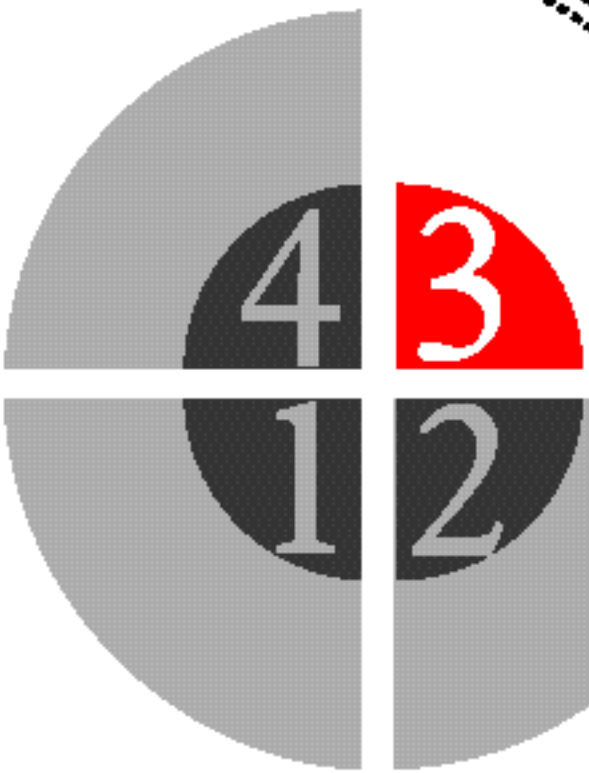
Guide
to the strategic planning process for a national response to HIV/AIDS



Strategic plan formulation

Resource mobilization

Situation analysis

Response analysis

UNAIDS

UNAIDS Best Practice Collection
KEY MATERIAL

Guide
to the strategic planning process for a national response to HIV/AIDS

Strategic plan formulation

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I. Introduction to strategic plan formulation

The strategic planning process encompasses the answer to three questions:

- What is the HIV situation in the country?
- What has been done about it so far?
- What should be done about it in the future?

The first two questions should have been answered by the situation and the response analyses described in ***Modules 1*** and ***2*** of this Guide. This third module, which deals with the third question, rests solidly on the work done in the first two phases of planning.

Many of the questions asked in the process of formulating strategies are similar to those asked when analysing the situation and the response. The difference is that in formulating a strategic plan, a country seeks to change specific situations, taking advantage of all opportunities and considering all potential obstacles to move towards a situation where HIV spreads less rapidly and has fewer negative consequences for those infected, their families, and society. For example, one of the opportunities that should not be missed is creating a national development plan, in which HIV/AIDS activities should be integrated as much as possible.

I.1 Why formulate a strategic plan?

While the basis of traditional health planning is the **norm** that will be applied to all beneficiaries (like a standardized treatment, vaccination scheme, etc.), and that will produce its effects to the extent that it is reproduced accurately, planning for HIV is based on **situations** which are different according to the population group addressed, and which may change rapidly over time. Planning for HIV therefore means devising strategies relevant to concrete situations, flexible enough to be adapted when that situation changes, and realistically taking available resources into account. A strategy is just a means of moving from the current situation towards a stated goal, eventually through a number of successive steps. Strategies will be discussed in more detail later in this module.

In the past, planners have tended to draw up a plan and then go out looking for money or resources to fund it—not an easy exercise in a world where many development priorities must compete for resources. A planner who thinks strategically, however, will look for initiatives that come with built-in resources, for example by forming partnerships with private companies or institutions that can contribute skills and materials to the national response to HIV. Just involving these people in formulating a strategic plan may in itself make an important contribution to a more effective response.

The rationale of strategic planning and its main characteristics have been thoroughly explained in the Introduction to ***Module 1***.

I.2 Different options of strategic plans

Whereas all strategic plans have a set of characteristic features in common, there are several options to planning strategically, according to the level of detail and operationalization:

A strategic plan may be conceived as a general framework for implementing the national response. Such a strategic framework sets fundamental principles, broad strategies, and the institutional

framework, and is the basis for a subsequent formulation of more operational priority projects and programmes.

