

STRATEGIC Planning for HIV/AIDS

Evidence-Based Strategic Planning

We are not Winning the War

- The course of the epidemic is not yet reversed:
 - New infections continue to grow;
 - Prevention efforts remain small scale in most countries
 - Despite international efforts to expand access to treatment, most People Living with HIV/AIDS are not treated

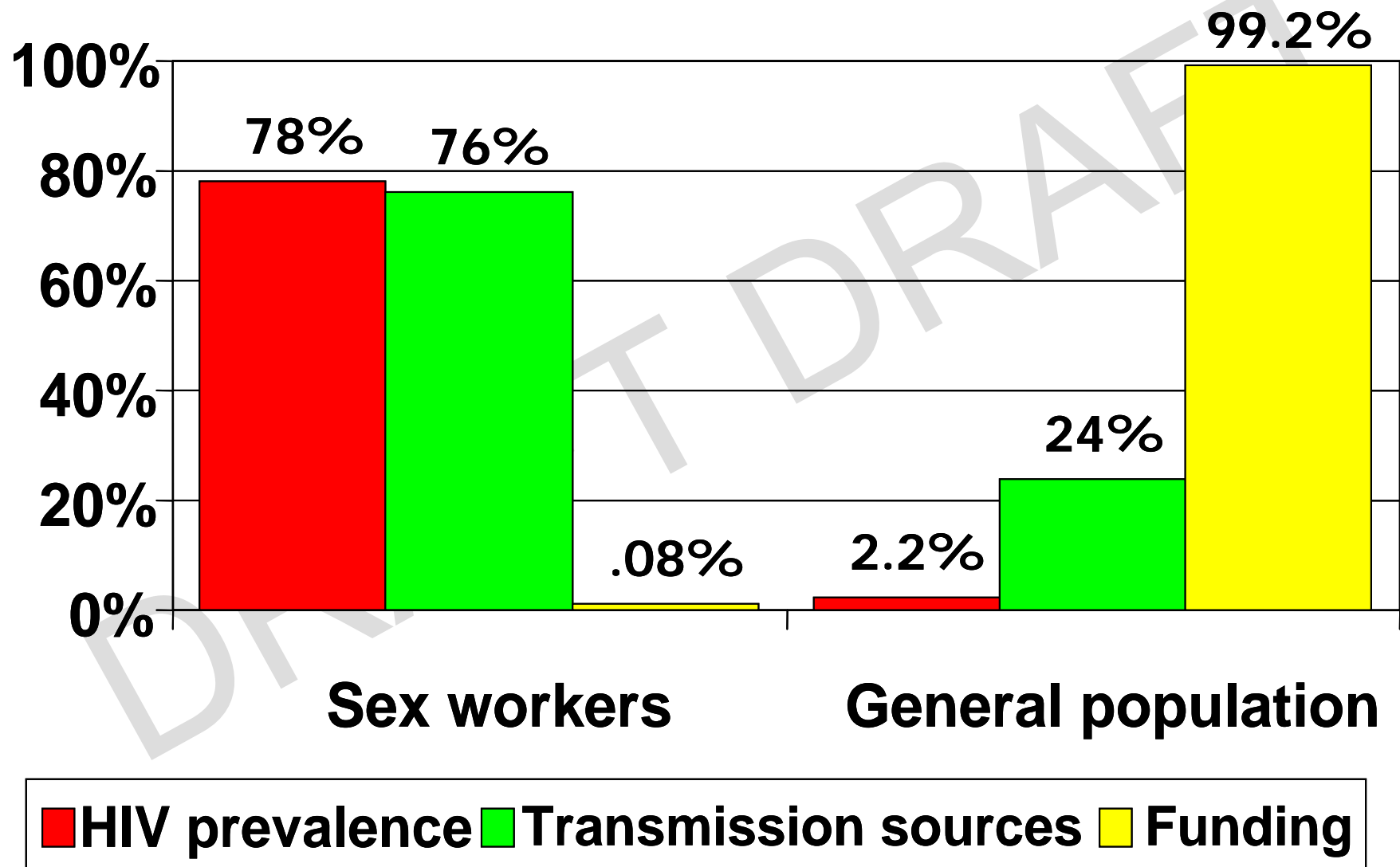
AIDS Response: Unequal to the Task

- Too many plans (to please a variety of donors) with very little coordination at the national level
- Where there is planning, plans address problems that are not priorities
- And some real problems are ignored

HIV Prevalence, Transmission Sources And Funding in One African Country

- One country developed a consultative and strategic plan which presupposed a highly generalized epidemic and emphasized a broad range of interventions
- HIV prevalence in the general population is 1.8% and ANC data suggest that it has been stable for about a decade
- In contrast prevalence among sex workers is quite high (78% and 82% in the two largest cities)
- The great difference between rates among sex workers and the general population suggests that a significant proportion of infections arise from commercial sex, yet few resources are aimed at sex workers

