

HIV/AIDS Strategic Self-Assessment Tool (SAT)

A Guideline for the Evaluation HIV/AIDS Strategies and Action Plans

Draft 2 (2 June, 2006)

The following guideline was developed by the AIDS Strategy and Action Plan (ASAP) team, a group overseen by UNAIDS and located at the World Bank Headquarters in Washington DC

Background

The development of the following guidelines has its origins in a meeting on March 9, 2005 of government officials, civil society, UN agencies and other multinational and international institutions. These individuals were tasked with reviewing the global response to AIDS with the theme, “Making the Money Work: The Three Ones in Action”. This group of individuals became known as the Global Task Team (GTT).

The broad recommendations of the GTT were: 1) to develop additional options for coordination in order to resolve areas of duplication and gaps in the global response and 2) to streamline, simplify and further harmonize AIDS procedures and practices with a view to improving the effectiveness of country-led responses and reducing the burden placed on the managerial and technical capacity of countries.¹

Despite the positive effects from a significantly expanded global response to HIV/AIDS, the GTT noted that there were also significant problems in the global response.

“...not all has gone smoothly in the efforts to support AIDS activities. Many developing countries are being expected to dramatically increase their expenditure in a very short period of time, often seriously challenging national capacities to deliver services to communities. The result has been that a substantial amount of available resources are not being utilized. A major goal of the Global Task Team has been the development of recommendations for actions that will put the money currently available to work.”¹

When the UNAIDS strategic planning guidelines² were developed in 1998 to help countries to design their own national strategic plans, the level of funding available for HIV/AIDS programs was extremely limited. Therefore these guidelines placed very little emphasis on priority setting, and focused much more attention on designing comprehensive strategic plans that would generate significant resources for developing countries. In this regard, the UNAIDS guidelines were extremely successful.

The level of HIV/AIDS funding for HIV/AIDS programs in developing countries has subsequently increased dramatically. In 1996, it was estimated that there were only \$548.5 million for HIV/AIDS programs.³ This increased to \$1.6 billion by 2001 and further increased to \$8.3 billion by 2005.⁴ In other words, annual HIV/AIDS funding has increased more than 15 fold in a matter of only 9 years.

While this increase in the availability of funds for HIV/AIDS programs in developing countries has produced a number of important successes (including the provision of ARVs to 1.3 million people in developing countries and the prevention of between 250,000 and 350,000 AIDS-related deaths⁵), it has also raised a number of critical questions. For example:

- Are national strategic plans focusing on those interventions which are likely to produce the greatest possible impact?
- Is the level of funding currently available likely to be sustainable, or should countries plan for the time when international support eventually diminishes?
- How can countries expand their human and physical capacity so that resources are spent efficiently?

In order to address these concerns, as well as the concerns raised by the GTT, it was agreed that a new program should be developed which would be designed to assist developing countries in their own strategic planning process. This new group, AIDS Strategy and Action Plan (ASAP), is overseen by UNAIDS and located at the World Bank headquarters in Washington DC.

In January 2006, a group of international experts in the area of strategic planning met in Pattaya Thailand in order to develop a business plan for ASAP.⁶ One of the first steps to be taken following this meeting was the development of a self-assessment tool which would assist countries in evaluating and monitoring their strategic plans, as well as their annual action plans. This tool soon became known as the HIV/AIDS Strategic Self-Assessment Tool (SAT).

Objective

SAT is a simple, excel-based model, designed to lead the user through a set of questions which assess the strategic planning and implementation process in a particular country. This document is not intended to replace the UNAIDS guide for strategic planning. However, it is intended to be a useful checklist and evaluation tool for planners who are either beginning the strategic planning process or who wish to assess their strategic plan in terms of its continued relevance to the epidemic.

Users of the SAT move through 12 programmatic areas, following colored “tabs” located at the bottom of the spreadsheet. The 12 programmatic areas are:

- Epidemic and response synthesis and interpretation
- Participatory process
- Evaluation of current response
- Results-focused planning
- Results-based monitoring and evaluation
- Planned approaches and interventions
- Prioritization
- Financing/resources/budgets and costing
- Capacity and constraints
- Management and coordination
- Policy environment
- Action plans

Within each of these 12 programmatic areas, the user is presented with a set of questions. For each of these questions, the user must indicate if the answer to the question is:

- “no/not at all/does not exist/not applicable”
- “to some limited extent”
- “reasonable, but could still be improved” or
- “yes, sufficient”

When all questions have been answered, the user can go to the “Total” tab, in order to assess the country’s areas of strength, areas of weakness, as well as those areas which need further improvement. By reviewing the checklist every year, countries are able to assess progress in its strategic approach to the epidemic.

SAT is not intended as a tool for comparing countries, determining which country’s strategic planning process is “better” than another’s. Therefore the SAT does not provide the user with one single “score” to evaluate their strategic planning process, but instead provides a range of scores for various strategic categories. This tool is designed so that country’s can identify how they might better improve their strategic planning and implementation processes. Those who are answering the various questions should do so openly and honestly and without a concern that they might score “too low”. Users should fill out this form with a view towards improving their strategic planning process, making it better each step of the way.

Purpose of this Guidelines

The following guideline is intended to be used in conjunction with the SAT. In this guideline, the user is presented with the list of questions identified in the SAT. Each of these questions is then explained in greater detail. Following each explanation, there are also a set of “guideposts”. These guideposts are additional reading which should be of use to the reader who wishes to know more about the particular topic.

Following the guideposts, the user is provided with examples which should be of assistance in answering each individual question. The colors used around each example match the colors around that particular answer in the SAT

- Red for “No/Not at all/does not exist/not applicable”,
- Orange for “To some limited extent”,
- Pale blue for “Reasonable, but could still be improved”, and
- Green for “yes, sufficient”

The examples which are provided are unlikely to exactly match the situation in your country. These are only examples, and the user should therefore choose a response which most closely matches their own particular situation.

In looking through the SAT, the user will notice that some questions are **bolded**. These questions were deemed by the developers to be particularly important, and have therefore

been given an extra weight. Bolded questions are given a weight which is twice as large as those of unbolded questions.

In this guideline you will also note that there are colored page borders. The borders match with the color of the tab in the SAT and should help to find the relevant section in this guideline which corresponds to the tabs on the SAT worksheet.

In addition to guideposts identified in each individual programmatic area, users may also wish to review a few recommended documents that deal broadly with a range of issues regarding HIV/AIDS and strategic planning. These include:

- Lamphey, P.; Zeitz, P.; Larivee, C. “Strategies for an Expanded and Comprehensive Response (ECR) to a National HIV/AIDS Epidemic: A Handbook for Designing and Implementing HIV/AIDS Programs,” 2001, Family Health International, Arlington VA.
- UNAIDS. “Guide to the Strategic Planning Process for a National Response to HIV/AIDS”, 1998, Geneva, Switzerland.

Epidemic and response synthesis and interpretation

The first programmatic area is “epidemic and response synthesis and interpretation”. This programmatic area comes first, because from a strategic planning point of view, the most basic piece of knowledge required is an understanding of the intricacies of the epidemic in the user’s country.

Some current strategic plans are based on an understanding of what the epidemic looked like years ago. This is not sufficient, as the epidemic is likely to evolve over a relatively rapid period of time. Only by having a relatively good idea about where the next 1,000 infections are likely to occur, will the strategic planner be able to prevent those infections. Are the next 1,000 infections likely to occur among sex workers or married women? Are they likely to occur among injecting drug users or truck drivers? These are the types of questions which must be addressed, using the most recent data possible.

With regard to the overall goal of prevention of HIV transmission, targeting interventions to those groups most likely both to be infected and whose behaviors are most likely to contribute to further transmission, is efficient in reducing overall incidence of infection at any stage of the epidemic (World Bank, 1999a). In Sub-Saharan Africa, transmission is overwhelmingly through heterosexual intercourse, so that targeting groups with the most sexual partners is an efficient preventive strategy. Depending on the context, these groups can include commercial sex workers (CSWs), their clients, STI patients, street children, soldiers and police, long-distance truck drivers, migrant workers, miners, prisoners, refugees and internally displaced, urban professionals, and university students.⁷

Thailand is one of the few countries which has been able to monitor changes in new infections over time. Figure X shows how rapidly the epidemic has changes from one which was predominated among sex workers...

Q.1: The key target populations are identified in the strategic plan (e.g., CSWs, IDUs, truck drivers, etc.)?

In selecting key target populations to be included in the strategic plan, countries tend to either identify every imaginable at-risk population, or they identify too few. Identifying too many target populations can be problematic because it does not focus the strategic plan on these groups, but merely identifies them as part of a long laundry list of people to be reached. Some strategic plans, for example, identify both men and women as target populations, thus eliminating any benefit from actually targeting one or the other. It is important to remember that the identified target populations are not the only groups that will be reached through the strategic plan, but are being prioritized. Thus a plan which targets women, for example, does not necessarily exclude men, but does prioritize women.

On the other hand, by not identifying target populations and stating that “everyone is at risk”, the strategic plan is likely to ignore the special needs presented by certain groups which are at highest risk and significantly contributing to the spread of the epidemic. Even in a generalized epidemic, it is important to identify target populations since it is unlikely that the next 1,000 infections will occur randomly in the population.

Understanding the key target populations is a critical first step in designing a truly strategic plan. In addition to identifying these target populations, the strategic planner should provide a justification for why these groups are being targeted. Some groups may be selected because without the intervention, most of the next 1,000 new infections would occur within this population. On the other hand, a certain population may be targeted because they are particularly vulnerable, and are therefore in most need of the proposed interventions. Some populations may not be targeted because little is known about them (e.g., men who have sex with men in Africa, for example). Even if these populations are not targeted with a large proportion of the resources, the strategic planner may wish to devote resources to learning more about these populations and how “at risk” they are.

No	The strategic plan does not identify specific populations that will be reached.
To some limited extent	There is mention of specific populations in the strategic plan, but this list is not appropriate for the strategic plan. This is because either the list of targeted populations is too large (every imaginable target population is identified) or because it is incomplete (important target populations have been omitted).
Reasonable, but could still be improved	There is a comprehensive list of the most important populations that need to be targeted. However, the strategic plan could still improve upon its justification for why or how each of these target populations can be reached.
Yes, sufficient	The strategic plan provides a comprehensive description of each of the targeted populations, providing justification for why each of these groups has been selected.

Q.2: Your country has up-to-date estimates regarding the size of the key target populations?

While various strategic plans identify certain target populations, there is often no reasonable estimate regarding the size of these populations. This may be because there is little research that has been done in regards to these populations, or because these populations haven't been adequately defined (for example, many countries identify "sex workers" as a target population, but then don't define if they are focusing narrowly on formal sex workers, or if they are broadly including all forms of transactional sex).

The strategic plan should provide (or reference) a reasonably accurate and up-to-date estimate of each of the identified target populations.

Guideposts:

- FHI/UNAIDS/WHO. "Estimating the Size of Populations at Risk for HIV: Issues and Methods" July 2003, Geneva Switzerland.
- Futures Group. "Coverage of Selected Services for HIV/AIDS Prevention, Care and Support in Low and Middle Income Countries in 2003," 2004, Washington DC.

No	The strategic plan does not identify specific populations that will be reached and/or does not identify the size of any of the target populations.
To some limited extent	The size of only a few of the targeted populations is identified in the strategic plan.
Reasonable, but could still be improved	The size of most target populations is known, but there remains uncertainty about some of these subpopulations.
Yes, sufficient	The strategic plan provides reasonably accurate estimates regarding the number of people within each of the identified target populations.

Q.3: Your country has a reliable estimate regarding the number of people living with HIV?