In the second option, the strategic plan would not only include the strategic framework as defined above, but also the more detailed strategies necessary to change the current situation, and the successive intermediate steps needed to reach the stated objectives.

The "strategic plan for action"—the third option—takes the level of detail still a step further: the priority actions contain not only operational plans, but also detailed alternatives for each strategy, to overcome potential obstacles.

To illustrate the first option, the following example lists the guiding principles contained in the Philippine National HIV/AIDS Strategy, as it was published after many months of consultations with the agencies involved in the national response.

Example: Philippines National HIV/AIDS Strategy

Guiding principles:

- *Multi-sectoral involvement is essential to national and local responses to HIV infection*
- *The individual rights and responsibilities of people affected by HIV infection and AIDS should be upheld*
- *People should be empowered to prevent further HIV transmission*
- *Care and support for persons with HIV should be integrated into existing health and social services*
- *Universal precautions and utmost safety should be used to minimize the risk of HIV transmission through health procedures*
- *All HIV antibody tests should be voluntary with guaranteed confidentiality and adequate pre- and post-test counselling*
- *The formulation of socio-economic development policies and programmes should include consideration of the impact of HIV infection/AIDS*
- *Resources should be allocated, taking into consideration the unique vulnerabilities of various populations affected by the HIV infection and the impact of AIDS*
- *Continued efforts should be made to constantly improve HIV-related programmes*

While this first option provides a valid framework for subsequent planning of priority strategies, it remains quite theoretical, and may be less conducive to immediate action. The third option would require sophisticated techniques and highly specialized human resources. The option implicitly adopted in the present module is the second one, where a strategic framework is defined as well as a number of priority strategies.

I.3 Using this module

As with the other modules in this series, this module describes a process which can be used by all persons involved in HIV/AIDS planning. Though it is aimed primarily at national planners, it may

be used by anyone from the national programme manager to the director of a community organization. Indeed, the entire process may be undertaken at the national level, or planners at district or community level may also use this module to formulate their plans based on analyses conducted at a decentralized level. Each country must choose the combination of national and decentralized planning which bests suits its needs. The advantages and disadvantages of central versus decentralized planning will be discussed in more detail later. The process of formulating a strategy described in this guide will not, however, differ radically regardless of the level at which planning is carried out.

I.4 Who will use the finished strategic plan?

The finished plan will, above all, guide programme managers as they implement activities that seek to diminish the spread of HIV and its impact. It should be an indispensable reference for everyone seeking to contribute to the national response. Governments, national and foreign donors, non-governmental organizations (NGOs), private companies, professional associations, researchers, and others should use the national plan as a guide to priority areas and activities for the national response. This group of users is likely to have differing interests—the more they have contributed to formulating the strategic plan, the more likely it is to reflect their needs and to ensure that they will be brought into partnership in a coherent, government-led national response.

II. Responsibilities

II.1 Overall responsibility

There are two major groups who may be involved in national strategic plan formulation for HIV. In most countries, the process will be coordinated by the National AIDS Programme manager under the direction from the National AIDS Committee or other body or person with overall responsibility for AIDS policy. The National AIDS Programme manager's team is most likely to have been responsible for managing the first two steps in the strategic planning process—situation analysis and response review.

Elsewhere, however, governments may choose to make the national planning agency responsible for planning for HIV as for other areas of human development—the situation analysis may point to the most appropriate model for the country.

In some countries, considerable time and energy may be required to build up support for the very concept of strategic planning, particularly among groups in different sectors who may feel HIV is not their business. Strong personal or institutional leadership may be needed to drive the process. Building support for strategic planning for HIV will involve establishing relationships, initiating dialogue, and pressing for political commitment—all activities that are, in their own right, crucial to an effective national response to the epidemic.

II.2 Strategic plan formulation team

A team appointed to formulate the strategic plan may be composed of a limited number of working groups, each group working in one or more specific focus area.