HIV Prevalence, Transmission Sources And Funding in One African Country

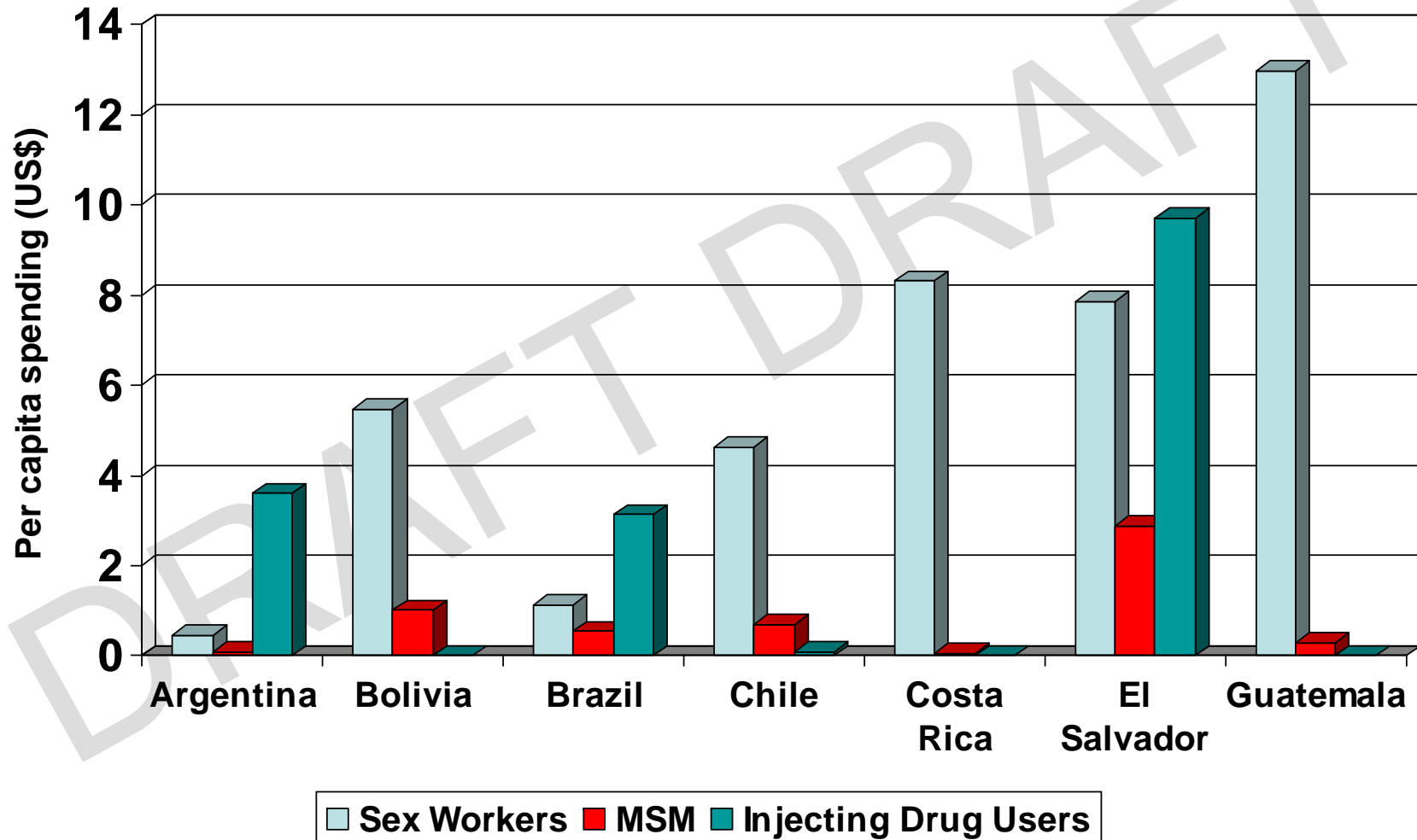


Sources: NACP, GAC, MAP, 2005

HIV Prevalence, Transmission Sources And Funding in One Latin American Country

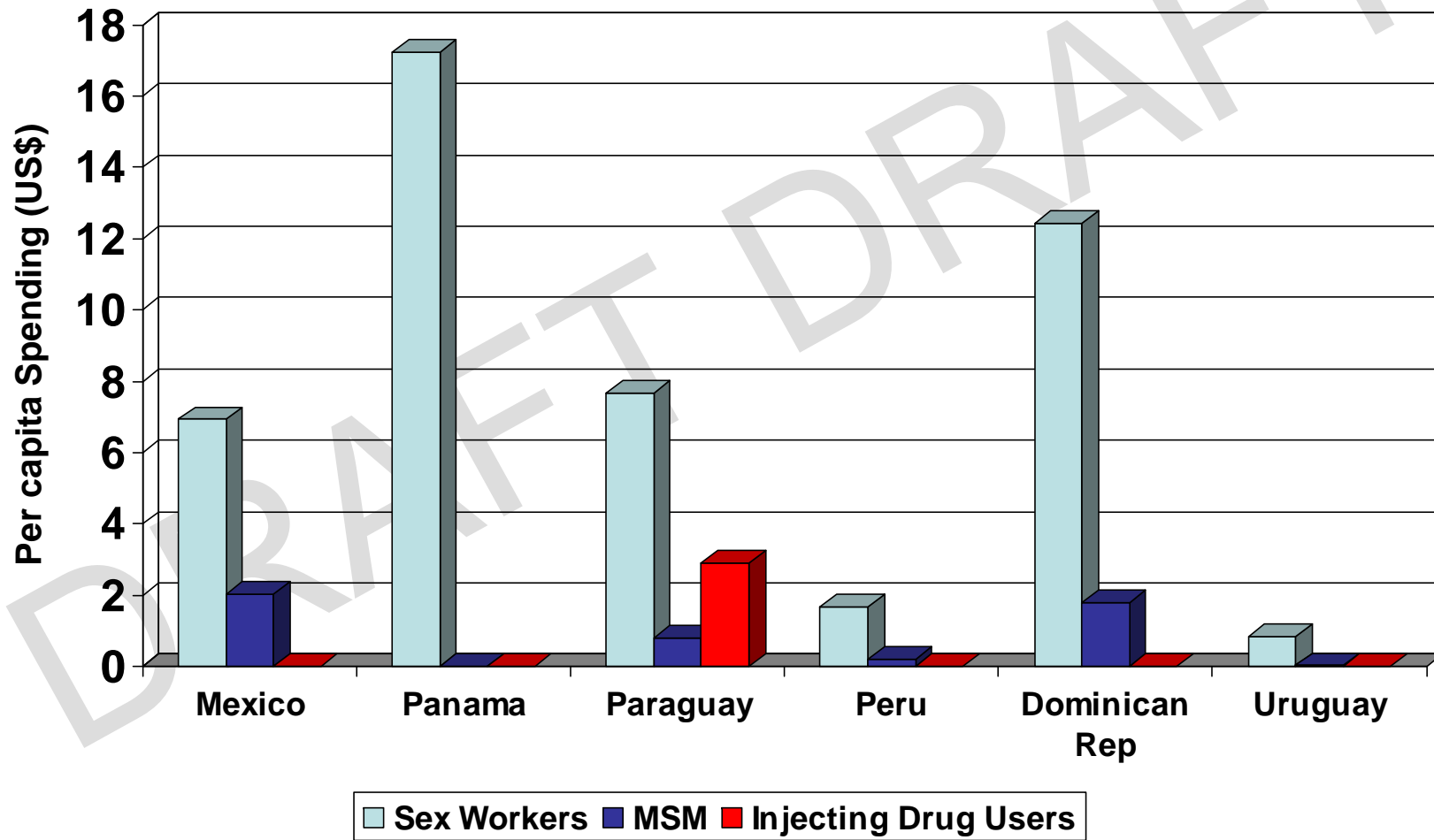
- In one Latin American country the epidemic is largely concentrated among men who sex with men.
 - Study of 7,500 men between 1991 and 1997 found prevalence rate of over 15% against an overall prevalence rate of 0,3% in the general population
 - Bisexual men are one route by which AIDS can enter the general population. But condom use among such group is low
- The majority of HIV prevention funds are directed towards the general population and less than 10% are targeted towards MSM

