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Improving HIV/AIDS Strategic and Action Planning -- Lessons Learned from Lead Consultants

AIDS Strategy and Action Plan Program (ASAP)

AIDS Strategy and Action Plan (ASAP) program lead consultants and other experts distilled their experiences in supporting national strategic planning for HIV/AIDS around the world, and made recommendations for enhancing the effectiveness of that support.

ASAP experiences in supporting national HIV/AIDS strategic planning

Over the last two years, the AIDS Strategy and Action Plan (ASAP) program, a service of UNAIDS, has assisted over 50 countries to enhance their HIV/AIDS strategic and action planning by providing:

- Technical and financial support for the planning process
- Confidential peer reviews of draft strategic and action plans
- Tools and lessons learned
- Capacity building for countries, UNAIDS Technical Support Facility consultants, and UN partners

Two important findings from the 2007 external evaluation of ASAP's first year of operation were that ASAP should broaden its support beyond HIV/AIDS strategies to offer: (i) a continuum of support from strategic through operational planning, and provide support over a longer period to accomplish this; and (ii) support for organizing and managing the planning process, both with regard to the content of strategies and action plans and the process of preparing them.

The evaluation suggested that an important element of future ASAP assistance should be the provision of high-level "lead" consultants[1] who have the skills to advise and facilitate the strategic planning process (in addition to advising on the strategy content and substance), as well as the skills to help countries move forward on detailed operational planning.

[1] Consultants with other specialized skills and expertise could also be provided.

A small number of ASAP lead consultants and other experts met in Washington in July 2008 to discuss challenges and good practices in guiding strategic and operational planning processes in countries, and to consider ways in which ASAP can offer greater support to its consultants. This note presents findings and conclusions from the meeting, with a focus on the lead consultant role including:

- Elements of a good strategic plan
- The process of strategic planning
- Moving from strategic to operational planning
- The essential skills of lead consultants
- How ASAP can enhance its support to lead consultants and strategic planning in general.

The note also looks at other areas, including:

- The major challenges for strategic planning consultants
- Designing an HIV/AIDS strategy with insufficient data on drivers of the epidemic
- Dealing with stakeholder views which may not be based on evidence.
- Prioritizing activities in operational plans
- The prerequisites for a productive strategic planning exercise

The **audiences for this report** are consultants and others who assist countries to prepare good strategic and action plans. The findings may also be useful for national authorities engaged in strategic and operational planning, providers of technical support and donors.[2]

[2] Other relevant documents available on the ASAP website (www.worldbank.org/ASAP) on strategic planning include: (i) HIV/AIDS Strategy Self-Assessment Tool and Guidelines; (ii) Key Steps in Preparing a National Strategic Plan; and (iii) Preparing National HIV/AIDS Strategies and Action Plans – Lessons of Experience.

Lessons learned

1. Elements of a Good Strategic Plan

ASAP was established by the 2006 Global Task Team to assist countries to make their strategic plans more evidence-informed, prioritized, costed and linked to implementation realities. The experience of the lead consultants produced a consensus on the objectives/elements of a good strategic plan.

- **Strategies should serve to guide the response**. A strategy should be a guide for a country, not a blueprint for implementation. It should be short, focused, easily readable and understandable by decision makers and the general population,[3] and reflect the actual thinking of decisions makers. It should present the evidence, define the key results, and identify – at a general level – the interventions most likely to have an impact on the epidemic. The strategy should not go into details on activities -- those belong in operational plans.

Lessons from ASAP Peer Review Experience

At the request of countries, ASAP has conducted more than twenty peer reviews of draft strategies and action plans. The strategies and plans have many strengths, but also contain weaknesses, and many would benefit from:

- A stronger evidence base
- Better linkage between the evidence on the epidemic and the proposed strategy
- A focus on results rather than on advocacy
- More attention to gender and to marginalized groups
- Improved operational and human resource planning

- **The situation analysis provides the evidence on which the strategy is built**. This section should lay out the main facts emerging from the available epidemiological and behavioral data, along with an indication of the cultural and socio-economic realities that relate to HIV transmission. Countries that have a sufficient evidence base need to assess it critically and use it as the basis for deciding the size and structure of their response.

