The role of NGOs in health systems strengthening to achieve UHC – Botswana’s experience with Global Fund to Fight AIDS, Tuberculosis and Malaria

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Background: Non-governmental Organizations (NGOs) are critical actors and State partners, especially for healthcare service delivery at the community platform to advance universal health coverage (UHC) and to achieve sustainable development goals. However, NGOs are challenged by issues of capacity and sustainability, diminishing State confidence to form strategic partnerships with them. To build and sustain stronger health systems for UHC, meaningful and effective engagement of NGOs is needed. Situated in Botswana’s context of commitment to achieving UHC and taking on a higher share for HIV funding, this study explored the institutional management of the Global Fund to fight AIDS, Tudercolosis and Malaria.

Methods: In-depth interviews (16), with policy makers; all GFATM principal and sub-recipients (PR & SR); Country Coordinating Mechanism officers (CCM); and NGOs directors/employees were conducted in October – December, 2017. Process-tracing and observations were also used to explore governance and accountability across GFATM stakeholders. All interviews were tape recorded, transcribed, coded and analysed thematically.

Results: There are two PRs for the current GFATM, Ministry of Health and Wellness (MOHW) which does not have SR and the African Comprehensive HIV/AIDS Partnership (ACHAP) which has four SRs (being NGOs). The ‘big brother’ relationship of the State over NGOs poses a significant challenge. State actors view NGOs as a threat to good governance and leadership. Issues of quality of care; geographic scope and perceptions of NGOs’ capacity to deliver are impeding the essential role of NGOs. The CCM as an oversight mechanism has created an effective platform for meaningful forms of accountability to communities; also creating shared vision and a platform through which NGOs are able to coordinate their work and create synergies. However, the CCM has not been effective (forthcoming) in holding the State (as PR) accountable for performing poorly under the current GFATM grant – the impact of which is ‘crowding out’ donor funding due to inefficiency to utilize availed funds.

Conclusion: NGOs in Botswana remain a poorly used actor for strengthening health systems and advancing UHC, including reaching key populations which remain marginalised. The GFTAM represent an opportunity for creating a vibrant civil society whose local activities will not be seen as being led covertly by the State.