Prevention Spending per capita and Transmission Sources in Selected Latin American Countries (2002)



Source: SIDALAC 2000

Prevention Spending per capita and Transmission Sources in Selected Latin American Countries (2002)

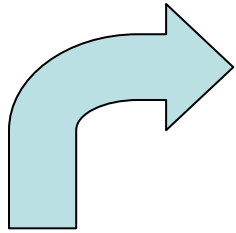


Source: SIDALAC 2000

HIV Prevalence, Transmission Sources And Funding in East Asia

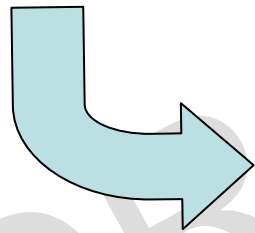
- One country is experiencing a concentrated epidemic with exceptional vulnerability among marginalized populations:
 - HIV infection in the general population remains low (0,3% of pregnant women)
 - Rates among IDUS: 80% in the largest city and rates of 30% among sex workers in selected sites
 - Epidemiological analyses indicate that injecting drug uses contributes perhaps 3/4 of HIV infections, and IDUs and sex workers together account for more than 90% of infections
- But interventions to protect IDUs and sex workers are just one of the country's nine major strategic priorities

Past and current strategies often
are



Top political, policy and financial
processes

Disconnected from



On-the-ground realities (diversity
of epidemic)

And they are not strategic

Key Shortcomings of National Plans

- Where is the **Strategic** Element? Evidence of a strategic approach would include:
 - Clear goals with clear results and indicators;
 - Clear priorities
 - Cost estimates and plans for resource mobilization
 - Additional characteristics include the extent to which plans rely on interventions that are efficient, relevant and feasible

Key Shortcomings of National Plans (Cont'ed)

- **Goals**
 - Nearly all National Plans have goals for each programs (most have 4-5 per programs)
 - But some have too many goals (up to 300 in one National Plan)
- **National Plans are rarely prioritized:**
 - Most strategies include a long list of “priority” programs
 - No clear link with the epidemiological situation of the country

Key Shortcomings of National Plans (Continued)

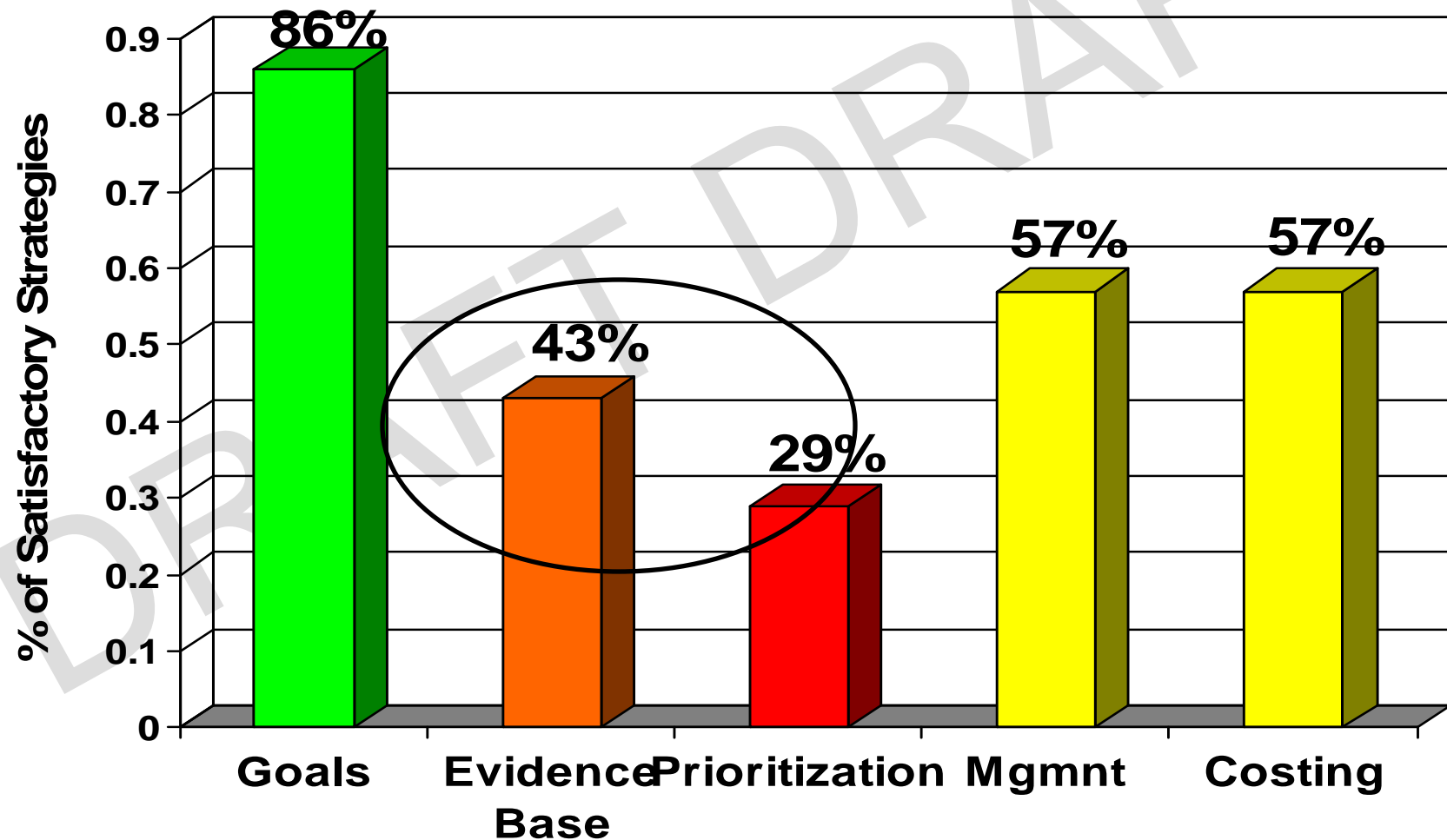
- **Strategies are rarely evidence-based:**
 - Analysis of the epidemic rarely identifies the **key drivers** of the epidemic. It is not sufficient to identify the key programs for reversing course of the epidemic
 - But even when the situation analysis is done, it remains **disconnected** from AIDS response:
 - The analysis is **rarely** used to inform the formulation of programs