There are a number of reasons why it is important for a country to be aware of the number of people who are living with HIV. From a planning perspective, knowledge of the number of people with HIV is important for understanding the extent of scale-up which is required for services which are required to meet the needs of these individuals. From an advocacy perspective, consensus on the number of people living with HIV is important so that policymakers can fully appreciate the extent of the problem. From the point of view of monitoring and evaluation, this data is important in order to assess how the country is progressing in terms of addressing the epidemic.

For all of these reasons, it is critical that the strategic plan reference estimates which are reliable and for which there is consensus. In a few countries, the strategic plan does not identify the number of people living with HIV. In many more, the numbers exist but there is little consensus that these figures are accurate. In other countries, there is complete consensus on the size of the problem. These countries usually have multiple data points from numerous antenatal clinic sites along with a national DHS survey which includes HIV surveillance.

Guideposts:

- UNAIDS. “2006 Report on the Global AIDS Epidemic,” May 2006, Geneva Switzerland.

No	The strategic plan does not identify or refer to the number of people living with HIV.
To some limited extent	There are widely varying estimates regarding the number of people living with HIV and there is no consensus regarding which estimates are correct.
Reasonable, but could still be improved	The number of people living with HIV and AIDS is identified, but there is some uncertainty about these numbers (the numbers could be off by more than 10%)
Yes, sufficient	The strategic plan provides estimates on the number of people with HIV and AIDS and there is consensus that these numbers are not off by more than 10%.

Q.4: Your country has reliable and up-to-date estimates of the number of people requiring ART and has developed projections regarding future needs?

Understanding the number of people requiring access to antiretroviral therapy (ART) is a critical piece of information in a country's planning for ART scale-up. An important component in understanding ART requirements involves defining when a person is eligible to initiate treatment. Once eligibility requirements have been defined, it is also important to understand how many individuals fit these criteria.

Next, it is necessary to look at future demand and how this will change over time. This is important to consider because future demand will depend on a combination of new demand plus demand by those receiving ongoing treatment. By determining and planning for these estimates, it should be possible for a country to assure that there is adequate human and physical capacity, access to monitoring and medications, etc.

Guideposts:

- WHO. "Monitoring the Scale-Up of Antiretroviral Therapy Programmes: Methods to Estimate Coverage," Bulletin of the World Health Organization; 84: 145-150.

No	The strategic plan makes no reference to the number of people requiring ART.
To some limited extent	The strategic plan refers to a specified number of people requiring ART, but there is little consensus that these figures are accurate. There are also no estimates regarding how these projections will change in the future.
Reasonable, but could still be improved	The strategic plan refers to a specified number of people requiring ART. While there is consensus that these figures are accurate, additional work in projecting demand would be useful. Future demand for ART has been developed, but again, additional work could improve these estimates.
Yes, sufficient	There is reliable information on the number of people requiring ART and there is consensus that this figure is accurate. The country has estimated future demand for ART, also based on the best possible projections.

Q.5: Your country has recently completed a report which includes an assessment of barriers to ART scale-up?

Clearly understanding the need for ART is important, but it is equally important to understand the potential barriers to scaling up ART. Does the country have an adequate number of medical personnel to monitor patients and assure their proper use of medications? Are policies in place to assure that ART is delivered effectively and at a price which is affordable for the population? Are there a sufficient number of HIV testing sites to assure that those needing ART services will actually seek them out? Even more importantly, how can all these barriers to the delivery of ART be overcome. All of these questions should be a part of a report produced by the country which is designed to address barriers to the delivery of ART.

Some countries have not gone beyond the stage of advocating for scale-up, and therefore have no real plan for addressing the many barriers that are likely to exist in scale-up. Other countries have developed comprehensive plans for scaling-up access to treatment, but have not yet operationalized these plans or determined how they can overcome the barriers to scale-up.

Guideposts:

- South African Ministry of Health. “Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa,” November 2003, Pretoria South Africa.
- WHO. “Monitoring the Scale-Up of Antiretroviral Therapy Programmes: Methods to Estimate Coverage,” Bulletin of the World Health Organization; 84: 145-150.
- WHO. “A Public Health Approach for Scaling Up Antiretroviral (ARV) Treatment: A Toolkit for Programme Managers,” October 2003, Geneva Switzerland.
- WHO. “Human Capacity-Building Plan for Scaling Up HIV/AIDS Treatment,” 2003.

No	There are currently no agreed upon targets or plans for scaling-up ART access in the country.
To some limited extent	There are general targets for scaling-up ART access, but there are no specific written plans for scaling-up treatment or addressing barriers to access.
Reasonable, but could still be improved	There is a written plan for scaling up access to treatment in the country. However, this plan is either not comprehensive or it has not yet been fully operationalized.
Yes, sufficient	There is a written, comprehensive plan for scaling up ART access and for addressing barriers to scale-up. This plan is being operationalized and will reach its targets for scaling-up ART access.

Q.6: Your country has reliable estimates and projections of the number of orphans and vulnerable children?

A key component of a country's strategic plan relates to its ability to not only prevent and treat HIV/AIDS, but also to mitigate its impact on the most vulnerable members of society. Thus it is particularly important that the country have reliable estimates and projections of children who have been orphaned or left vulnerable because of HIV/AIDS. These estimates can then be used for planning and advocacy purposes.

An important component of making such estimates involves using a consistent definition of orphans (or orphans and vulnerable children). Some countries use a narrow definition of an "orphan" as a child who has lost both their parents. In other countries, "orphans" are defined as being children who have lost at least one parent. In still other countries, "orphans and vulnerable children" can include any child who is economically or socially vulnerable. In regards to the HIV/AIDS strategic plan, some countries specifically focus on those children who have been orphaned specifically because of HIV/AIDS, while other strategic plans do not distinguish between "AIDS orphans" and "non-AIDS orphans". Determining which definition is being used is important, as this information helps to determine the size of the target population and the resources required to reach this target population.

Guideposts:

- UNAIDS/UNICEF/USAID. "Children on the Brink. 2004: A Joint Report of New Orphan Estimates and a Framework for Action," July 2004, Washington DC.
- Grassly NC, Timæus IM (2005) "Methods to Estimate the Number of Orphans as a Result of AIDS and Other Causes in Sub-Saharan Africa", *Journal of Acquired Immune Deficiency Syndrome*, 39(3): 365-375.

No	The strategic plan makes no reference to the number of orphans to be reached.
To some limited extent	There is a reference in the strategic or action plan to the percentage of the target population which will be reached, but it is not clear how many children this actually represents.
Reasonable, but could still be improved	There are a clearly defined number of children who have been targeted in the strategic plan. However, it is not clear that the targeted number of orphans will actually be reached with the given action and strategic plan.
Yes, sufficient	There are a clearly defined number of children who will be reached through the strategic plan and action plan, with interventions designed specifically to reach those targeted.

Participatory Process

The second programmatic area is “participatory process”. This area can be found on the SAT worksheet by going to the “participation” tab at the bottom of the excel worksheet. This section is comprised of 7 questions. Each of these questions relate to the extent to which the design of the user’s strategic plan actually represents a participatory process. In other words, was there adequate involvement of all the stakeholders.

*“The practical benefit that is claimed for participatory approaches to the design, implementation and evaluation of development programs is that they generate **stakeholder commitment** to a development initiative, and that the effectiveness, performance and sustainability of a development initiative depend (in large part) on this commitment.”⁸*

Having a truly participatory process is particularly important when designing an HIV/AIDS strategic plan, as indicated in the quote above. Without such levels of participation, it is unlikely that the country’s relevant stakeholders will be truly committed to implementing the strategic plan.

Q. 1: People living with HIV/AIDS were fully represented on the strategic planning committee?

A key component in the success of any successful strategic plan includes the involvement of people living with HIV/AIDS (PLHAs). Looking through the committee which was responsible for developing the strategic plan, a key question to ask is whether or not there was adequate representation and the full participation of PLHAs. While having a person who is openly HIV-positive is important, this alone is not necessarily adequate. Ideally the person(s) selected will well represent all people living with HIV/AIDS and is fully involved in all aspects of the strategic planning process (in other words, is not merely a “token” in the process). Furthermore, this individual is also involved in the development of annual action plans and assures that the content of the strategic plan is actually implemented from one year to the next.

“Evidence shows that development strategies that are created and managed by those with a stake in their outcomes are likely to be more effective and more sustainable than those that are designed and managed by external actors.”⁸

Guideposts:

- "Valued Voices" GIPA tool kit, a manual for the Greater Involvement of PLWHA
- USAID. The participation toolkit: A USAID health population & nutrition officer's guide to using participatory approaches for managing HIV/ AIDS activities. 1998. Washington DC, USAID.

No	There was no one on the strategic planning committee who openly identified themselves as being HIV-positive
To some limited extent	At least one person living with HIV/AIDS was on the strategic planning committee, but they didn't adequately represent the interests of people living with HIV/AIDS. Alternatively, a person living with HIV/AIDS was on the strategic planning committee, but was essentially a token and had no real authority.
Reasonable, but could still be improved	There was at least one person openly living with HIV/AIDS who was actively involved in the strategic planning process. However, additional representation would have been even more beneficial. Alternatively, there wasn't total consensus that the person selected was the right person for the job.
Yes, sufficient	There was at least one person living with HIV/AIDS who was on the strategic planning committee. They fully represented people living with HIV/AIDS in the country and were recognized as being the appropriate person to represent people living with HIV/AIDS.

Q.2: All relevant government ministries were fully represented on the strategic planning committee?

In the early years of the epidemic, HIV/AIDS became seen as a problem that could only be addressed by the health ministries in developing countries. While these health ministries continue to take a leading role in responding to HIV/AIDS, there is an increasing recognition that this emergency cannot be address solely as a health problem. Therefore, countries have chosen to involve a range of other ministries in their country's response to HIV/AIDS. By doing this, countries have been able to increase the level of importance of the epidemic, as well as increasing the efficiency and capability of the country to respond.

“National ownership of plans and priorities is the overarching rubric that efforts to harmonize and align must support and under which coordination efforts should occur.”⁶

Guideposts:

- Bodiang, CK. “The Multisectoral Approach: A Focus on Africa,” March 2001, Basel, Switzerland.
- AED. “Multisectoral Responses to HIV/AIDS: A Compendium of Promising Practices from Africa,” April 2003, Washington DC.

No	The country's strategic plan was developed exclusively by the Ministry of Health.
To some limited extent	Non-health ministries participated in the strategic planning process, but the leadership and the decisionmaking was still largely driven by the Ministry of Health.
Reasonable, but could still be improved	Both health and non-health ministries participated in the strategic planning process. The country is moving toward a more multi-sectoral response, but the non-health ministries still need to take a more active role in the strategic planning process.
Yes, sufficient	All (or nearly all) ministries participated equally in the strategic planning process. The strategic plan fully represents the views expressed by both health and non-health ministries.

Q.3: Civil society was fully represented on the strategic planning committee?

As countries have increasingly recognized the need to develop a response to HIV/AIDS which includes various government ministries, they have also recognized the importance of including civil society in the national response. In some cases, civil society has taken a leadership role and has become fully involved in the country's response to HIV/AIDS. However, in other cases civil society has been relegated to a much more minor role in the country's decision-making process. The challenge therefore is to assure that civil society is actively involved in the country's decision-making process.

Guideposts:

- International HIV/AIDS Alliance. "Civil Society and the 'Three Ones,'" 2005.

No	There was no civil society representation in the strategic planning process.
To some limited extent	There were members of civil society in the strategic planning process, but they had limited responsibility or authority.
Reasonable, but could still be improved	Civil society representation in the strategic planning process was significant, but could still be improved.
Yes, sufficient	There was extensive civil society involvement in all aspects of the strategic planning process.

Q.4: International development partners were appropriately represented on the strategic planning committee?

