Country-Led Public Health Programs

NASTAD recognizes that when programs and systems are designed to meet local needs, to leverage available resources and systems, and to contribute to a national vision, impact and sustainable successes are more likely. Our goal, as peer-to-peer capacity building partners who assist with health systems’ strengthening, is that the planning, implementation and management of public health programs ultimately be conducted by the host government.

For more than 10 years, NASTAD’s Global Program has partnered with host country governments to build national capacity to plan, implement, monitor, and manage evidence-based public health programs.

Rather than acting as an implementing partner, conducting programs on behalf of host government, NASTAD acts in a technical assistance role with the vision that success is achieved when local government takes the lead role in design, implementation and long-term management of needs-based public health programs.

To ensure successful capacity building, NASTAD works side by side with local government, using a mix of training, technical assistance, and longer-term mentored application of skills and knowledge in the work environment. The framework that NASTAD applies (Figure 1) is designed to support and promote long-term country ownership of public health programming.

Figure 1: NASTAD’s Global Capacity Building Framework for Country-led Programs

<table>
<thead>
<tr>
<th>Planning</th>
<th>Monitoring and Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>Design</td>
</tr>
<tr>
<td>Definition of target scope of work</td>
<td>Draft a recommended planning process and capacity-building approach</td>
</tr>
<tr>
<td>Review of existing country-specific documents to understand systems, processes, priorities, gaps</td>
<td>Convene meetings with key stakeholders to describe and adapt the proposed planning process</td>
</tr>
<tr>
<td>Analysis of current program management and operational functionality and needs</td>
<td>Work with the government to develop an implementation plan (who will do what, when, and how), prior to developing materials or content</td>
</tr>
<tr>
<td>Identification of specific programmatic and managerial capacity-building needs</td>
<td></td>
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</tbody>
</table>

NASTAD

The National Alliance of State and Territorial AIDS Directors (NASTAD) represents the United States’ chief state and territorial health directors with programmatic responsibility for HIV/AIDS, viral hepatitis, and associated public health programs. NASTAD’s Global Program works to build the organizational and human resource capacity of its HIV/AIDS program counterparts across the world. The Global Program uses a peer-to-peer capacity building framework to enhance local leadership to gather and use data to plan, manage, and evaluate HIV programs.
**Sustainable Public Health Programs**

NASTAD recognizes that technical assistance must be provided in more than program design and content. For programs to be sustainably integrated into host government public health systems, reinforcement of systems to support all aspects of a program, including finance, management and operations must also be addressed. Thus NASTAD conceptually breaks capacity building activities into “building blocks”, or sub-units that must be simultaneously and comprehensively developed and supported (Figure 2). Using this approach, NASTAD can support knowledge transfer, build technical skills, and facilitate organizational and systems development, preparing a partner government agency to take on full management.

![Figure 2: Building Blocks of Sustainable Programs](image)

NASTAD uses, modifies, or develops training materials to meet the capacity needs in these content areas. Some examples include:

- Applied Public Health Program Leadership and Management
- Grant and Finance Management
- Implementing Partner Management
- Program and System Monitoring and Evaluation
- Evidence-based Planning
- Human Resources Management

**Transitioning Public Health Programs**

NASTAD transitions a program when the partner expresses interest in taking on the leadership and management role, has developed the technical, organizational and human resources capacity needed, and has sufficient resources (fiscal or other) to manage the work. NASTAD assists the partner to plan for transition via mapping of integration of roles, responsibilities and resource needs into existing structures and/or legacy programs.

All work that NASTAD is currently supporting is on track and being monitored for transition, with targeted capacity being built where indicated. Examples of projects that have transitioned, and the process used include:

- **Mentored Development, Integration and Management**
  NASTAD has successfully transitioned two decentralized government-led health programs: *Decentralized Evidence-based Planning Botswana, and the Integrated Access to Treatment and Care program in Free State province, South Africa*. NASTAD helped to establish program scope, develop standardized training curricula and implementation tools, train master trainers and implementation managers, and develop a local management plan. After helping to map how the programs would be integrated within the public health structure, NASTAD then provided support, supervision, and leadership feedback as the programs were absorbed. These programs continue with little-to-no NASTAD support.

- **Mentored Oversight**
  NASTAD supports program oversight only from the periphery in four countries, as program planning, implementation and management is led by local government:
  - *Decentralized planning and managed implementation in Ethiopia*
  - *National Program M&E in Zambia*
  - *Case surveillance in Trinidad and Tobago*
  - *Case surveillance in Guyana*

Here, NASTAD may provide periodic technical assistance to support a technical need, or improved business practices or outcomes, but only to improve upon or expand on past technical assistance and work.

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