Key Shortcomings of National Plans (Continued)

Some National Plans are costed, but

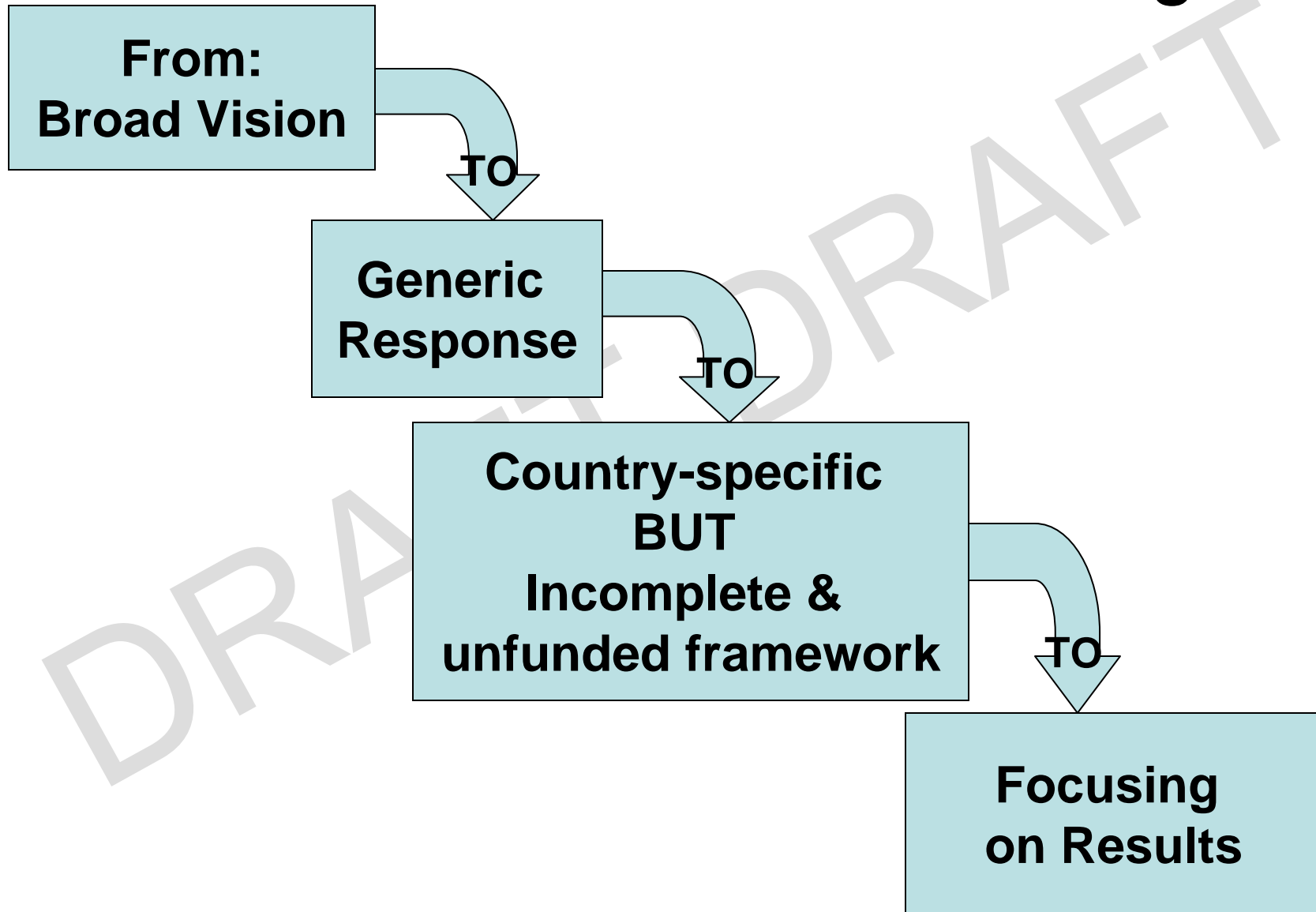
- Costing is usually disconnected from government budget
- Costing is not linked to financial feasibility
- As a result, National Plans are quite weak in terms of **results management and implementation**
 - Are targets and indicators defined: **Generally yes**
 - Is there an M&E Plan in place: **Generally yes**
 - But **who** will implement the programs, and how they will be implemented is not always clear

Key Shortcomings of National Plans (Cont'ed)