Strategic planning should involve all stakeholders, including a country's international development partners. The challenge is to make sure that the participation of the international development partners is appropriate. In some cases, the partners dominate the process, thus leaving the national stakeholders feeling as if the process was not their own. On the other hand, some international development partners are not involved in the strategic planning process, resulting in their unwillingness to fund the implementation of the plan. The challenge, therefore, is to obtain a balance such that the international development partners are fully involved in, but don't dominate, the strategic planning process.

Guideposts:

- Cohen, D. "Strengthening National Capacity for HIV/AIDS Strategic Planning," UNDP, Issue Paper No. 26.

No	The strategic planning process was conducted without the participation of international development partners. Alternatively the process was completely driven by international development partners, with only limited involvement of national stakeholders.
To some limited extent	The strategic planning process had some involvement of international development partners, but these stakeholders haven't bought into the process and are likely to fund what they wish.
Reasonable, but could still be improved	National stakeholders and international partners worked together collaboratively in order to assure that the strategic plan was developed collaboratively. Some international partners, however, may still go off and develop their own plan separate from the national strategic plan.
Yes, sufficient	National stakeholders and international partners worked together collaboratively in order to assure that the strategic plan was developed collaboratively. There was consensus from the international partners that all their activities would have to fit in with the strategic plan.

Q.5: The private sector was fully represented on the strategic planning committee?

Just as it's important to include civil society, international development partners and people living with HIV/AIDS in the strategic planning process, it is also important to include the private sector in the development of the country's HIV/AIDS strategic planning. In an increasing number of countries there are business coalitions on HIV/AIDS. If such a coalition exists, they should be full participants in the strategic planning process. If such a coalition does not exist, there nonetheless should be representation from the private sector.

Guideposts:

- FHI. "Workplace HIV/AIDS Programs: An Action Guide for Managers," June 2004, Arlington Virginia.
- FHI, POLICY. "HIV/AIDS and the Public Sector Workforce: An Action Guide for Managers," 2003, Arlington Virginia.
- GTZ, Global Business Coalition on HIV/AIDS, The Global Fund to Fight AIDS, Tuberculosis and Malaria, ILO, Global Health Initiative, the World Bank. "Making Co-Investment a Reality," December 2005, Eschborn, Germany.

No	There was no private sector representation in the strategic planning process.
To some limited extent	There was some private sector participation, but the level of participation was minimal.
Reasonable, but could still be improved	There was a significant amount of private sector participation, but the level of participation could still be improved.
Yes, sufficient	The private sector fully participated in the strategic planning process.

Q.6: All critical decisions of the strategic planning committee were made in a collaborative way?

Ideally a strategic planning process involves the full cooperation and collaboration of everyone selected to participate. In this way, everyone in the group develops a true sense of ownership of the final product and is prepared to devote themselves to its implementation. However, in a number of countries the strategic planning process is driven by a few individuals who dominate, leaving others to feel disenfranchised. For the following question, users of the tool should honestly assess the extent to which the strategic planning process was truly collaborative.

Guideposts:

- Synergy Project. “APDIME Toolkit: Resources for HIV/AIDS Program Managers,” Washington DC
<http://www.synergyaids.com/apdime/index.htm>

No	The strategic planning process involved a small handful of individuals, with little or no collaboration by others.
To some limited extent	A variety of organizations participated in the strategic planning process, but there was very little collaboration and all important decisionmaking was made by a small number of people.
Reasonable, but could still be improved	There was a good deal of collaboration in the strategic planning process, but additional collaboration would still have been of value.
Yes, sufficient	The strategic planning process involved the collaboration of a wide array of stakeholders. Each of these stakeholders fully participated in the process and became fully committed to the process and the subsequent product.

Q.7: Members of the strategic planning committee had clear roles and responsibilities in regards to participating in the strategic planning process?

Strategic planning committees sometimes begin with individuals being assigned or volunteering to take on specific roles and responsibilities. In other groups, however, roles and responsibilities are not clearly delineated, with the result being that people are uncertain what they should be doing on the committee. Thinking back to the first meeting of the strategic planning committee, try to recall if members of the committee felt that roles were quickly and appropriately assigned, or if there seemed to have been confusion or uncertainty regarding people's roles and responsibilities on the committee.

No	Roles and responsibilities of each member on the planning committee were never clearly defined.
To some limited extent	Eventually the committee began to assign some roles and responsibilities, but it seemed to be done in either an ad hoc manner or in a way which otherwise didn't seem appropriate to all those involved.
Reasonable, but could still be improved	Individuals on the planning committee did take on specific roles and responsibilities, but nonetheless the process could still have been better.
Yes, sufficient	From the very first meeting of the planning committee, roles and responsibilities were defined for each member of the committee in a clear and appropriate way.

Evaluation of Current Response

The third programmatic area is “evaluation of current response”. This area can be found on the SAT worksheet by going to the “Current Response” tab at the bottom of the excel worksheet. This programmatic area is comprised of only 2 questions. Both of these questions relate to the availability of data and analysis regarding you country’s current response.

“The response to HIV is inextricably linked with the social, economic, cultural, and political situation in which the disease is spreading. Analysing this situation is an important step in planning an appropriate strategy to counter HIV.”²

A response analysis differs from a situation analysis in that it focuses on the efforts taken so far in addressing the epidemic. It is important that countries honestly assess the strengths and weaknesses of their current response. A response analysis should address a wide array of questions, including (but not limited to):

- Have ambitious but realistic targets been established?
- Has the response been appropriately prioritized?
- Did the response anticipate and address most of the barriers that were encountered?
- Has the response fully utilized all available actors?

Q.1: A rigorous analysis of the country's response to HIV/AIDS was conducted prior to the development of your strategic plan?

A key document which should form the basis for the strategic planning framework is the response analysis. Some countries have skipped this step, and as a result have created a strategic plan which does not truly benefit from the lessons learned of the response to date. In other cases, the response analysis has been conducted without a really critical eye to the mistakes which have been made in the past. The first question, therefore, is to know if a response analysis was actually available at the time when the strategic planning process began.

Guideposts:

- UNAIDS. Guide to the Strategic Planning Process for a National Response to HIV/AIDS: Response Analysis. 1998. Geneva, Switzerland.

No	A response analysis was not available at the time of the strategic planning process.
To some limited extent	A response analysis was available, but it was out-of-date or did not provide a critical assessment of the current response.
Reasonable, but could still be improved	An up-to-date response analysis was available at the time of the strategic planning exercise, but the assessment lacked some key pieces of information regarding the country's response.
Yes, sufficient	An up-to-date response analysis was available at the time of the strategic planning exercise. The analysis provided a detailed and critical assessment of the situation.

Q.2: The strategic plan adequately takes into consideration and addresses the recommendations which were derived from the response analysis?

A comprehensive and critical response analysis is a critical piece of information for countries which are designing their strategic plan. However, the existence of such a response analysis does not necessarily guarantee that the information in that analysis will actually be used. The following question is therefore designed to assess if the response analysis, if available, was actually used in the strategic planning process. For example, were the problems identified in the current response analysis sufficiently addressed in the strategic plan?

Guideposts:

- UNAIDS. Guide to the Strategic Planning Process for a National Response to HIV/AIDS: Response Analysis. 1998. Geneva, Switzerland.

No	There was no response analysis available at the time when the strategic planning exercise was conducted.
To some limited extent	There was a response analysis available at the time when the strategic planning exercise was being conducted, but this document was not sufficiently useful or was not used.
Reasonable, but could still be improved	A useful, comprehensive response analysis was available at the time when the strategic planning exercise was being conducted. However, there were still some problems identified in the response analysis which were not addressed in the strategic plan.
Yes, sufficient	A useful, comprehensive response analysis was available at the time when the strategic planning exercise was being conducted. All problems identified in the response analysis were addressed in the strategic plan.

Results-Focused Planning

The fourth programmatic area is “results-focused planning”. This area can be found on the SAT worksheet by going to the “Results-Focused” tab at the bottom of the excel worksheet. This section is comprised of 3 questions. These questions relate to the establishments of targets, collection of baseline data and design of activities which are results-focused.

“A number of strategies do not consider the sources or methods by which their indicators are to be measured. Among those that do, some provide such a long list that the feasibility of monitoring them can be questioned. More problematic is a lack of baseline data to allow monitoring of progress towards the targets and changes in the indicators.”⁷

Some strategic plans are very “process-focused”, with little emphasis to the results actually to be achieved. Other strategic plans focus broadly on a set of unachievable goals, without describing how those goals will be achieved. The following programmatic area asks the user to assess if the planning is truly results-focused. In other words, does the plan focus on the results which are to be achieved, describing specifically how to achieve those results.

Q.1: Your strategic plan contains realistic, clear and measurable targets?

Targets have, in the past, often been used to advocate for additional resources. By establishing a target, it became possible for people to rally around this effort, even if the target was not likely to be achievable (e.g., “to eliminate all new HIV infections in the next 5 years”). However, as resources have increasingly become available and recipients of donor funds have had to become more accountable, the idea of “targets” within an HIV/AIDS strategic plan has evolved. Targets are increasingly used not simply as advocacy tools, but also as evaluation tools. Thus it has become important to establish targets which are realistic, clear and measurable. Targets such as “increase access to ARVs for people living with HIV/AIDS,” are no longer viewed as useful, since any increase in access could be determined a success. Instead, countries are establishing more measurable targets, such as “increase the number of people on ARVs from 5,000 to 50,000 between 2006 and 2010.” In some cases it still may not be realistic to establish targets which are quantifiable (especially with programs designed to “strengthen coordination” or “improve the policy environment”, which may be more qualitative), in which case more qualitative measures should be derived. However, wherever possible, measurable targets should be indicated. The targets should be achievable and should be applicable to all programs being rolled out across the country. In other words, the targets established in the strategic plan should not differ from those of the GFATM, PEPFAR, MDGs, etc.

Guideposts:

- UNAIDS. Guide to the Strategic Planning Process for a National Response to HIV/AIDS: Strategic Plan Formulation. 1998. Geneva, Switzerland.

No	The strategic plan does not contain targets which are realistic, clear and measurable.
To some limited extent	Some of the targets are measurable, but for the most part it is not clear how success is going to be defined. Each program has its own targets, which do not match up with the targets established in the strategic plan.
Reasonable, but could still be improved	Most of the targets are realistic, clear and measurable. However, all stakeholders are not using the same set of targets.
Yes, sufficient	All of the targets are realistic, clear and measurable. All stakeholders are using the same set of targets.

Q.2: Your country has baseline data against which all the targets of your strategic plan can be compared?

Establishing clear and measurable targets is an important component of your strategic plan. However, some countries have established targets without any measure of a baseline estimate. For example, one recently developed strategic plan indicated that in the next 5 years, HIV prevalence would be reduced by 25% among 15 to 24 year olds. The problem was that the plan made no mention of what prevalence among this population was at the start of the strategic plan. Essentially the figure then became a frequently referenced and impressive sounding target, which could never actually be measured.

Similarly, some countries have referred to a specific number of people who will be receiving treatment, without making any reference to the number of people currently on treatment. Only by collecting baseline data prior to the strategic planning process, will it become possible to establish targets which are realistic and measurable.

Guideposts:

- Futures Group. "Coverage of Selected Services for HIV/AIDS Prevention, Care and Support in Low and Middle Income Countries in 2003," 2004, Washington DC.
- Ward, H; Walker, N; Ghys, P. "Methods and Tools for HIV/AIDS Estimates and Projections," STI Online, 80(1): August 2004.
- WHO and UNAIDS. "Progress on Global Access to HIV Antiretroviral Therapy: A Report on "3 by 5" and Beyond, March 2006, Geneva Switzerland.
http://www.who.int/hiv/fullreport_en_highres.pdf

No	There was no baseline data presented or referred to in the strategic plan.
To some limited extent	There was some baseline data presented or referred to in the strategic plan, but some of the targets remain unmeasurable because of a lack of baseline data. Alternatively, some figures were available, but they did not closely match the actual start date of the strategic plan.
Reasonable, but could still be improved	Baseline data is available for all of the targets identified in the strategic plan. However, some of the estimates from the baseline data remain somewhat uncertain.
Yes, sufficient	Baseline data is available for all of the targets identified in the strategic plan. These estimates are based on the best available data and are believed to be relatively accurate.