  Countries without solid evidence on the size and drivers of the epidemic should make getting this evidence the primary focus of their strategy. If not, they risk making unsupported assumptions and spending scarce resources with little chance of having a measurable impact. In such cases, the first year or two of the strategy should support a process of gathering evidence on the epidemic and on program effectiveness, and then using this evidence to design a longer-term strategy.

- **The response analysis strengthens the foundation provided by the evidence.** It describes the national response to the epidemic to date, and relates it to the epidemic situation analysis (were the right things being done?), presents the results of previous programs/projects, indicating areas found to be particularly challenging. Ideally it also provides information on the status of the M&E plan and on human and financial resource availability and/or constraints that will help shape the new strategy.[4]

- **Linkages.** HIV/AIDS is multi-sectoral and needs to be seen in a wide context, especially in high prevalence countries. Thus the response needs to be coordinated with other areas of the health sector (e.g., sexual and reproductive health, TB) and with other sectors/actors beyond the ministry of health, especially those that deal directly with high risk groups (e.g., prison and legal systems, transport, mines) and mindful of the broader concerns around health system strengthening generally.

- **Focus on Results.** There should be a strong and clear internal logic moving from evidence of the drivers of the HIV/AIDS epidemic to identification of results to be achieved over the strategic plan period, which requires program prioritization.[5] For each result, a relatively small number of targets and indicators need to be identified, with data requirements that are reasonable and feasible without assuming major improvements in M&E.

- **The benefits and challenges of stakeholder consultation.** Stake-holders have valuable knowledge and experience to contribute to the strategic planning process. And consultation encourages ownership and healthy debate, and allows a wide range of views and positions to be understood. At the same time, both national and international stakeholders (including donors and providers of technical support) sometimes advocate for inclusion of views/activities that might not reflect the evidence of the epidemic. The challenge then is to strike a balance between reflecting stakeholder views and focusing on the drivers of the epidemic. In

[3] The formatting of the strategy, the use of graphs and text boxes (where relevant), and a very short, concise executive summary are all essential.

[4] One important added value of lead consultants should be to help rationalize evidence to clarify priorities and help national authorities to make choices.

[5] UNAIDS guidance on prevention planning provides a good starting point for prioritization within the strategic planning process.

the final analysis, while some compromises will be inevitable, the programs chosen and the budgets allocated should reflect the realities of the epidemic and not just stakeholder interests and "the loudest voices". A good strategy is based on the evidence – it is not a summary of consultation meetings.

- **Facilitation.** Having an experienced facilitator to guide participation of stakeholder groups and to suggest mechanisms for resolving differences and mitigating institutional self-interest is very helpful, especially given the substantial amounts of funding involved.

- **Coordination and Implementation Challenges.** Overcoming these challenges is critical for a successful national response to the epidemic, and thus an assessment of past experience should be included in the Situation Analysis. Further, while the details are best left to operational plans, the key principles and practices of coordination and implementation are also relevant for a strategy, including establishing overarching coordinating mechanisms such as joint country-led annual reviews, and defining how funds will move to implementing organizations, especially those outside the public sector and at decentralized levels.

- **Strategic Flexibility.** As the epidemic changes over time, it is useful to update strategic plans to reflect new evidence. One approach to ensuring that the strategy is appropriate in changing circumstances is to organize joint country-led reviews every year or two. Such reassessment needs to be built into the strategy.

- **Costing and Financing.** It is important to present a picture of the current and expected sources and levels of finance, and to estimate the resources needed to implement the five-year strategy.[6] It is also important to indicate how much of available resources has been spent and to give an indication of historic capacity to absorb funds. However, few strategies today have a financing section and many do not yet include a cost estimate.

2. The Process of Strategic Planning

Countries usually develop HIV/AIDS strategic plans every four to five years. It is common for country program managers, therefore, to have limited experience with the process of strategic planning – leading the process, assembling the evidence, organizing the participation of stakeholders, managing consultants and staff, prioritizing the response – all of which are critical to a successful outcome. Thus many national AIDS authorities choose to contract out important parts of the strategic planning process to specialized experts/institutions, while retaining overall supervision.