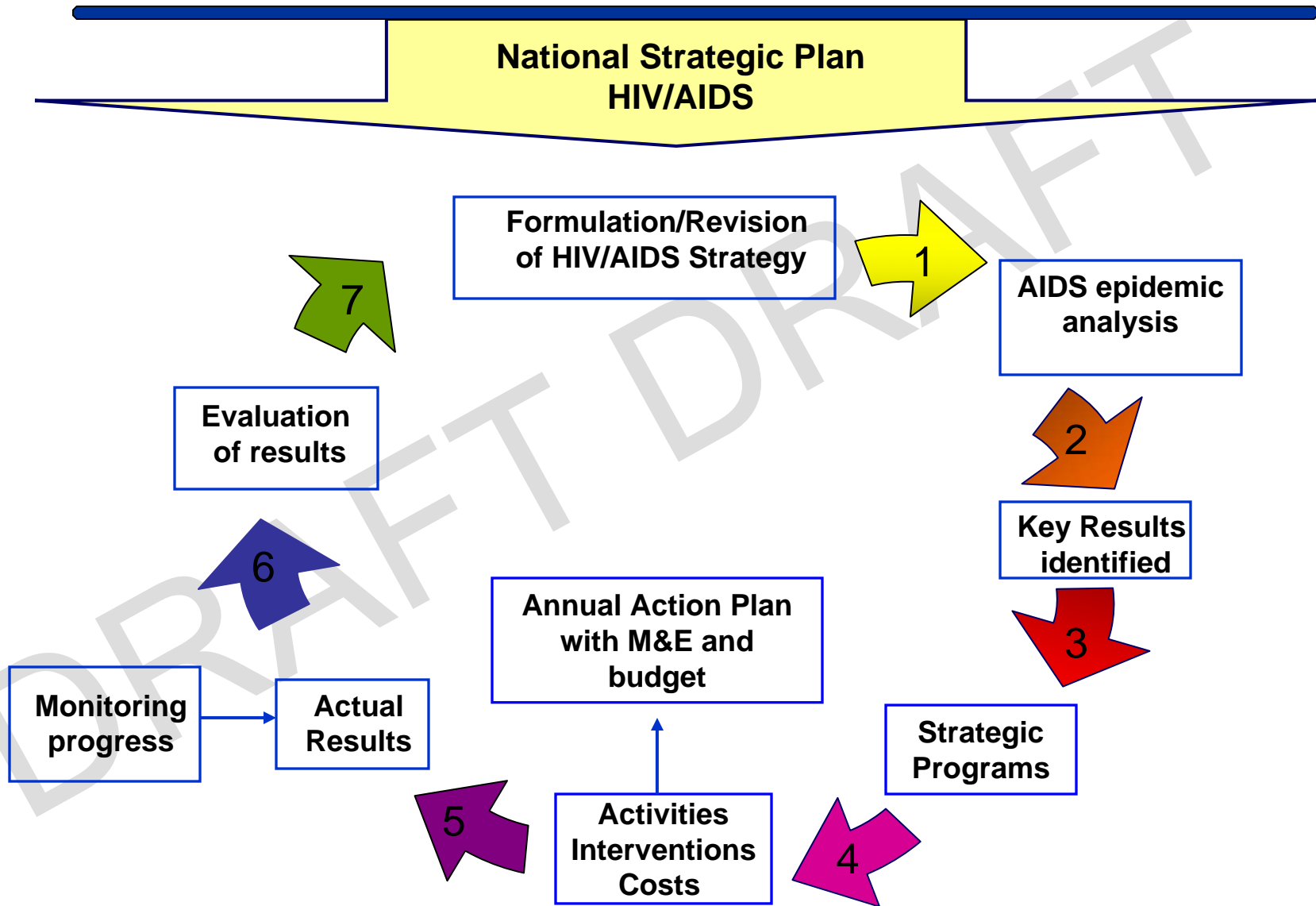


Source: World Bank, 2005

Evolution of HIV/AIDS Strategies



HIV/AIDS STRATEGY RESULTS CYCLE



Source: ASAP/GAMET, 2006

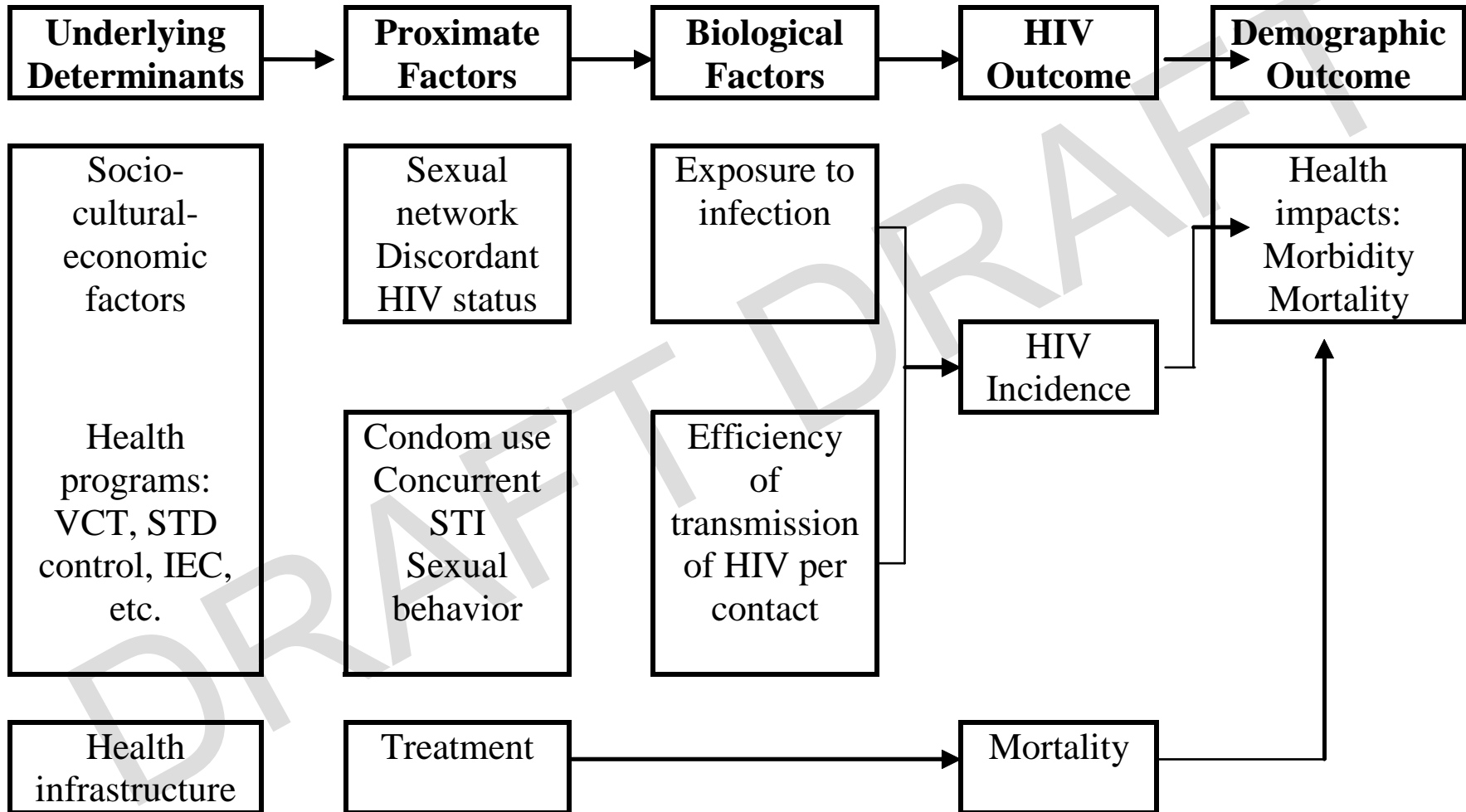
What is “Strategic” in Strategic Planning