Q.3: The expected results from each activity are clearly defined and quantified?

While strategic plans are often strategic visions of items that can be achieved, it is critically important to include much more detailed plans for specific activities that need to be achieved, along with the measurable results that will be derived. These detailed plans for specific activities are often contained in the annual action plans, although in some cases they are also included in the strategic plan. In describing the activities that will be carried, it is important to define and quantify the results that are expected. Thus, for example, an activity which aims to “reach children orphaned by HIV/AIDS”, does not sufficiently describe the activity. First, there is no clear definition of what is meant by “reach” in this example. Are the children being reached with food, education, psychosocial support, etc.? Second, this activity doesn’t establish an estimate of how many children are going to be reached by this activity. By defining and quantifying the expected results from each activity, it will be possible to evaluate if the desired results were achieved.

Guideposts:

- UNAIDS. Guide to the Strategic Planning Process for a National Response to HIV/AIDS: Strategic Plan Formulation. 1998. Geneva, Switzerland.

No	Most of the activities identified in the planning documents are poorly defined, with little in the way of quantifiable estimates of results expected.
To some limited extent	Most of the activities are clearly defined, but don’t have adequate estimates of results to be achieved. Alternatively, the expected results are quantified, but the activities themselves are not clearly defined.
Reasonable, but could still be improved	Most, but not all, of the activities are clearly defined and have expected results which are quantifiable.
Yes, sufficient	All of the activities are clearly defined and have specific and quantifiable results which will be achieved.

Results-Based Monitoring and Evaluation

The fifth programmatic area is “Results Based Monitoring and Evaluation”. This area can be found on the SAT worksheet by going to the “Monitoring” tab at the bottom of the excel worksheet (it is the sixth tab, located just to the right of the “Results-Focused” tab). This section is comprised of 9 questions. These questions relate to the establishments of targets, collection of baseline data and design of activities which are results-focused.

“Many of the strategies assign responsibilities for surveillance to the Ministry of Health (MOH) and monitoring and evaluation to the overall coordination body, often located with the MOH. However only nine of the reviewed documents clearly assign overall responsibility for monitoring and evaluation to the coordinating body, with many either leaving the issue vague or stating that each implementing actor is to be responsible for monitoring and evaluation of its own program, with reports and evaluation meetings eventually to be coordinated by the central body.”⁷

Q.1: There is one unit responsible for managing the country's HIV/AIDS monitoring and evaluation activities?

Monitoring and evaluation systems are critical to know if specified targets are being achieved. The problem is that each funding institution often has its own set of indicators, which means that those who deliver the services (e.g., treating people with ARVs) have to regularly provide information to multiple sources at multiple times. In some countries, this means that the service providers quickly become overwhelmed, and thus are unable to respond to requests for data in a timely and efficient manner. The solution to this problem is to coordinate the needs of the various organizations who require data (the government, PEPFAR, GFATM, etc.), so that service providers need only to respond once using a form which addresses the needs of all those requiring M&E data.

Guideposts:

- UNAIDS. “Three Ones: Key Principles,” April 2004, Geneva, Switzerland.
http://data.unaids.org/UNA-docs/Three-Ones_KeyPrinciples_en.pdf

No	There are various units each running their own monitoring and evaluation activities, with little or no coordination between them. No single unit has been put in charge of M&E, HIV/AIDS activities in the country.
To some limited extent	There is one unit that has been put in charge of managing the country's HIV/AIDS M&E system, but nonetheless the various stakeholders continue to use their own system.
Reasonable, but could still be improved	There is one unit that has been put in charge of managing the M&E system for HIV/AIDS activities. This unit is recognized as being responsible for creating one coordinated set of M&E indicators, but at this time some stakeholders continue to run their own systems.
Yes, sufficient	Your country has one unit responsible for managing the country's monitoring and evaluation system. All donors and other stakeholders use the same monitoring and evaluation system.

Q.2: The country has a monitoring and evaluation strategy that aligns to national priorities and strategic plans and is based on epidemiological priorities?

Monitoring and evaluation plans often have a tendency to either request too much data or not enough. An ideal monitoring and evaluation strategy is one which focuses its indicators on the data specifically required by the strategic plans. At the same time, the M&E strategy should focus on those target populations which are prioritized because they are driving the epidemic. For example, the epidemiologic data and the strategic plan might indicate that it's most important for the country to focus on injecting drug users. However, the monitoring and evaluation plan may be focused on collected data about interventions reaching sex workers. In this situation, it would be essential for the country to realign its M&E strategy to be more consistent with its epidemic.

Guideposts:

- The World Bank/UNAIDS. "National AIDS Councils: Monitoring and Evaluation Operations Manual," August 2002, Geneva Switzerland.
http://data.unaids.org/Publications/IRC-pub02/JC808-MonEval_en.pdf

No	There is currently no overall strategy for collecting M&E data on HIV/AIDS.
To some limited extent	The M&E strategy is inconsistent with the pattern of the epidemic and/or the overall national HIV/AIDS strategy.
Reasonable, but could still be improved	There is a national M&E strategy and it is consistent with the epidemiologic data and the needs of the strategic plan. However, additional work could be done in order to further refine this alignment.
Yes, sufficient	There is currently an overall M&E strategy for HIV/AIDS programs and this strategy is entirely consistent the epidemic, as well as the strategy in the country.

Q.3: A reporting plan is in place which includes feedback to authorities at the decentralized level?

A key component of monitoring and evaluation involves the collection of data from local authorities. In some cases, the local authorities are inadequately trained in the collection of such data. In other cases, the data accumulates at the local level and only rarely gets transferred to the national level authorities. Just as frequently, the local authorities don't perceive the benefit of collecting data, and thus become unwilling to collect the required information. A key challenge is motivating local authorities to collect required data, which means that they need to see the utility of their data collection efforts. Without adequate feedback to authorities at the local level, it is unlikely that the data collection process will be sustained.

Guideposts:

No	There is currently no reporting plan in place.
To some limited extent	There is a reporting plan in place, but authorities at the decentralized level don't regularly provide the data required.
Reasonable, but could still be improved	There is a reporting plan in place and the decentralized authorities do regularly provide the required data. However, there is currently no regular feedback of results to these local authorities.
Yes, sufficient	There is a reporting plan in place and the decentralized authorities do regularly provide the required data. There is currently a regular feedback of results to these local authorities.

Q.4: The M&E strategy measures outcome and output indicators as proposed in the national plan?

M&E strategies should be focused on measuring the outcomes and outputs identified in the strategic plan. While the M&E strategy may wish to collect additional data, the primary focus should be on the information required by the strategic plan. If the strategic plan and the M&E strategy are not consistent, then it is necessary to redesign the country's M&E strategy.

Guideposts:

- UNDP. "Responding to HIV/AIDS Measuring Results: The Answer Lies Within," 2005, New York, NY.
http://www.undp.org/hiv/docs/prog_guides/measurement.pdf
- UNAIDS. "Guidelines on Construction of Core Indicators," July 2005, Geneva Switzerland.
http://data.unaids.org/publications/irc-pub06/jc1126-constcoreindic-ungass_en.pdf

No	The country does not have an M&E strategy.
To some limited extent	The country does have an M&E strategy, but it was developed separate from the national strategic plan and does not collect the data required.
Reasonable, but could still be improved	The country does have an M&E strategy. It collects some, but not all, of the output and outcome data required in the national strategic plan.
Yes, sufficient	The country does have an M&E strategy and it collects the output and outcome data required of the national strategic plan.

Q.5: Systems have been put in place in order to collect and monitor indicators and measure the impact of individual interventions?

As already indicated, the country’s HIV/AIDS strategic plan needs to include a list of reasonable targets which are to be achieved. However, unless there are adequate systems in place to collect and monitor data, the country will never know if they have achieved their targets. On the one hand, some countries regularly collect antenatal surveillance data, national HIV and STI prevalence data, prevalence data by risk groups, behavioral data for the general population and specified target groups, health systems data (e.g., number of people receiving treatment), etc. However, many other countries have access to much less data and therefore are not able to monitor progress to achieving the targets of their strategic plan.

Guideposts:

- WHO, World Bank, UNICEF, UNAIDS, USAID, CDC, HHS, GFATM. “Monitoring and Evaluation Toolkit: HIV/AIDS, Tuberculosis and Malaria,” June 2004, Geneva Switzerland.
http://www.who.int/hiv/pub/epidemiology/en/me_toolkit_en.pdf
- FHI. “Behavioral Surveillance Surveys: Guidelines for Repeated Behavioral Surveys in Populations at Risk of HIV”, 2000, Arlington Virginia.
<http://www.fhi.org/NR/rdonlyres/eefxryoi4dijq64z7l2hda2l6672dvkhjzyqol5i6gvzy3dcpvoue5zgjsqtbl2sdt55dg2faeee3p/bssguidelinesfull.pdf>
- FHI. “Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries: A Handbook for Program Managers and Decision Makers,” 2001, Arlington Virginia.
<http://www.fhi.org/NR/rdonlyres/eids2i3iqcw5qda4tdclohfgdmqvpsuvonddh3v5ptc5xb334f56on7zdibh4umw4r6ttgpl7vhzl/31776textR1.pdf>

No	There are currently no systems in place to monitor progress towards the targets established in the strategic plan.
To some limited extent	There are some systems in place (e.g., ANC surveillance), but many other tools are currently not available in the country (e.g., DHS+, BSS, etc.).
Reasonable, but could still be improved	There are a wide variety of tools currently available for monitoring success in achieving the targets identified in the strategic plan. However, there are still areas for improvement (e.g., surveys could be conducted more frequently).
Yes, sufficient	The current systems in place are adequate to assess all the targets identified in the strategic plan and to monitor progress towards these targets.

Q.6: The cost of the monitoring and evaluation plan is included in the costing of the national strategy and there are likely to be sufficient resources to pay for these activities?

In preparing a monitoring and evaluation strategy, it is particularly important to assure there are sufficient resources available to conduct the strategy. Any kind of large scale survey is likely to be expensive and therefore adequate resources need to be set aside. In this question, the user is asked to both assess if the costing has been included in the strategic plan and to assess the likelihood that these resources will actually become available.

No	The monitoring and evaluation plan does not have costs assigned to it in the costing of the strategic plan (or the strategic plan has not yet been costed).
To some limited extent	There are costs for monitoring and evaluation in the costing of the national strategic plan, but these costs are likely to be inadequate. Alternatively, the costs are sufficient but it is unlikely that these resources will actually become available.
Reasonable, but could still be improved	There are sufficient costs for monitoring and evaluation in the costing of the national strategic plan. It is very likely that the resources required to pay for these costs will be generated, although there remains some uncertainty.
Yes, sufficient	There are sufficient costs for monitoring and evaluation in the costing of the national strategic plan. It is certain that the resources required to pay for these costs will be generated.

Q.7: Surveillance systems: 1) meet international standards, 2) are used to guide good programming priorities, 3) are operational for both behavioral and epidemiologic data and 4) include the surveillance of all key populations?

Biological and behavioral surveillance are key components of a country’s monitoring and evaluation systems. The data collected from these systems can often provide a clear indication regarding the effectiveness of a country’s HIV/AIDS strategy. A number of recent antenatal surveillance studies have shown reductions in HIV prevalence (e.g., Kenya). Other national surveillance studies have shown that the prevalence of HIV/AIDS indicated in ANC surveillance was somewhat overstated (e.g., Zambia). Meanwhile in other countries (e.g., Namibia), there have been reductions in the prevalence of HIV among pregnant women, but a lack of national surveillance data has left the country unable to confirm if a trend actually exists.