Over the past two years, ASAP and the lead consultants with whom it has worked have provided advice to countries on the process of strategic planning. A number of valuable lessons have been learned about the process, many of which apply broadly, regardless of specific country situations.

> **"We need to 'land' the strategic plan so that it comes down to earth"**
>
> *(Latin American AIDS official)*

- **Planning the Process**. Strategic planning should be kept short and focused and organized well in advance of starting the process. A realistic timetable is imperative. The fact that the major sources of funding – a country's ministery of finance, the Global Fund, and the U.S. Government – have different procedures is a fact of life that complicates developing one strategy. However, maintaining the international community's commitment to supporting "one national strategy" remains important.

  Using a "road map", such as the one developed by ASAP, indicating the various steps and options involved in strategic planning, can be an effective approach and can keep all those involved focused on where they are and where they are going in the process. It is important that there is sufficient time to analyze the epidemiological evidence and consult stakeholders, and that responsibility for tasks in the process are clear, especially if a lead consultant is being used.

- **Managing the Process.** Process management, which might involve enhancing local capacity, is as important as the technical skills involved in producing the substance of the strategy.

- **Coordination and Supervision.** One danger to the process is having a team of staff and consultants, funded by and reporting to different masters, with insufficient supervision and guidance, resulting in a "cut and paste" strategy without internal coherence. Coordinating the stakeholders, especially those representing external agencies, is especially important. The ability of the UNAIDS Country Coordinator to assist with coordination varies and needs to be enhanced along with the participation of the main external funders, the Global Fund and PEPFAR.

- **Local Champions.** An important asset is having local champions with authority to guide the process

[6] There are several existing models currently used (Resources Needs and Goals, for example) for the kind of aggregate costing that is appropriate for a strategy.

and ensure local ownership, regardless of the nationality or affiliation of those who do the work. A corollary to this is having a steering group and technical working groups with consistent membership, active involvement and effective leadership. Funding needs to be provided to ensure the consistent participation of local champions and experts as well as the facilitation process for stakeholder consultations.

- **Assembling Evidence on the Epidemic Drivers.** This is often challenging, even in countries with good data, unless all relevant documents are well known and readily available. Still, putting together a picture of the epidemic -- including addressing sensitive issues of high risk groups in a way that can be discussed objectively with stakeholders – is critical to overcome vested interests or entrenched (but perhaps outdated) views and ultimately produce an evidence-informed and prioritized response. One approach is to use visuals showing transmission routes and groups whose behavior puts them at risk.[7]

3. Moving from Strategic to Operational Planning

Since 1995 the amount of money available for HIV/AIDS programs has increased from about $250 million to more than $10 billion in 2008. This has been a tremendous success for the international community, enabling countries to scale up prevention, care and treatment, and mitigation programs. The over-riding challenge today is to spend this money effectively and efficiently, to achieve demonstrated results. This makes the role of operational plans – which allow countries and stakeholder organizations to implement the response – critical. The challenge is for strategic planning to move directly into operational planning to ensure timely implementation. The objective is to have a time-bound operational plan as part of the overall strategic planning process. The lead consultants had a number of observations on how to integrate strategic and operational planning:

- **Time Frame.** The realities of budgeting and disbursing funds suggest that a two-year rolling operational plan is more useful than a one-year plan.

[7] The more we learn about epidemic drivers, the fewer countries are judged to have "generalized" epidemics. Still, many strategies program activities as if their epidemics were generalized, when often they are actually concentrated in specific groups with risky behaviors. Such countries are more likely than those with generalized epidemics to be able to make a 'strategic shift' based on analysis of the evidence.