- Planning the national HIV/AIDS strategy is a process through which a country expresses the fundamental principles, broad strategies and institutional framework that would guide the national response to HIV/AIDS.
- A “strategic” HIV/AIDS strategy takes into account the underlying determinants of the epidemic and how they affect different social groups according to situations that change over time.

What is “Strategic” (Cont’ed)

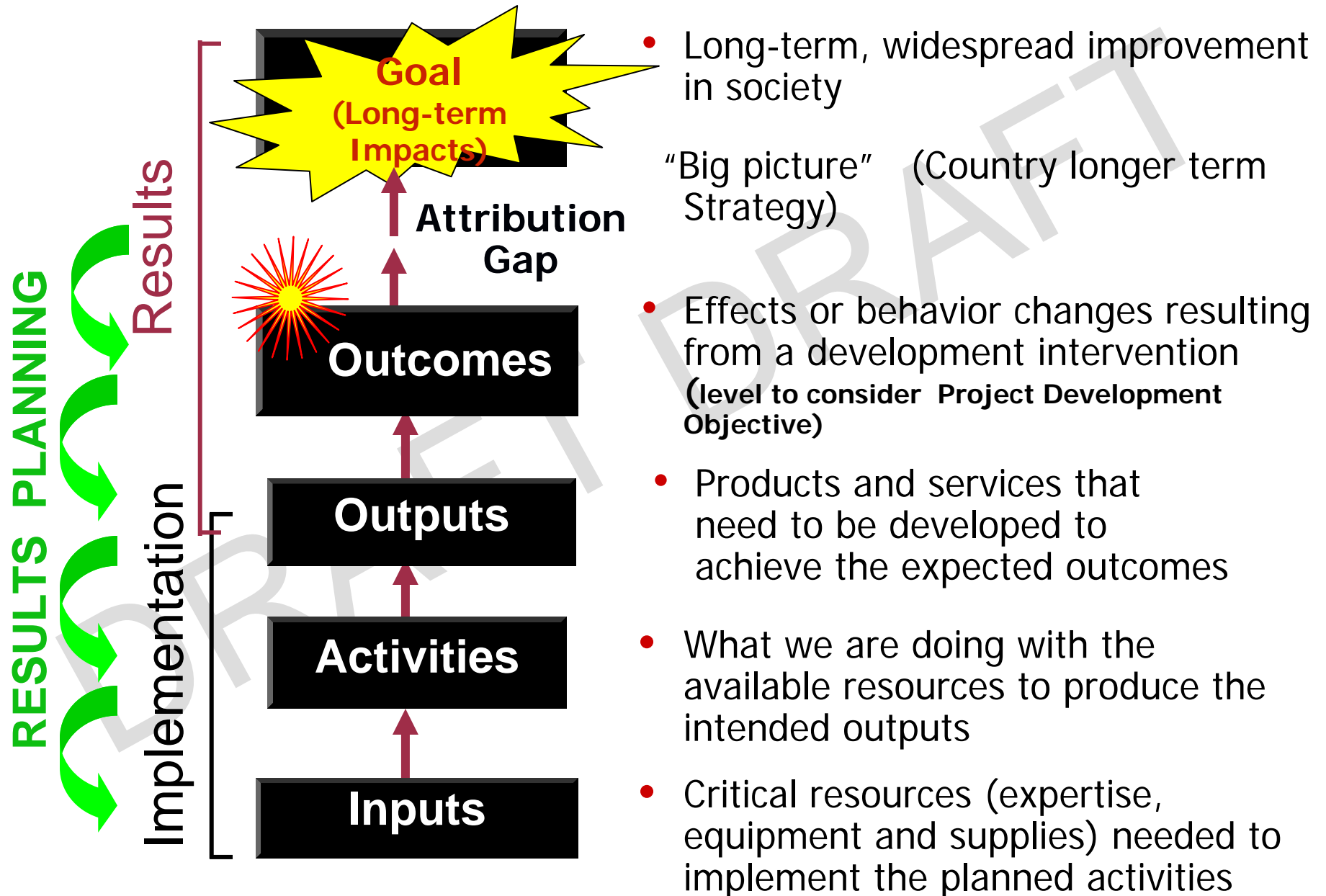
- A strategic framework should enable understanding of how:
 - Programs influence health outcomes (conceptual framework)
 - Programs should operate (logical framework)
 - Programs achieve goals (results framework)