At the same time, it is important to monitor behavioral trends. Such behavioral monitoring is particularly important with the increasing availability of ART, since treatment is likely to affect prevalence trends and may also affect the behaviors of those seeking receiving treatment.

Guideposts:

- WHO and UNAIDS. “Guidelines for Measuring National HIV Prevalence in Population-Based Surveys,” 2005, Geneva Switzerland. <http://www.who.int/hiv/pub/surveillance/guidelinesmeasuringpopulation.pdf>
- WHO and UNAIDS. “Guidelines for Second Generation HIV Surveillance,” 2000, Geneva Switzerland. http://data.unaids.org/Publications/IRC-pub01/JC370-2ndGeneration_en.PDF

No	There are no adequate surveillance systems in the country
To some limited extent	Some basic surveillance currently exists (e.g., DHS and ANC data). However, the current surveillance system still lacks key pieces of information required to monitor changes in prevalence or behavior in certain key target populations.
Reasonable, but could still be improved	The country currently has an advanced surveillance system, which includes both epidemiologic and behavioral data. There is adequate epidemiologic and behavioral data for most, but not all, of the target populations.
Yes, sufficient	There are adequate surveillance systems in the country. These surveillance systems all meet international standards, are used to guide good programming priorities, include both behavioral and epidemiologic data, and are focused on the key target populations.

Q.8: There are adequate plans in place to conduct a regular national STI surveillance monitoring?

There are a number of reasons why it is particularly important to conduct STI surveillance monitoring, in addition to the surveillance of HIV prevalence. A rise in STI prevalence may suggest that there is an increase in risk-taking behavior and an increased risk that there soon may be an increase in HIV prevalence. An increase in STI prevalence would also indicate an increased demand for STI services (improved STI treatment has been shown, in some studies, to reduce the transmission of HIV). On the other hand, a reduction in the prevalence of STIs may indicate positive behavior changes. For all these reasons, STI surveillance is particularly important as an indicator of how effective an HIV/AIDS strategy is at reducing risky behaviors.

Guideposts:

- UNAIDS/WHO. “Guidelines for Sexually Transmitted Infections Surveillance,” 1999, Geneva Switzerland.
http://data.unaids.org/Publications/IRC-pub01/JC240-SexTransmInfSurv_en.pdf

No	There is no regular surveillance for STI which is conducted in the country.
To some limited extent	There is STI surveillance, but it is not conducted regularly and/or it fails to adequately evaluate the groups who should be monitored.
Reasonable, but could still be improved	There is an STI surveillance system which is regularly conducted. There are plans to continue monitoring STI data into the future. While data is regularly collected from some subpopulations, such data is not available for all needed subpopulations.
Yes, sufficient	The country conducts regular STI surveillance and has plans to continue this. All relevant subpopulations are monitored in terms of STI prevalence.

Q.9: There is an annual M&E review and planning process which incorporates all relevant stakeholders, and includes an appropriate and transparent forum for disseminating all monitoring and evaluation data?

The collection of monitoring and evaluation data is, of course, not useful unless such data is regularly used for planning and decisionmaking. Each country needs to have a mechanism by which stakeholders can evaluate new data and determine how the annual plans (and where appropriate, the strategic plans) should be updated and revised. While stakeholders may wish to meet more often than once a year, it is important that there is at least one meeting per year of stakeholders in order to disseminate and discuss the latest findings.

Guideposts:

- Family Health International. “Monitoring HIV/AIDS Programs: Participant Guide: A USAIDS Resource for Prevention, Care and Treatment,” September 2004, Arlington Virginia.
<http://www.fhi.org/NR/rdonlyres/edy6idueayu7lvlrvtzxvzdgxi46yolrjdbnhsf7hicbfrl35yfgajcg2vadmmjekwqzpj413rq6m/ParticipantCoreModule3.pdf>

No	There is no regular mechanism currently in place for stakeholders to receive and discuss the latest M&E findings.
To some limited extent	There are meetings to present M&E findings, but these meetings tend to be ad hoc and occur less often than once a year. Alternatively, there are meetings to discuss M&E findings, but the stakeholders make little effort to revise the country’s plans based on this information.
Reasonable, but could still be improved	There are meetings that are conducted at least once a year to discuss M&E findings. These meetings, however, don’t include all relevant stakeholders.
Yes, sufficient	There are meetings that are conducted at least once a year to discuss M&E findings. These meetings include all relevant stakeholders. All relevant data is rapidly taken into consideration and plans are appropriately revised.

Planned Approaches and Interventions

The sixth programmatic area is “Planned Approaches and Interventions”. This area can be found on the SAT worksheet by going to the “Approaches” tab at the bottom of the excel worksheet (it is the seventh tab, located just to the right of the “Monitoring” tab). This section is comprised of 2 questions. These questions relate to the approach described in the strategic and annual plans.

“If we really have learned so much about HIV over the last two decades, then why is the epidemic still growing? Why will more people be infected with HIV and die of AIDS in 2005 than in any previous year? In short, why aren’t we applying what we know?”⁹

Q.1: Your country's approach to addressing HIV/AIDS is based on evidence which confirms that the approach will have a significant impact on the epidemic?

One of the biggest challenges in strategic planning involves assessing if a particular approach is “evidence based”. The conclusion of many recent assessments of strategic planning and HIV/AIDS suggests that this is not the case. In fact most countries take a “wish list approach” to HIV/AIDS planning, in which planners are encouraged to ask for everything and hope for whatever happens to get delivered. This sort of approach not only lacks a strategic basis, but it also gives too much power to donors, who thus can feel free to fund their own “pet projects”. A more strategic way of addressing HIV/AIDS is to begin to ask which interventions will work in response to your country’s particular environment. Mathematical models such as “Goals” and “ABC” have been employed in a number of countries, in order to answer “what if” questions, using evidence-based modeling.

Guideposts:

- Futures Group. “Goals Model for Estimating the Effects of Resource Allocation Decisions on the Achievement of the Goals of the HIV/AIDS Strategic Plan,” March 2003, Washington DC.
<http://www.futuresgroup.com/Resources.cfm?area=2a&get=GOALS>
- World Bank. “Optimizing the Allocation of Resources for HIV Prevention: The Allocation by Cost-Effectiveness (ABC) Model,” July 2002, Washington DC.
[http://lnweb18.worldbank.org/external/lac/lac.nsf/60d24d5a675982ea852567d6006cb7ca/e8a149831af4046085256849007ff348/\\$FILE/Guidelines%20to%20use%20the%20ABC%20Model.pdf](http://lnweb18.worldbank.org/external/lac/lac.nsf/60d24d5a675982ea852567d6006cb7ca/e8a149831af4046085256849007ff348/$FILE/Guidelines%20to%20use%20the%20ABC%20Model.pdf)

No	Your country has tended to use the “wish list approach” to strategic planning, with little or no attention to prioritizing interventions which are known to be successful.
To some limited extent	While your strategic planning process has involved reading a number of studies about what works and what doesn’t, there was no systematic basis upon which this evidence was applied to your country’s epidemic. The country didn’t use any modeling data and there is little or no evidence which is based on data from your own country.
Reasonable, but could still be improved	Your strategic plan has been developed by establishing evidence based priorities and evaluating the impact of the epidemic using various scenarios. The evidence which your country has used is largely from other countries.
Yes, sufficient	Your strategic plan is “evidence based”, with much of the evidence coming specifically from research that was conducted in your own country and modeling that was conducted to determine what works. This evidence and modeling, combined with a strong knowledge of the country’s epidemic, strongly influences the way in which your country’s approach was designed.

Q.2: For each activity defined in the strategic plan, the activities are clearly defined (including defining who will do the work, how and where it will be done, and the level of coverage to be achieved)?

Another significant challenge for those developing a strategic plan is to make sure that there is a clear “next step”, in terms of who will complete which activities and how they will go about it. It is not enough, for example, for a country to provide a broad vision of where they would like to go in the strategic plan, without then defining how that broad vision will be acted up. Thus most countries find that annual action plans are required to accompany the strategic plan.

Guideposts:

- Synergy Project. “APDIME Toolkit: Resources for HIV/AIDS Program Managers: Module 3/Stage 3: Design an Implementation Plan,” Washington DC. http://www.synergyaids.com/apdime/mod_3_design/design_index.htm

No	The country has not gone beyond providing a broad vision of its national strategy. There are no annual action plans (sometimes call “implementation plans”)
To some limited extent	The country has both a strategic plan and annual action plans, but the action plan does not provide adequate detail to determine who will take responsibility for each activity.
Reasonable, but could still be improved	The country has both a strategic plan and annual action plans. The action plan provides roles and responsibilities for each individual activity, but it is not clear that these activities will actually be carried out by every organization identified.
Yes, sufficient	The country has both a strategic plan and annual action plans. The action plan provides roles and responsibilities for each individual activity. It is clear that these activities will actually be carried out by every organization identified.

Prioritization

The seventh programmatic area is “Prioritization”. This area can be found on the SAT worksheet by going to the “Prioritization” tab at the bottom of the excel worksheet (it is the eighth tab, located just to the right of the “Approaches” tab). This section is comprised of 7 questions. These questions relate to the process by which priorities are set.

When implementation capacity is weak, expanding the number of activities may not improve programme effectiveness. Rather, by implementing a smaller, core set of the most cost-effective activities on a national scale, policymakers could have a huge effect on the overall epidemic in a sustained way and provide a foundation for expansion.¹⁰

Q.1: The priorities established in the strategic plan are consistent with the pattern of the epidemic (ie, priority is given to those groups most at risk of becoming infected)?

A key part of strategic planning involves identifying key subpopulations and making them a priority in the plan. This is often a difficult step for planners to take, because it means that other subpopulations are not a priority. Therefore there is a tendency in HIV/AIDS strategic plans to simply list every key subpopulation and say that they should all be prioritized. While this may seem an egalitarian approach, in reality it means that the strategy has failed to provide a vision regarding how the epidemic should be addressed. Strategic plans can identify a wide array of subpopulations and can even devote resources to all of these groups, but in the end the strategy must identify those subpopulations which it believes must be prioritized.

Guideposts:

- Academy for Education and Development. “Setting HIV Prevention Priorities: A Guide for Community Planning Groups,” March 2005, Washington DC.
<http://www.cdphe.state.co.us/dc/CWT/SettingPriorities.pdf>

No	The strategic plan identifies a wide array of target populations, without prioritizing any of them.
To some limited extent	The strategic plan identified and prioritized a number of subpopulations. It was not clear why these populations were selected for prioritization. Alternatively, the list of prioritized subpopulations was too large to be meaningful.
Reasonable, but could still be improved	The strategic planning process included a careful analysis of the epidemic and the subpopulations that were likely to be driving the epidemic. Using this data, the strategic planning committee used this data to prioritize those populations which were determined to drive the next wave of the epidemic. There was not, however, consensus about this prioritization. Alternatively, additional subpopulations were prioritized even though they were not known to be driving the next wave of the epidemic.
Yes, sufficient	The strategic planning process included a careful analysis of the epidemic and the subpopulations that were likely to be driving the epidemic. Using this data, the strategic planning committee used this data to prioritize those populations which were determined to drive the next wave of the epidemic. All stakeholders reached consensus regarding this prioritization. The final list of prioritized groups is manageable (e.g., less than 5 target populations).

Q.2: The priorities of your strategic plan took into consideration the cost-effectiveness of various interventions?

