if the team is using hard copy questionnaires.
- ✓ Data cleaned and captured in the excel data consolidation tool – submitted weekly to Contact Person at SANAC
- ✓ Preliminary results – slide deck/ Power Point version.
- ✓ Validation meeting report with key changes identified/ required.

- ✓ Draft NASA report.
- ✓ Record of reviewers' comments / changes undertaken.
- ✓ Final NASA report – according to suggested report outline (annex), with adequate detail of methods, estimations, quality of data & limitations, findings (answering all the research questions), narrative/ analysis / interpretation, recommendations for further assessment and for steps towards institutionalization, appendices (including all respondents and those who did not respond).
- ✓ All NASA matrices (or core minimum, as per report outline).
- ✓ The completed and cleaned NASA data consolidation tool.
- ✓ Soft copies of all files used during data collection and data process.
- ✓ The final, complete, cleaned, correct RTT 'project' file and excel data consolidation file with every transaction.
- ✓ The complete Global AIDS Monitoring (GAM) financial matrix.
- ✓ Dissemination plan including steps to incorporate the NASA findings into relevant documents and processes, such as the NSP mid-term review, the sustainable financing plan, the investment case update, resource mobilization strategies, etc.

## 7. TIMEFRAMES

The proposed timeframes for the assessment is 5 months starting from October 2020 to February 2021.

## 8. CONTACT PERSONS

**Any queries on the ToRs should be send to:**

Supply and Chain Management queries to Mr Andries Mokgele; [Andries@sanac.org.za](mailto:Andries@sanac.org.za) and any technical queries to Mrs Billia Luwaca at [billia@sanac.org.za](mailto:billia@sanac.org.za)

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