CONCEPTUAL FRAMEWORK FOR HIV/STI

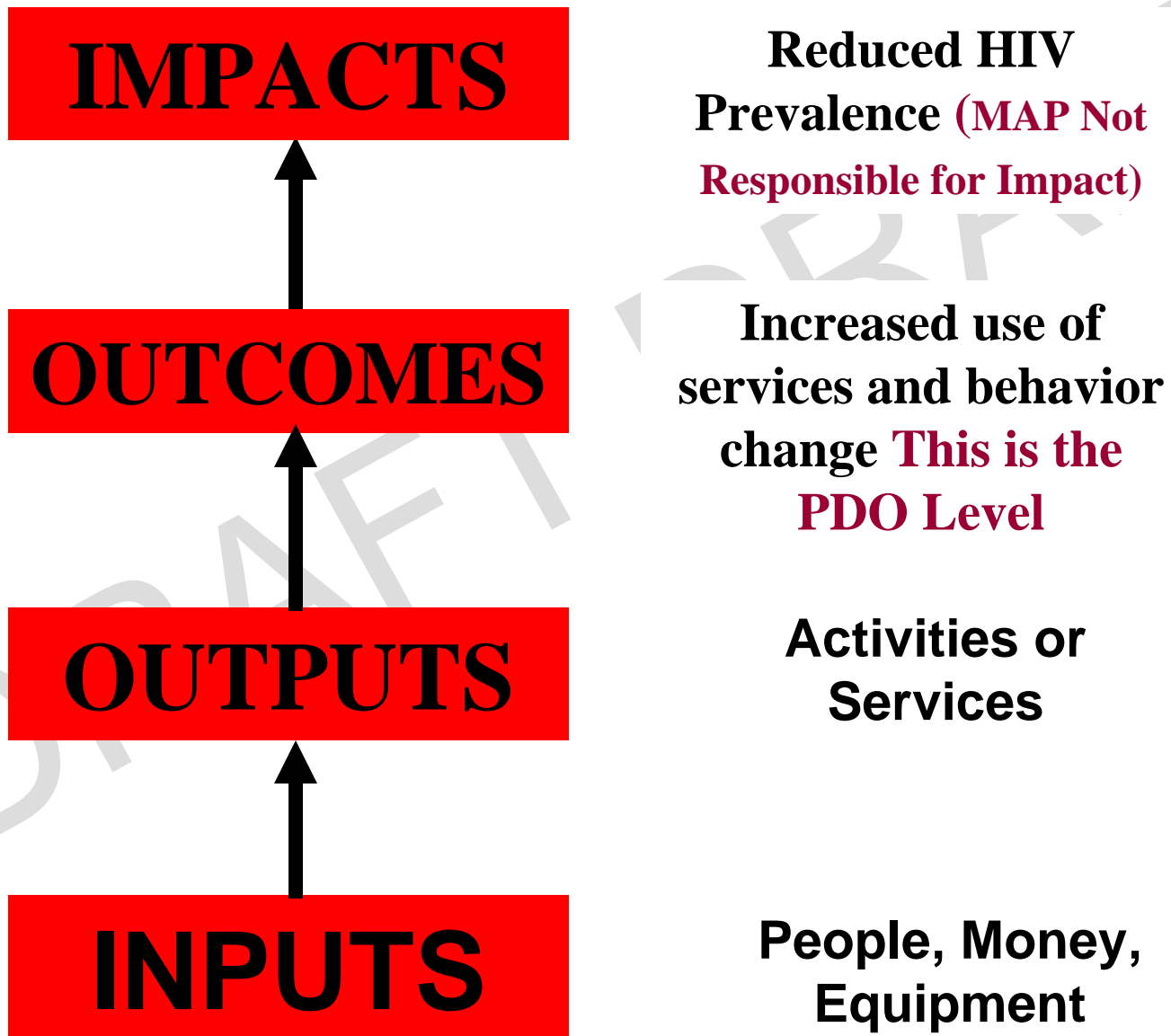


Adapted from Boerma and Weir

Results Chain: Connects Inputs to Impact



THE RESULTS CHAIN: CONNECTING INPUTS TO IMPACT



Logical Frameworks

- Summarize what a program/project will achieve and how:
 - By describing the linear relationship from inputs, processes, outputs and outcomes
 - Clarifies the project/program assumptions concerning the key factors needed for achieving the desired output

How do you Develop a Strategy Focused on Results?

By

- Being based on **evidence** of the evolution of the epidemic and its effects on specific population groups
- Addressing the **root causes and modes of infection in the country**
- Identifying specific **results** to be achieved
- Indicating how the strategy will be implemented (who will do what and when), and
- Explaining how the national response will be implemented, **monitored, measured, and funded.**

Results Frameworks

Key Components

- Strategic objectives:
 - Should be appropriate and realistic
 - Should balance ambition and realism
- Programs:
 - Are essential for achieving the objectives of the strategy
 - Selection of programs should reflect assumed causality links (derived from conceptual framework)
- Monitoring and evaluation
 - Appropriate indicators should be selected. Not the same for monitoring interventions or programs
 - Important step is the feed back loop from evaluation to the design/revision of strategy

Keys Steps for Strategic Planning

Plan the process	
Step 1	Clarify the purpose of the Strategy and Work Plans and how they will be used
Step 2	Decide on the methodology/process to be used in developing the National Strategy and Workplan (NS&WP). Determine who will be involved and how.
Step 3	Draw up a road map with timetable (including plans for validation of key steps)
Analysis and Preparation	
Step 4	Analyze the HIV and AIDS situation
Step 5	Analyze the HIV and AIDS response. Do Institutional Assessment (or move this to later)
Step 6	Strengthen capacity for results-based planning

Keys Steps (Cont'ed)