A key piece of information required for strategic planning is cost-effectiveness. Cost-effectiveness is an economic tool for assessing which intervention is likely to produce the greatest impact for a fixed amount of money. It is important to recognize that interventions are only cost-effective relative to other interventions. Furthermore, interventions are not equally cost-effective in all countries (for example, a needle exchange program might be very cost-effective in the Ukraine where injecting drug use heavily influences new HIV infections. However, the same program would not necessarily be very cost-effective in Namibia, where injecting drug use has very little influence on the number of new infections). The World Bank’s Allocating by Cost-Effectiveness (ABC) model and Future’s Groups Goals Model both allow users to assess the cost-effectiveness of various interventions and various resource allocation strategies. Alternatively, users can monitor the literature on cost-effectiveness and combine this with information on the country’s epidemic pattern in order to determine which interventions are likely to be most cost-effective. Users should then use this information to influence the priorities of the strategic plan.

Guideposts:

- Creese, A; Floyd, K; Alban, A; Guinness, L. “Cost-effectiveness of HIV/AIDS interventions in Africa: A Systematic Review of the Evidence,” Lancet, May 11, 2002, 359(9318): 1635-43.
<http://www.eldis.org/static/DOC11049.htm>
- Hogan, D; Baltussen, R; Hayashi, C; Lauer, JA; Salomón, JA. “Cost-Effectiveness Analysis of Strategies to Combat HIV/AIDS in Developing Countries,” BMJ, 17 December, 2005, 331: 1431-1437.
<http://bmj.bmjournals.com/cgi/content/full/331/7530/1431>

No	Cost-effectiveness was not used in determining which interventions should be prioritized in the strategic plan. Alternatively, the strategic plan does not identify any priorities.
To some limited extent	The cost-effectiveness literature was read in determining the priorities of the strategic plan. However, the actual decisions were based much more on other factors.
Reasonable, but could still be improved	The strategic planning committee conducted a modeling exercise in order to determine which interventions are most cost-effective in your particular country. The issue of cost-effectiveness, while considered, was not a key factor in determining which interventions to prioritize.
Yes, sufficient	Cost-effectiveness was a key factor that was taken into consideration when determining how to establish priorities in the strategic plan. The strategic planning committee reviewed the literature and/or conducted a modeling exercise in order to determine which interventions are most cost-effective.

Q.3: Your strategic plan put a high priority on reaching groups that are poor or otherwise vulnerable?

The previous question indicates that strategic planning should strongly consider the issue of cost-effectiveness. In other words, cost-effectiveness encourages users to obtain the greatest impact with the limited resources available. However, strategic planning and priority setting should not be determined solely based on the issue of cost-effectiveness. For example, one intervention might cost \$1 million and succeed in preventing 1,000 new infections every year among people in urban areas. Averting the same number of new infections in rural areas might require an intervention costing \$2 million. Cost-effectiveness would suggest that it's best to introduce this intervention in urban areas. However, it might also be argued that people in rural areas tend to be poor and otherwise disadvantaged, and therefore they should receive the services. In this case, strategic planners would need to balance off the issues of equity and effectiveness, in order to determine where to locate their interventions.

Guideposts:

No	The strategic planning process did not focus on issues of equity or vulnerability.
To some limited extent	Equity and vulnerability were mentioned in the strategic plan, but these were not driving factors in determining the priorities of the strategic plan.
Reasonable, but could still be improved	Equity and vulnerability were considered in the strategic planning process and in the setting of priorities. However, some groups which were clearly vulnerable were not identified in the strategic plan.
Yes, sufficient	The strategic planning process used issues of equity and vulnerability as key factors to take in the strategic planning process.

Q.4: The number of activities which are included in the strategic plan is ambitious but manageable?

A strategic plan and the corresponding action plans should establish a manageable number of activities which can be successfully completed within the given time period. However, some countries have instead chosen a “laundry list” approach to planning, in which an unmanageable number of activities are identified, with the hope that some of these will be funded and completed. Kenya’s 1999-2004 HIV/AIDS Strategic Plan, for example, lists 156 “priority interventions”. Uganda’s strategy identifies 186 activities. This is not to suggest that an ambitious list of activities is a bad thing, but rather to indicate that whatever is proposed, it must be achievable and manageable.

Guideposts:

No	There is currently no detailed list of activities.
To some limited extent	The list of activities which is included in the strategic plan and/or action plans is not manageable or it is not achievable over the specified life of the plan. Alternatively, the list of activities is not sufficiently ambitious.
Reasonable, but could still be improved	There is a list of activities which is manageable, but also sufficiently ambitious. There remain, however, some uncertainties regarding issues such as the financing of all of the listed activities.
Yes, sufficient	The identified list of activities is manageable, but also sufficiently ambitious. While it will be a challenge to accomplish all of the planned activities, the country is confident that this list of activities is actually manageable.

Q.5: The planned allocation of resources is based on the priorities of the strategic plan (e.g., interventions identified as the highest priority will be funded first)?

The allocation of resources and the priorities of the strategic plan should be consistent with one another. One way to assess if there are inconsistencies is to identify those strategic areas where the bulk of the resource will be allocated. If a particular country's costing indicates that most of the planned resources will be spent on interventions with sex workers, for example, but sex workers are not a target population, then there are likely to be inconsistencies between priorities and resource allocation. On the other hand, if injecting drug users are the priority subpopulation, but only 1% of the planned resources are expected to be spent on this group, then there are also likely to be inconsistencies.

No	The strategic plan either does not contain a set of strategic priorities or it has not been costed.
To some limited extent	The strategic planning committee has never discussed whether the strategic priorities and the costing are consistent with each other.
Reasonable, but could still be improved	The costing and the strategic priorities were compared in order to assure that there were sufficient resources for the priorities of the strategic plan, and to assess if too many resources were being spent on interventions which were not prioritized. There were some adjustments made, but there remain some inconsistencies.
Yes, sufficient	After identifying the strategic priorities and costing out the strategic plan, the committee looked at both of these to determine if there were any inconsistencies. These inconsistencies were fully addressed.

Q.6: The allocation of resources across strategic components (e.g., prevention, care, mitigation, policy, evaluation, management, etc.) is appropriate and balanced?

One of the most difficult but also most important questions concerns the balance of resources across prevention, care, mitigation and policy-related activities. There is no “correct” answer to the question of how much money should be allocated to each of these strategic components. Countries that do begin by deciding how they wish to allocate their resources usually do better than countries which do decide on a list of activities and then do a “bottom up” costing of their strategic plan. In some cases, issues of stigma, discrimination and leadership need to be addressed as a high priority, and therefore significant resources should be focused on policy issues. In other countries, treatment issues are of the highest priority. In a recent analysis of costed strategic plans and HIV prevalence, it was found that the percentage of resources to be spent on prevention is unrelated to the prevalence of HIV.⁷ This suggests that many countries are not taking a strategic approach to allocating their resources.

Guideposts:

- Mullen P. “Review of National HIV/AIDS Strategies for Countries Participating in the World Bank's Africa Multi-Country AIDS Program (MAP): Background Paper for the OEC Evaluation of the World Bank's Assistance for HIV/AIDS Control.” 2005. Washington DC.

No	The strategic plan has not been costed.
To some limited extent	The strategic plan has been costed. There was no systematic approach which was taken in determining the appropriate allocation of resources. The costing was done by identifying activities and then assigning a cost to them.
Reasonable, but could still be improved	The strategic planning committee looked at the issue of resource allocation after the strategic plan had been costed. There were some modifications to the plan, but at that stage the allocation had been pretty well determined.
Yes, sufficient	The allocation of resources in the costing of the strategic plan was performed at an early stage of the strategic planning and was performed in a systematic way. The planners took into consideration the prevalence of HIV, the cost of interventions, the synergies across different strategic components, etc. and then determined the appropriate allocation of resources.

Q.7: If the strategy does not obtain all the required resources, it is clear which interventions will be funded and which will not?

Various countries have performed a costing of their strategic plan based on an assumption that any resources that will be required will become available. The problem is that often times strategic planning does not adequately consider what would be done if the resources required did not become available in sufficient quantity and for the requested interventions. Consider a country, for example, which indicates that the cost of its strategic plan will be US\$1 billion over 5 year. What should that country do if only half of those resources actually become available? One response is to simply provide half of the resources required to each intervention. However, a more strategic response is to determine which the most critical interventions are and to guard funding for those selected, high priority interventions.

Guideposts:

- Mitton, C; Donaldson, C. “Health Care Priority Setting: Principles, Practice and Challenges.” Cost Effectiveness and Resource Allocation, 2004, 2:3
<http://www.resource-allocation.com/content/pdf/1478-7547-2-3.pdf>

No	The strategic plan has not been costed.
To some limited extent	The strategic plan has been costed but only the scenario in which the plan was fully costed was considered.
Reasonable, but could still be improved	The strategic plan has been costed and various resource allocation scenarios have been evaluated, based on full or partial funding. It is not clear, however, if the decisions
Yes, sufficient	The strategy has been costed and various scenarios have been testing, assuming both full funding of the strategic plan and partial funding of such a plan.

Financing/Resources/Budgets and Costing

The eighth programmatic area is “Financing/Resources/Budgets and Costing”. This area can be found on the SAT worksheet by going to the “Financing” tab at the bottom of the excel worksheet (it is the ninth tab, located just to the right of the “Prioritization” tab). This section is comprised of 4 questions. These questions relate to the process by which financing and resource allocation issues are addressed in the strategic plan.

“The recent surge in funding has created a paradox: there is still not enough money available for HIV/AIDS programs, but the money that is available is not being spent as fast as it is being committed...In the rush to bridge the gap and produce results, there is a real risk that planning will become even more neglected, that funds will be spent inefficiently, and that accountability will be minimal. This intensifies the need for donors and others working on HIV/AIDS to harmonize their efforts and align their activities, to make the most efficient use of resources and to support country-owned and implemented strategies.”⁹

Q.1: A realistic costing of the strategic plan has recently been conducted using standardized methodologies/guidelines?

All strategic plans must contain an estimate of the resources that are required in order to achieve the expected results. This costing exercise ideally should be based on unit costs which have been collected within the country. However, where this information is not available, the costing should be based on international best estimates. Often times, however, program implementers are simply asked to come up with their own estimates of unit costs and levels of coverage expected to be achieved. This approach can be problematic, as it encourages those program managers to overestimate their budgetary requirements, based on their expectation that whatever budget they submit will be subsequently reduced. In turn, when strategic planning teams aggregate these estimates, they often end up with a cost which is unrealistically high and which does not reflect the priorities of the strategic plan itself.

Guideposts:

- UNAIDS. “Costing Guidelines for HIV Prevention Strategies,” October 2000, Geneva Switzerland.
http://data.unaids.org/Publications/IRC-pub05/JC412-CostGuidel_en.pdf
- UNAIDS. “Resource Needs for an Expanded Response to AIDS in Low- and Middle- Income Countries,” August 2005, Geneva, Switzerland.
http://data.unaids.org/publications/irc-pub06/resourceneedsreport_en.pdf
- EASE International. “Costing of HIV/AIDS Strategic Plans: Experience from Asia.”
http://www.easeint.com/pow/POV_Costing_of_HIV_Strategic_Plans.pdf

No	At this time, the strategic plan has not been costed.
To some limited extent	The strategic plan was costed based on data that was not country-specific unit cost estimates and which was largely based on the best estimates of those who will implement the interventions. No effort was made to validate the costing figures.
Reasonable, but could still be improved	The strategic plan was costed based largely on international best estimates.
Yes, sufficient	The strategic plan was costed based on country-specific unit cost data. Where such data was not available, international estimates were used and validated based on discussions with the implementers.

Q.2: In the costing of the strategic plan, there are sufficient resources for the management (including costs for the National Authority and the staffing required)?