When Stakeholders Hold Views Not Based on Evidence

The strategic planning process encourages participation by large numbers of stakeholders, many of whom hold views based not on evidence of the epidemic but rather on their own understanding of the epidemic or on their institutional mandates. How does one deal with this situation without alienating stakeholders? Some suggestions:

- Start the stakeholder consultations with an examination of the evidence of the epidemic provided in user-friendly formats
- Give prominent roles to stakeholders who focus on evidence
- Consider bringing in epidemiological experts who are good communicators and facilitators
- Search out small-scale studies or operational research that might have been conducted by NGOs, academics and others
- Propose a peer review or another form of quality enhancement early in the drafting of the strategy as another opportunity to focus on evidence
- Provide token support to stakeholders who can advance the overall response but who do not work with high risk or most affected groups
- In the medium term, provide more resources for reinforcing the evidence base

- **Integrating Operational Planning into Strategic Planning.** The key decision is how to move from the general level of program identification appropriate for a strategy to the very specific activities needed in an operational plan. Identifying specific program activities may well involve a more detailed process of prioritization within the framework of available/feasible human and financial resources, including a gap identification exercise. In the situation where an operational plan is being prepared on the basis of an old national strategy, revisiting and updating the national strategy – including identification of key results – is important. In any case, the format of the operational plan should reflect the results and programmatic areas identified in the strategic plan.

- **Content.** Operational plans should include:

→ Agreed **results to be achieved**, with appropriate indicators and arrangements for monitoring program effectiveness and efficiency. This should include both program indicators and other indicators that relate to improved management of financial and human resources. Objectives should be grounded in reality and not be expressions of advocacy.

→ A **description of activities**: what is to be done, where, when, by whom, and at what cost.

Other important information on plan implementation:

→ Most HIV/AIDS operational plans will include a considerable scaling up of institutional activities that cannot, in reality, be achieved without a special effort. A SUFI (Scaling Up For Impact) **assessment** including the **investment needed by implementing organizations in order to scale up**, can be helpful.

→ A narrative on operational experience, especially **areas of challenge** that can be addressed by external actors, including capacity building and technical support

→ Policies, procedures and practices, including from donors, that impede operational efficiency – the **"implementation barriers"** - including elements of the fiduciary framework – monitoring and evaluation, financial management and disbursement, and procurement

→ The **essential requirements (and expected results) of the main funders**, in particular a country's ministry of finance, the Global Fund, and PEPFAR

→ Plans for **capacity building, technical support, and M&E**

Prioritizing Activities in Operational Plans

At the start of most operational planning exercises, there may be hundreds of potential activities competing for resources. The challenge is to decide on a process to prioritize activities in order to ahieve the results identified in the strategic plan. A number of methods have been tried:

- "Informed judgment" – the team developing the operational plan uses its judgment on an "urgent and priority agenda" after consulting with a wide range of stakeholders.
- Explicit criteria, with rating and weighting. Criteria are developed such as: (i) capacity to implement; (ii) immediate benefits; and (iii) long-term benefits, with different weights assigned to reflect relative importance.
- Explicit criteria (impact and feasibility) with yes or no decisions. Priority activities must satisfy two criteria: (i) quick impact on the epidemic; and (ii) capacity to implement exists.

- **Costing.** Costing at different levels – community, district and national – for each significant implementation organization can be done by using actual costs and through budgeting instruments, such as the Activity Based Costing (ABC) approach developed by ASAP, that allow for organizational diversity as well as for aggregating hundreds of individual costing exercises into one operational framework at the national level.

- **Capacity for Operational Planning.** It will be a major challenge for countries, especially those with hundreds of implementing partners, to develop operational plans. Agreeing on formats and costing details is essential. The same investment in instruments and capacity that countries, supported by UNAIDS and bilateral partners, made for strategies should be done for operational planning. The costing exercise, in particular, requires an important initial investment of time and money but once a country and implementing partners do it once, successive years will become easier if the costing instrument remains the same.

The Major Challenges for Strategic Planning Consultants

Lead consultants are often asked by countries to play both an advisory and operational role in the process of developing an HIV/AIDS strategy. In addition, the task requires dealing with multiple clients who often have very different interests and responsibilities.