Develop the Strategy and Work Plan	
Step 7	Identify the key results the strategy will aim to achieve
Step 8	Decide on the strategic programs for attaining the desired results and indicators
Step 9	Develop a work plan/operational plan with activities and cost estimates, identify who is responsible for implementation (Operational Plan/Workplan/Action Plan)
Plan for Collecting, Analyzing and Using Data to Monitor and Evaluate Results	
Step 10	Identify data sources and data collection procedures for each indicator Prepare or revise the M&E Plan
Step 11	Indicate how the M&E data and results will be used for managing the AIDS response and revising the strategy in future

Keys Steps (Cont'ed)

Finalize and Use the National Strategy and Work Plan	
Step 12	Validate and finalize the National Strategy and Workplan
Step 13	Disseminate widely NSP, Operational Plan and revised M&E
Step 14	Use the National Strategy and Workplan, Monitor Results

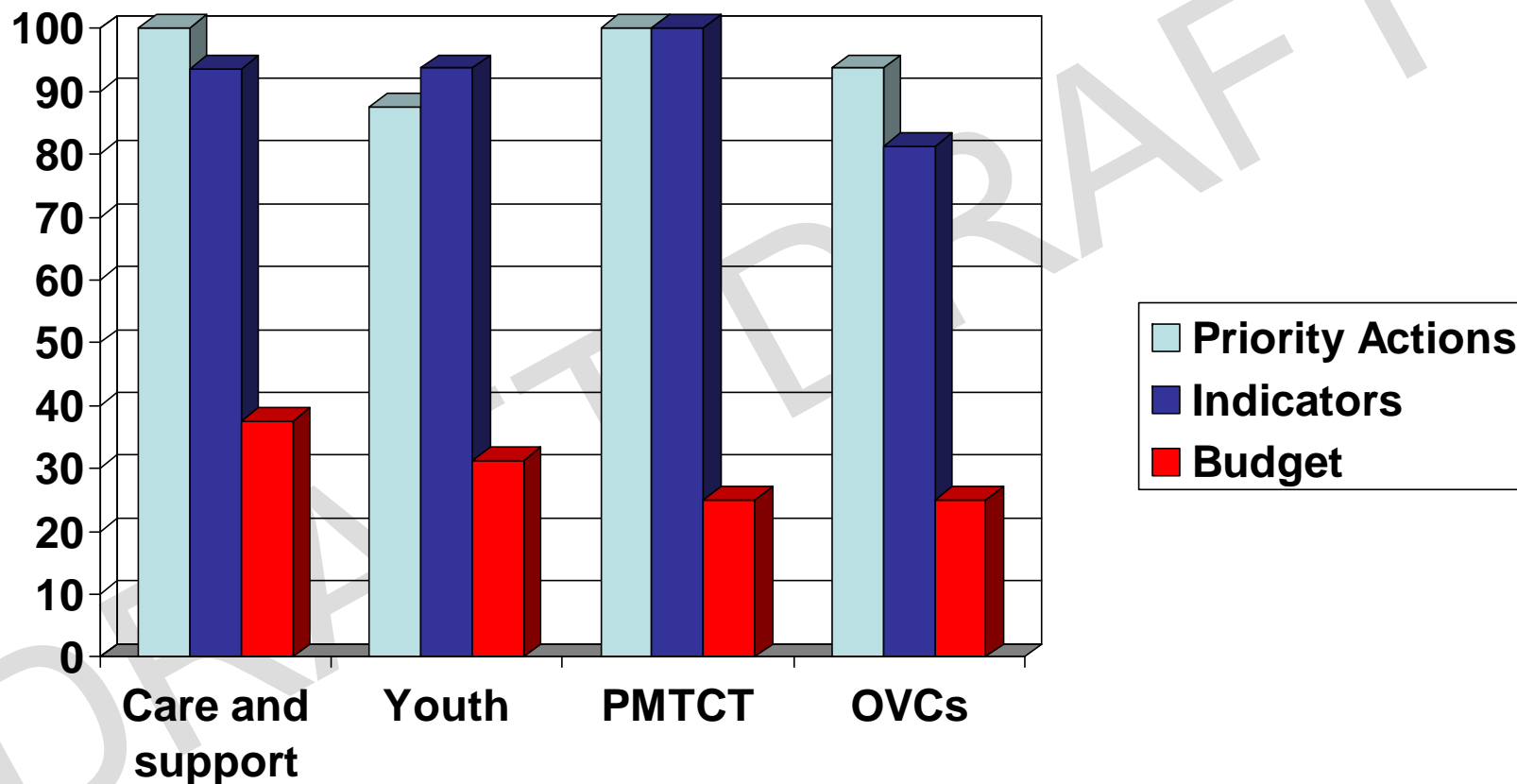
Use the Strategy: A good strategy is a Tool for Decision-Makers to:

- Effectively respond to the epidemic
- Address the heterogeneity of epidemics
- Advocate for sustained national funding (Ministry of Finance)
- Mobilize and align external funding and other support
- Be responsive to the needs of local communities

Strategies are Necessary but not Sufficient

- Key risk of national HIV strategies is that policy commitment **will not translate** into actual interventions.
- All strategies describe priority actions and indicators
- Few indicate the **budget** needed by the programs. This creates a risk that the initial policy commitment will slip and strategies will not be implemented

Risk of Commitment Slippage



Source: Poverty Reduction Strategy Papers: *Do They matter for Children and Young People made Vulnerable* Results of a Joint UNICEF and World Bank Review December 2004

Strategies Need to be Accompanied by Operational Plans

Operational Plans (and Annual Action Plans) are needed to:

- Implement the strategy by:
 - Identifying interventions needed for implementing the programs;
 - Clarifying roles and responsibilities, and
 - Allocating resources (human and financial)
- Ensure timely response to changing epidemics and environment (role of annual action plans)
- Link the strategy to government planning cycles and budgets
 - Strategy needs to be translated into annual government budget

What is Next (in the Workshop)?

1. Identify key results
2. Formulate priority programs
3. AIDS epidemic analysis – behavioral, demographic, epidemiology
4. Identify core activities and costs
5. Describe how results will be measured, and disseminated
6. Evaluation of results – using program and services data, surveys and research
7. Utilization of results data to adjust and revise strategy