One important consideration to be taken into account in the costing of the strategic plan involves the resources required to staff and manage the implementation of the plan. Some countries have found, for example, that there are currently inadequate incentives in order to hire and retain the skilled staff required. As a result, National AIDS Councils (NAC) have found themselves short staffed, particular in key positions. While the objective should not be to have a heavily staffed NAC, there should be adequate preparations in the costing of the strategic plan to assure that key staff can be employed.

Guideposts:

- UNAIDS. “Costing Guidelines for HIV Prevention Strategies,” October 2000, Geneva Switzerland.
http://data.unaids.org/Publications/IRC-pub05/JC412-CostGuidel_en.pdf

No	There is no costing of the strategic plan.
To some limited extent	The strategic plan has been costed, but staffing has not been considered as part of the cost of the strategic plan.
Reasonable, but could still be improved	The strategic plan has been costed and staffing is a component of this strategic plan. However, it is not clear if the resources included for staffing will appropriately meet the staffing needs required.
Yes, sufficient	The strategic plan has been costed and staffing is component of this strategic plan. It is clear that the resources included for staffing will appropriately meet the staffing needs required.

Q.3: There is an assessment which defines the current level of HIV/AIDS resources available?

One key piece of information which many countries don't have available to them is an assessment of current HIV/AIDS spending in the country. This information is necessary because it provides a key piece of information in the analysis of existing gaps between currently available resources and the need for resources. The information is also extremely useful for countries as they try to determine how resources might be reallocated, so as to have a great impact on the epidemic.

Ideally an assessment of current spending would include the collection of data on spending by the national and local government, international development partners, community and faith-based organizations and the out-of-pocket expenditures of consumers. In reality, most countries focus predominantly on spending by development partners and, in some cases, the national government.

Guideposts:

- SIDALAC. "National HIV/AIDS Accounts: National Estimation of Financial Flows and Expenditures on HIV/AIDS – Technical Handbook for Estimating the National Accounts on HIV/AIDS," 2001, Mexico City, Mexico.
<http://www.sidalac.org.mx/english/publications/naccounts/guide.pdf>
- PHRplus/Abt Associates. "Methodological Guidelines for Conducting a National Health Accounts Subanalysis for HIV/AIDS," June 2004, Washington DC.
http://www.phrplus.org/Pubs/Tech044_fin.pdf

No	There is no assessment which determines the current level of spending on HIV/AIDS.
To some limited extent	There is some idea of the level of HIV/AIDS spending by donors. However, there is little which is known more broadly about total HIV/AIDS spending in the country.
Reasonable, but could still be improved	There is comprehensive data on the level of HIV/AIDS spending by the government and donors. Very little information is available about spending at a more local level, including out-of-pocket expenditures.
Yes, sufficient	A comprehensive analysis of HIV/AIDS spending in the country has recently been completed. This analysis includes an assessment of spending by both national organizations (donors and the national government) and local organizations (CBOs and faith-based organizations) as well as for individuals.

Q.4: The financial management and disbursement systems are appropriate, adequate and completely transparent?

A successful HIV/AIDS program is not only successful at generating resources, but is also successful at appropriately and transparently spending those resources. This requires that a country establish a financial management system which can efficiently spend the resources which are obtained. In some cases, National AIDS Councils have been accused of corruption, because they were not able to account for the funds they were spending. In other cases, the financial management system was so cumbersome, that resources were not being spent quickly enough. The challenge, therefore, is to assure that resources are spent in a way in which they are meant, in a way which is totally transparent and efficient.

Guideposts:

- ActionAid. "Where's the Money? Towards Transparency in UK AIDS Expenditures," 1 September, 2005.

No	There is currently no independent, operational financial management system for HIV/AIDS funding.
To some limited extent	The current financial management system for handling HIV/AIDS funds is inadequate, as its either not independent from other government accounts, or it is otherwise not accountable. Spending is either not transparent or alternative it is so slow as to become unwieldy.
Reasonable, but could still be improved	There is a financial management system in place that works relatively well. It is independent from other government accounts and development partners regularly use this account to transfer funds. Occasionally the financial system has been slow to transfer funds or pay bills, but generally the system is working.
Yes, sufficient	There is a fully transparent financial system in place specifically for HIV/AIDS spending. This financial system is used by development partners, assuring both that spending is transparent and assuring that spending occurs rapidly.

Capacity and Constraints

The ninth programmatic area is “Capacity and Constraints”. This area can be found on the SAT worksheet by going to the “Capacity” tab at the bottom of the excel worksheet (it is the tenth tab, located just to the right of the “Financing” tab). This section is comprised of 3 questions. These questions relate to the ways in which the strategic planning process attempts to address constraints, including those related to a lack of capacity.

Functioning health systems are fundamental to successful, equitable and sustainable delivery of a continuum of HIV/AIDS prevention, treatment, care, and support. The challenges of scaling up antiretroviral therapy highlight the persistent fragility of health systems overall, attributable both to the impact of the HIV/AIDS epidemic itself and the result of chronic inadequate funding and weak management. This fragility is manifest in weak infrastructure, poorly integrated services and a shortage of personnel fuelled by the ongoing exodus of health workers in many countries from the public to the private health sector and to other countries.¹¹

Q.1: The strategic plan identifies ways in which the HIV/AIDS program can be sustained beyond the life of the strategic plan?

A successful strategic plan is one which projects into the future and considers a range of potential contingencies. Ideally the worst case scenarios would not occur and funding would continue to increase over the next few years. However, it is concerning that donors might find other issues (e.g., bird flu) to be of higher priority and therefore might begin to reduce their investments in HIV/AIDS. PEPFAR, for example, is scheduled to end in 2008. While the hope is that this program will continue beyond 2008, there are no guarantees. Therefore those countries which rely heavily on PEPFAR to fund their various prevention, treatment and mitigation targets need to plan for how to sustain their programs under a variety of possible assumptions, optimistic and pessimistic. Similarly with the Global Fund, it is important to consider various potential scenarios, assuming that additional rounds will be adequately funded, or alternatively that there will be no additional funding rounds.

Guideposts:

- The Measurement Group, LLC. “Outcomes and Impact from HRSA HIV/AIDS Special Projects of National Significance Funded Between 1991 and 2002: Follow-Up from Two to Nine Years after the Funded Period,” February 2005, Culver City California.
<ftp://ftp.hrsa.gov/hab/SPNSOutcomesandImpact.pdf>

No	The strategic plan is based on the assumption of a fully funded strategy and does not consider alternative scenarios. There are no specific plans for sustaining the program if funding is reduced in the future.
To some limited extent	The strategic plan expresses concern about issues of sustainability. The plan also mentions where the country is particularly vulnerable to a potential reduction in HIV/AIDS funding, but does not establish any contingency plans for sustaining the program.
Reasonable, but could still be improved	The strategic plan includes a plan for sustainability, identifying how the program would be sustained over the long term under various scenarios. It remains uncertain, however, how realistic such plans would be given a potential reduction in external assistance.
Yes, sufficient	The strategic plan includes a plan for sustainability, identifying how the program would be sustained over the long term under various scenarios. If external assistance was discontinued at the conclusion of the strategic plan, the country would still be able to sustain its key interventions.

Q.2: The capacity constraints of civil society are also addressed in the strategic plan?

In considering capacity constraints, we often focus on the number of doctors or nurses needed to deliver a treatment service. It is necessary, however, to also consider the capacity constraints which are faced by civil society. In some cases, civil society is playing a significant role and addressing HIV/AIDS, but they lack the capacity to successfully carry out this role. Civil society might need assistance with training, hiring, managing, monitoring, etc. These constraints should be addressed in the strategic plan.

Guideposts:

- International HIV/AIDS Alliance. “NGO Capacity Analysis: A Toolkit for Assessing and Building Capacities for High Quality Responses to HIV/AIDS,” July 2004, London England.
http://synkronweb.aidsalliance.org/graphics/secretariat/publications/cat0704_Capacity_analysis_toolkit_eng.pdf

No	The capacity constraints of civil society are not addressed in the country's strategic plan.
To some limited extent	There is an expressed concern in the strategic plan about the lack of capacity of civil society, but there is no corresponding plan to address this constraint.
Reasonable, but could still be improved	There is an expressed concern in the strategic plan about the lack of capacity of civil society. There is a plan for addressing this lack of capacity, but the plan does not address all of the capacity constraints.
Yes, sufficient	While there are constraints being faced by civil society, the strategic plan carefully and comprehensively describes how to address these constraints, including appropriate training programs in both technical and managerial areas.

Q.3: The response analysis clearly identifies the human requirements needed to achieve the goals of the strategic plan?

All countries, to at least some extent, face human capacity constraints as they scale-up their HIV/AIDS prevention, care and mitigation activities. Some countries respond to these constraints by simply identifying them or noting that these constraints make the successful implementation of the strategic plan difficult. Other countries, in contrast, develop innovative ways in which they can address these constraints. When a country performs its response analysis, it should identify ways to address its human capacity constraints, noting both short-term and long-term solutions to the problem.

Guideposts:

- WHO. “A Public Health Approach to Antiretroviral Treatment: Overcoming Constraints,” 2003, Geneva Switzerland.
http://www.who.int/hiv/pub/prev_care/en/PublicHealthApproach_E.pdf

No	The country has not conducted a response analysis and/or the response analysis has not identified the country’s human capacity constraints.
To some limited extent	There is a response analysis, but it did not discuss human capacity constraints.
Reasonable, but could still be improved	There is a response analysis and it does discuss the country’s human capacity constraints. However, this plan provides limited information regarding how to address these constraints.
Yes, sufficient	There is a response analysis and it does discuss the country’s human capacity constraints. The strategic plan provides useful and practical information regarding how to address these constraints.

Management and Coordination

The tenth programmatic area is “Management and Coordination”. This area can be found on the SAT worksheet by going to the “Management” tab at the bottom of the excel worksheet (it is the 11th tab, located just to the right of the “Capacity” tab). This section is comprised of 5 questions. These questions relate to the ways in which the strategic planning process attempts to address concerns of management and coordination.

In April 2004, the Consultation on Harmonization of International AIDS Funding—bringing together representatives from governments, donors, international organizations and civil society—endorsed the “Three Ones” principles as follows:

- *One agreed AIDS action framework that provides the basis for coordinating the work of all partners;*
- *One national AIDS coordinating authority, with a broad-based multisectoral mandate; and*
- *One agreed country-level monitoring and evaluation system.¹²*

Q.1: The strategic plan designates one National Authority with appropriate management authority?

The successful management of a strategic plan requires clear roles, responsibilities and leadership. As indicated by the “Three Ones” guiding principles, HIV/AIDS programming should be lead by one national coordinating authority. Emphasizing the need for this one national authority has helped countries to better coordinate their response and to avoid parallel financing, planning, programming and monitoring. At the same time, there continues to be problems in some countries, with organizations taking on roles which conflict with other organizations. This has particularly been the case where there is no clear consensus between the National AIDS Authority and the Ministry of Health. For countries to succeed in their implementation, they must move forward with a unified leadership to the issue of HIV/AIDS.

Guideposts:

- UNAIDS. “The ‘Three-Ones’ in Action: Where We Are and Where We Go from Here,” May 2005, Geneva Switzerland.”
http://data.unaids.org/publications/irc-pub06/jc935-3onesinaction_en.pdf

No	There is no National AIDS Authority in the country.
To some limited extent	There is a National AIDS Authority, but they have little or no power to lead the country’s strategic response to HIV/AIDS.
Reasonable, but could still be improved	There is a National AIDS Authority and there is consensus that this one organization should lead the country’s HIV/AIDS efforts. Nevertheless, there are occasional conflicts between the role of the national authority and other organizations in the country.
Yes, sufficient	There is a National AIDS Authority and there is consensus that this one organization should lead the country’s HIV/AIDS efforts. There are no conflicts between the role of the national authority and other organizations in the country.