From their experiences, lead consultants list a number of other challenges:

- Mobilizing stakeholders (especially people living with HIV) to participate effectively in the process and then keeping them on track
- Determining the reliability and relevance of available data
- Obtaining consensus on prioritized programs on the basis of the reality of the epidemic rather than the interests of some stakeholders – i.e., "keeping the strategic plan strategic"
- Agreeing on key results and achievable targets
- Integrating the plans of sectors with national priorities
- Deciding on the appropriate level of costing strategic plans
- Balancing the need for consultation with completing the strategy
- Differentiating between major and minor stakeholders, especially in the donor community
- Assessing the key factors in scaling up programs
- Balancing ambitious objectives with implementation capacity and available resources
- Focusing on spending available resources effectively rather than on fundraising

4. Essential Skills for a Lead Consultant

The general terms of reference for a lead consultant are to: (i) advise national authorities on the process of strategic and operational planning; (ii) facilitate the planning process as requested; and (iii) manage/ implement aspects of developing the strategy in accordance with recognized standards and practices. In small countries with low-level epidemics, the lead consultant may be asked to do much of the work herself/himself. In larger countries with more serious epidemics, the lead consultant may play an important role in managing other consultants and integrating inputs into the final product. It is also understood that the process and expected products in countries with more serious epidemics will be more complex. Recognizing these differences among country situations, some of the generic skills identified in the meeting are:

Essential skills (in order of importance):

- Process management with a focus on results
- Team management
- Strategic thinking
- HIV/AIDS expertise
- Ability to listen
- Communication/facilitation
- Experience in strategic planning in HIV/AIDS and other sectors
- Ability to work with multiple interest groups
- Ability to write clearly and succinctly

Desirable skills (not in order of importance);

- Pragmatism
- Flexibility
- Experience in the region
- Respect for different cultures
- Budgeting skills
- A sense of humor

5. How ASAP Can Enhance its Support to Lead Consultants and Strategic Planning Generally

The meeting participants and ASAP Secretariat discussed how to better support the work on the ground. It was suggested that the ASAP Secretariat undertakes to implement as many of the following suggestions as possible:

- In collaboration with the requesting country, the UCC and the UNAIDS Regional Support Team, provide all key documents and arrange critical early meetings prior to the consultant's arrival in country
- Set up a strategic planning help desk for immediate "on demand" assistance
- Provide comments and advice on draft documents within 72 hours
- Provide more quality assurance to lead consultants at the beginning of consultant assignments by:

→ organizing a briefing teleconference before the assignment

→ providing tools and instruments, examples of good strategies and action plans, and lessons learned from other assignments

→ discussing the assignment regularly when the consultant is in the field

→ clarifying the respective roles of ASAP, the requesting government partners, and UNAIDS so that ASAP's collaborative approach is fully understood

- Hold an annual workshop of high level consultants to exchange lessons learned, to improve support to countries
- Give even more priority to improving coordination on strategic and action planning to reduce duplication within the UN system, especially with co-sponsors, UNAIDS regional support teams, UNAIDS country coordinators and Technical Support Facilities

References, further information

- Information on the AIDS Strategy and Action Plan (ASAP) program: www.worldbank.org/asap
- HIV/AIDS Strategy Self-Assessment Tool and Guidelines; Available on-line at www.worldbank.org/asap > Tools for Strategic Planning
- Key Steps in Preparing a National Strategic Plan Available on-line at www.worldbank.org/asap > Roadmap
- Preparing National HIV/AIDS Strategies and Action Plans – Lessons of Experience. Available on-line at www.worldbank.org/asap > Publications.

Prerequisites for a Productive Strategic Planning Process

The ASAP lead consultants offered a number of suggestions for the ASAP Secretariat, ASAP partners, and national AIDS authorities, to enable countries to get the most benefit from the consultants' support:

Country Actions

- Ensure that main stakeholders inside and outside of government are informed and support undertaking the process (especially the UNAIDS country coordinator and UN partners)
- Agree with local stakeholders the manner in which the process will be led and managed (e.g., establishment of a steering committee and technical working groups)
- Identify the individual who will have overall responsibility for managing the process, and who will be the person to whom the consultants will report in the country
- Draft TOR for consultants and others involved in the process, with clear lines of responsibility and 'deliverables'
- Insist that important criteria are met when appointing national consultants, for example: availability (being free of other tasks), capacity for intensive work, commitment to the HIV response, etc.
- Draft a 'road map' or timeline for the process (this can be modified as time goes on, but is important to help keep all partners focused). Take into account potential schedule conflicts (e.g., international conferences, donor proposal deadlines, elections, annual leave of key local stakeholders, national holidays)
- Secure local funding for workshops and other local expenses
- Once consultants are identified, help them to quickly understand the situation in which they will be working by:
  - Assembling and sharing all available evidence at the earliest possible date (before the arrival of any outside consultants), in collaboration with the NAC and UNAIDS Country Coordinator
  - Providing a 'map' of the main stakeholders
  - Discussing by phone with all partners (in particular government and UNAIDS) how the visit will be organized, and in particular arranging initial meetings before the consultant's arrival
  - Mobilizing stakeholders to ensure they will be available once the consultants and working groups begin their work