The people involved in the formulation of the strategic plan will of course vary according to the option chosen: whether besides the strategic framework specific priority strategies will be developed, how decentralized a process will be adopted, etc. A few principles though are valid for all contingencies:

- Since the government should be in the driver's seat of the whole exercise, there should be a solid government representation from different sectors. This will also facilitate the integration of HIV / AIDS activities into national development plans.
- It is recognized that active participation in the planning process will lead to a strong feeling of ownership. Hence involving all key stakeholders in the plan formulation is an early but essential step towards mobilizing resources, human as well as financial. These include important national and international NGOs, UNAIDS and its cosponsors (possibly through the UN Theme Group on HIV / AIDS), the main international donors, the private sector, community organizations, people affected by HIV / AIDS, etc.
- The team as a whole should have appropriate expertise in the different focus areas to be covered, as well as in strategic planning itself. If prepared well enough in advance, it is often possible to meet this requirement through a careful selection among the potential participants from the stakeholders listed above.
- The team(s) that conducted the situation and response analyses should be able to make a valuable contribution to strategic plan formulation—the priorities and strategies chosen will depend very much on the results of their analyses.

Example: Members of a working group on youth

Representatives of:

- *the education ministry*
- *the ministry of sports and youth*
- *a community organization supporting young people living with HIV*
- *teenagers involved in a peer education programme*
- *the national teachers' union*
- *an international satellite TV company that targets young people*
- *young people from a religious group that organizes leisure activities*
- *an NGO working with street children*
- *an academic researching children in the workforce*
- *a bilateral donor funding vocational training for teen mothers*
- *UNICEF, UNFPA and UNESCO*
- *a private company that publishes football and fashion magazines for young readers*

II.3 Administration of strategic plan formulation

Each country will have to choose the administrative steps in strategic plan formulation in the way that best suits its own needs and its own resources. Central as well as decentralized planning approaches have their advantages and disadvantages.

Planning at a central level, first of all, is necessary to develop the national strategic framework within which the national response will be implemented. Integration of HIV/AIDS prevention strategies into the various government sectoral plans is more likely to have a broader impact if done at a national level. Planning also national strategies at central level helps reduce duplication and ensures consistency across the programme. Central planning, however, requiring extensive national consultations, can consume significant time and resources.

Apart from being a lengthy process and sometimes difficult to organize and coordinate, decentralized planning has its advantages. By making it possible for local decision-makers and communities to be involved, the plan will not only have a closer link with the social and cultural characteristics of the target population groups and be better adapted to available resources, it will also give a better sense of ownership to those responsible for its implementation.

Three possibilities are detailed below, but there are as many other possibilities as there are countries and administrative structures.

Option 1: National level planning

- *Identify clear responsibility and participation for plan formulation*
- *Establish a workplan and budget*
  - *Disseminate conclusions of situation analysis and response review*
  - *First national workshop*

- *Identify priority areas and objectives*
- *Identify Chairperson for each priority area*

▶ *Form priority area and management working groups*
- *Develop strategies with potential programmes and initiatives in each area*
- *Identify management, coordination and funding mechanisms*

▶ *Second national workshop*
- *Review and prioritize proposed strategies*
- *Review management mechanisms*
- *Agree on national strategic plan*

▶ *Write up national strategic plan, circulate for comments, finalize*

▶ *Submit to the responsible government authority for approval*

▶ *Disseminate national strategic plan*

Option 2: National priorities, local strategies

▶ *Identify clear responsibility and participation for plan formulation*

▶ *Disseminate conclusions of situation analysis and response review*

▶ *National workshop*
- *Identify priority areas and objectives*

▶ *Write up national masterplan, including guiding principles and priority areas, and submit to the responsible government authority*

▶ *First provincial workshop*
- *Review provincial situation and response in priority areas*
- *Identify working groups for each priority area*
- *Working groups develop strategies in their area*

▶ *Second provincial workshop*
- *Review and prioritize proposed strategies for all areas*
- *Identify management mechanisms*

▶ *Write up strategic plan, circulate for comments, finalize*

▶ *Disseminate provincially and submit to the responsible government authority*

Option 3: Provinces set the agenda

▶ *Identify clear responsibility and participation for strategic plan at provincial level*

▶ *Provinces undertake situation analysis and response review*

▶ *Provincial workshops*
- *Identify priority areas and objectives*

- *Identify working groups for each priority area*
- *Working groups develop strategies in their area*

▶ *Provinces write up strategic plans*

▶ *National workshop*
- *Review provincial plans*
- *Identify common priority areas*
- *Identify national management and coordinating mechanisms*

▶ *Write up national strategic plan, circulate for comments, finalize*

▶ *Submit to the responsible government authority*

How the national administration is organized will determine the operational process of planning as well as the degree to which that process is centralized or decentralized.