Q.2: The responsibilities of the local authorities are clear, appropriate and sufficiently decentralized?

While it is critical to assure that appropriate management authority is vested in one organization, it is equally important to assure that the roles of local authorities are clear and appropriate. Some countries have tended to maintain all authority at the national level, which has left local authorities with little or no power to influence critical decision-making. The approach that has been found to be most successful is one which emphasizes a decentralized approach to HIV/AIDS, thus empowering local authorities to implement HIV/AIDS programs.

Guideposts:

No	Responsibility for HIV programming and implementation is largely maintained at the national level, with little influence from local authorities.
To some limited extent	Local authorities have some authority, but they rarely feel empowered to influence decision-making or implementation.
Reasonable, but could still be improved	Responsibility for HIV/AIDS programming and implementation is largely shared between the national and local level.
Yes, sufficient	The HIV/AIDS response has been largely decentralized, thus empowering local authorities. Local authorities are frequently asked to be involved in national decision-making, while both planning and implementing local HIV/AIDS programs.

Q.3: The coordination of activities between the National Authority and development partners is clear and appropriate?

The role of the National Authority should be one of leadership, even when development partners control a significant portion of the HIV/AIDS resources. The National Authority should also remain fully informed of, and concur with, the ongoing HIV/AIDS activities of development partners. In reality, this sort of coordination seldom takes place. Often times development partners take the lead or fail to sufficiently coordinate their activities with the National Authority.

Guideposts:

No	Most development partners program their resources with little or no input from the National AIDS Authority. The coordination of HIV/AIDS activities, if it occurs at all, is seldom planned.
To some limited extent	Development partners discuss their planned activities with the National AIDS Authority, but they seldom ask for their advice or input. The coordination of HIV/AIDS activities occurs at the discretion of the development partners.
Reasonable, but could still be improved	Most development partners regularly discuss and consult with the National AIDS Authority in regard to their HIV/AIDS programming. There are conflicts between development partners and the National AIDS Authority, but these are usually resolved amicably.
Yes, sufficient	Most development partners regularly discuss and consult with the National AIDS Authority in regard to their HIV/AIDS programming. Activities are well coordinated and there are seldom any conflicts between development partners and the National AIDS Authority.

Q.4: The national strategic plan includes all the ongoing and planned activities in the country, including those by major funders?

For a national strategic plan to succeed, it should envelope all ongoing HIV/AIDS activities being implemented in the country. Ideally this should include all the activities being implemented by the major funders, although in reality this does not always occur. Certain funders carry out their activities in parallel with the strategic plan, refusing to integrate with the objectives and strategies laid out in the national plan. On the other hand, some strategic plans are developed without consultation with all the major funders.

Guideposts:

No	The national strategic plan typically includes only those activities which the National AIDS Authority controls. Therefore when donors introduce programs which the Authority has no control over, these items are not included in the strategic plan.
To some limited extent	The national strategic plan includes activities from all major funders. However, the presence of interventions determines the content of the strategic plan, not the other way around.
Reasonable, but could still be improved	The national strategic plan includes activities from all the major funders. Most funders work collaboratively to assure that the goals of the strategic plan are being met.
Yes, sufficient	All interventions, regardless of the source of funding, have been included in the national strategic plan. When new programs are introduced which had not previously been considered, the strategic plan is modified to reflect these additions.

Q.5: An inter-ministerial coordination plan exists?

A key component of coordination involves the relationship between various ministries within the government. This is important because all parts of government should be collaborating together to assure that their efforts are not duplicative and to assure that there are no gaps in programming. In order to do this, there should be an inter-ministerial coordination plan.

No	There is no inter-ministerial coordination plan.
To some limited extent	There is an inter-ministerial coordination plan, but it is seldom referred to.
Reasonable, but could still be improved	There is an inter-ministerial coordination plan, which is referred to when coordination issues arise.
Yes, sufficient	An inter-ministerial coordination plan does exist and it is regularly used in order to assure proper coordination.

Policy Environment

The tenth programmatic area is “Policy Environment”. This area can be found on the SAT worksheet by going to the “Policy” tab at the bottom of the excel worksheet (it is the 12th tab, located just to the right of the “Management” tab). This section is comprised of 4 questions. These questions relate to the policy environment of the particular country.

Q.1: A national HIV/AIDS policy is in place and is being applied?

There are a number of reasons why an increasing number of countries are choosing to have a national HIV/AIDS policy. One of the reasons is that discrimination (in workplaces, schools, health centers, etc.) has become an impediment to an effective HIV/AIDS policy. By introducing a national policy and then assuring that it is actually implemented, countries are able to reduce levels of discrimination. Countries are also deciding to have an HIV/AIDS policy so that they can refer to clear guidelines regarding issues like people's right to treatment. While the creation of a national policy is important, it is not sufficient if the policy is not then followed. Many countries, for example, prohibit mandatory testing, but then never enforce this policy when employers test their workers.

Guideposts:

No	There is no national HIV/AIDS policy.
To some limited extent	A national HIV/AIDS policy has been created, but for the most part it has not yet enforced.
Reasonable, but could still be improved	A national HIV/AIDS policy has been created. In a number of cases the policy has been enforced, but the policy is not yet universally followed.
Yes, sufficient	A national HIV/AIDS policy has been created. This policy is accepted throughout the country and is generally followed and enforced.

Q.2: An AIDS Program Effort Index (API) survey (or a similar survey to assess the HIV/AIDS policy environment) was conducted in your country and used in designing your strategic plan?

Countries vary significantly in regards to their HIV/AIDS policy environment. In some countries, there are no laws or policies to protect those infected with HIV/AIDS. Stigma and discrimination is common and the rights of those infected are seldom protected. In other countries, however, the policy environment is much more accepting of people living with HIV/AIDS, protecting people's rights and strongly discouraging stigma and discrimination. Having a scale which can be used to assess a country's progress in improving its policy environment is therefore useful. The API, which was developed by The Futures Group, is one tool that has been used in a number of countries to evaluate the country's HIV/AIDS policy environment.

Guideposts:

No	The API (or a similar survey) has never been conducted and there are no plans to conduct a survey in the country.
To some limited extent	The API (or a similar survey) has never been conducted, but there are plans to conduct a survey in the country.
Reasonable, but could still be improved	The API (or a similar survey) has been conducted in the country, but the results from the survey are not used for monitoring the country's policy environment.
Yes, sufficient	The API (or a similar survey) is conducted every 2 years in the country and the results are used to monitor changes in the country's policy environment.

Q.3: The strategic plan identifies effective measures which can be pursued for addressing stigma and discrimination?

Most strategic plans identify stigma and discrimination as a significant barrier to the effective implementation of HIV/AIDS programs. It is not, however, sufficient to merely recognize stigma and discrimination; these problems must be addressed with specific and effective interventions. Some countries have introduced interventions that were designed to reduce stigma and discrimination, but these interventions were never evaluated to determine if they actually succeeded. In other countries, stigma and discrimination interventions have been evaluated.

Guideposts:

No	The strategic plan does not identify stigma and discrimination as a barrier to effective program implementation.
To some limited extent	The strategic plan identifies stigma and discrimination as a barrier to effective implementation, but specific interventions to address this problem are not identified in the strategic plan.
Reasonable, but could still be improved	The strategic plan identifies stigma and discrimination as a barrier to effective implementation and identifies interventions that should be pursued to address this problem. These interventions are not, however, evaluated in terms of their effectiveness.
Yes, sufficient	The strategic plan identifies stigma and discrimination as a barrier to effective implementation and identifies interventions that should be pursued to address this problem. These interventions have been proven to be effective, or will be evaluated to determine their effectiveness in reducing stigma and discrimination.

Q.4: The strategic plan has been marketed and promoted in order to assure sufficient commitment to the plan?

Once a strategic plan has been created and consensus has been reached among the stakeholders, it is next necessary to obtain wider national consensus about the goals and objectives of the strategic plans. It is likely that certain groups will oppose certain aspects of the plan (e.g., religious groups may oppose the distribution of condoms). However, a successful dissemination plan should minimize any opposition to the strategic plan.

Guideposts:

No	The country doesn't have a national strategic plan.
To some limited extent	The country has a national strategic plan, but there has never been an effort to disseminate this plan to a wider national audience.
Reasonable, but could still be improved	The country has a national strategic plan and a dissemination effort was successfully launched. However, the plan met with unanticipated levels of opposition that were not immediately addressed.
Yes, sufficient	The country has a national strategic plan and a dissemination effort was successfully launched. The dissemination plan was able to address most, if not all, opposition.

Action Plans

The 12th programmatic area is “Action Plans”. This area can be found on the SAT worksheet by going to the “Action Plans” tab at the bottom of the excel worksheet (it is the 13th tab, located just to the right of the “Policy Environment” tab). This section is comprised of 2 questions. These questions relate specifically to the country’s action plans.

Q.1: There is a clear process for translating the strategy into action plans?

The action plans are designed to identify the more specific activities which are required in order to assure that the goals of the strategic plans are carried out. An action plan should identify the specific activity to be carried out, it should specify who will be responsible for carrying it out, and it will state when the results should be achieved. The action plan should also specify where the interventions will be carried out. The action plan should clearly flow from the strategic plan and should never be in conflict with the goals already established. The challenge, however, is that some countries have only written a strategic plan, with no specific procedures established for then writing up the action plans.

Guideposts:

No	The country does not have an action plan.
To some limited extent	There is an action plan which covers the entire period of the strategic plan. There are no annual action plans.
Reasonable, but could still be improved	There are action plans which are developed every year. These action plans are loosely based on the general guidance of the strategic plan.
Yes, sufficient	The country establishes annual action plans which are derived directly from the strategic plan. If there is agreement that the action plan needs to introduce any new activities which were not otherwise identified in the strategic plan, then the strategic plan is modified to reflect these required changes and to assure consistency between the two documents.

Q.2: There is a clear process for ensuring the action plans are integrated with other national annual planning documents (e.g., national budgets, PRSP, MTEF, etc.)?

The action plans are not documents which are carried out in isolation of other planning documents in the country. In fact there should be a careful integration of the action plans with items such as the national budget, the poverty reduction strategy paper, the medium term expenditure framework, etc.

Guideposts:

No	The country doesn't have action plans.
To some limited extent	The country does have action plans, but there has never been an attempt to integrate them with other planning documents.
Reasonable, but could still be improved	The country does have action plans which are loosely integrated with existing planning documents.
Yes, sufficient	The country does have action plans which are closely integrated with existing planning documents.

Total

The final tab of the SAT worksheet is called “Total”. This is the summary sheet where you, the user, are able to see how your country did in terms of the various components of strategic planning. If you answered with the highest score possible for all questions in a particular component area, then the graph will indicate a score of 100%. If you evaluated your country with the lowest score possible for all questions within a particular component area, then the graph will indicate a score of 0%.

The twelve component areas are ordered from the highest score, on the left, to the lowest score, on the right. Component areas where you scored 75% or above are colored green, between 25% and 75% are colored yellow, and less than 25% are colored red. Anything less than 100% suggests that there is at least one aspect of the component area which needs to be worked on.

If a country scores very low on all component areas, this is not a reason to despair. For some questions, there may be no way in which the strategic planning team could have done anything else. Remember that the purpose of this tool is not simply to focus on the final score, but instead it is to look at ways in which the strategic planning and action planning process can be improved.

Similarly, a high score in a particular area does not suggest that there is no room for improvement. If a country scores 90% on participation but didn’t include a person living with HIV/AIDS in the strategic planning process, then the strategic planners should focus on assuring that someone living with HIV/AIDS does fully participate in the next strategic planning cycle.

If this tool has raised questions about the way in which your country does its strategic planning, then it has succeeded in its objective. The next step in the process should be addressing those areas of weakness in your country’s strategic planning process.

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