ASAP Actions

- Organize an initial teleconference with the country partners (including Government, UNAIDS and others) and ASAP-supported consultants to clarify the task, expectations and the timing of the work
- Organize a 'pre-visit' by the consultant to the country if this is agreed to be useful
- Provide access to ASAP tools and general technical backstopping and guidance throughout the process

UN/Bilateral Actions

- Briefings from UN system stakeholders
- Commit to participate in consultations
- Explicit role for UN stakeholders as champions and as rapporteurs
- Coordinate strategy work with other external and internal tasks (like GFATM proposal submission.)

Addendum

Since the July meeting, ASAP has received useful comments from participants highlighting issues on which further discussion would be helpful. Some of the comments relate to the fact that the participants' country experience with ASAP has been largely in concentrated and low-level epidemic situations.[8]

- The identification of drivers of the epidemic is likely to be more helpful in shaping an appropriate response in countries with concentrated epidemics and a history of a relatively unfocused response than in generalized epidemic situations. Examples of countries in the first category that have recently demonstrated success in making a 'strategic shift' include Madagascar, Mauritius and Zanzibar. However, thus far there has been less success in hyper-epidemic or generalized epidemic situations to translate evidence on the drivers into sound strategic priorities.

- More attention needs to be given to the challenges of prioritizing and tailoring a response to the epidemic based upon the evidence in each country, and guidance in this area needs to be strengthened. In particular it was suggested that guidance on prevention planning is crucial, and that a number of UNAIDS tools and approaches should be used as a helpful starting point.

- Although the principles on the use of evidence, prioritization, identification of results, costing and the need for participation are applicable across country situations, the processes and products are likely to be different in different situations. It was suggested that guidance should be explicit in acknowledging this and applying it in different country contexts.

- The nuts and bolts (the 'what and how') of results-based planning merit greater discussion and rationalization. A rapid review of language used by planners in the Eastern and Southern Africa (ESA), undertaken by the UNAIDS Regional Support Team for ESA, found that an enormous number of terms and concepts are currently in use, without sufficient definition or common understanding. In addition, concepts are sometimes used improperly (e.g., using the term 'outcome' for something that is in fact an activity or an objective). Further, the notion of a 'logic chain', while common, is not applied systematically. Lastly, M&E frameworks are too often developed long after the strategy has been produced, and not well aligned to the strategy.

- Questions were raised regarding the comprehensiveness of operational plans. It is clear that in complex response situations (in which the number of partners and levels of decentralized response are many) the challenge of bringing this all together into a single document is enormous. Further, the issue of how to link the national operational plan with the plans of main partners (e.g., PEPFAR, GF, MAP, international NGOs) requires further work.

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[8] Africa: Angola, Benin, Burundi, CAR, Cote d'Ivoire, DRC, Eritrea, Ethiopia, The Gambia, the Great Lakes Initiative on AIDS (GLIA), Lesotho, Liberia, Madagascar, Mauritius, Niger, Rwanda, Swaziland, Tanzania, Togo, Uganda, Zambia, Zanzibar

Asia: Afghanistan, Bhutan, Sri Lanka, Myanmar, Nepal, Mongolia,

Caribbean: Antigua, Barbados, Dominica, Grenada, Guyana, Jamaica, St Kitts and Nevis

Europe: Albania, Kosovo, Latvia, Moldova

Latin America: Chile, Costa Rica, Dominican Republic, El Salvador, Ecuador, Guatemala, Honduras, Panama, Peru, Uruguay

MENA: Lebanon, Morocco, Somalia, South Sudan

NGOs: Council of Anglican Provinces of Africa, Swaziland Consortium of AIDS NGOs, Mongolia AIDS Foundation (linking partner of the International AIDS Alliance)