In each country, an action plan will be required to specify the steps in the exercise, the persons responsible, the schedule and the necessary budget.

The exercise may be an expensive one. In some cases, cosponsors and UNAIDS's secretariat may be able to help countries mobilize the necessary human and financial resources.

II.4 Scheduling of steps

The length of time it takes to formulate a national strategic plan will vary enormously from country to country. It will depend on the size and complexity of the country, the administrative and planning systems already in place, and the level of decentralization at which different stages of plan formulation are to take place.

The conclusions of the situation analysis and response review will give a rough indication of how complex the task is likely to be in a particular country, and can guide administrators in planning appropriate time lines.

III. Formulating a strategic plan

This section is intended as a guide to the thought processes that planners go through in formulating a strategic plan.

With a good situation and response analyses in hand, most of the hard work of strategic plan formulation will already have been done. These exercises, described in ***Modules 1*** and ***2***, will have:

- identified priority areas for change
- identified which parts of the current response should be continued and expanded
- identified obstacles to avoid and opportunities to seize on in designing new strategies

It remains to set objectives for change in the priority areas identified, and to formulate successful strategies to move towards those objectives.

What is a strategy?

A strategy is nothing more than a series of steps designed to move from one situation towards another. When planning strategies, those steps will be defined in terms of the programmes or initiatives that will carry the country from the current situation towards the objective. Sometimes, this can be done in a single bound, where one initiative is enough to attain the stated objective, but more often, a strategy will be made up of a series of steps, each of which creates a new situation in a gradual march towards the objective. The following is an example of such a multi-step strategy.

Example: Multi-initiative strategy for increasing condom use

- ***Current Situation***
  Condom use is virtually non-existent, and STDs are common. A recent situation analysis has identified various obstacles to increased condom use, some of which are low availability, bad quality, fierce opposition by religious leaders, influencing the government.
- ***Target situation***
  One hundred percent condom use in all non-marital sexual encounters.

  Strategy: *Improve acceptability, availability and quality of condoms*

  Step 1: *Various initiatives to build support among religious leaders for condom use*
  Intermediate situation 1: Religious leaders agree not to oppose condom promotion, and to communicate this decision privately to senior government officials

  Step 2: *Reverse ban on media discussion of condoms, through discussions with information ministry, etc.*
  Intermediate situation 2: Condoms are promoted on TV without mentioning extramarital sex.

  Step 3: *Create distribution chain and marketing plan for condoms*
  Intermediate situation 3: Condoms widely available at easily accessible sales points.

  Step 4: *Import, promote, and distribute quality condoms, through agreements with multi-national pharmaceutical firm with long-term interest in regional condom market.*

A strategy is only as good as the initiatives that make it up. Very often, there will be a key initiative without which the rest of the strategy will fail. These key initiatives—the French call them "projets dynamisateurs"—can serve to "kick start" a whole strategy, driving forward a series of other steps that will together change the situation. Planners must recognize the importance of these key initiatives, concentrating resources to make sure that they succeed. These key projects form the cornerstone of most strategies—unless the funding, goods and services, the people, the political support and the partnerships are all built up to support them, the whole strategy will crumble.

The main steps in strategic plan formulation

1. Re-examine the national guiding principles
2. Confirm priority areas for a national response
3. Set objectives in priority areas
4. Develop strategies to reach objectives in priority areas
5. Develop a strategic framework for the national response
6. Examine the strengths and weaknesses of proposed strategies
7. Revise objectives and strategies where necessary
8. Plan flexible management and funding to ensure support for emerging strategies

III.1 Re-examine the national guiding principles

All countries work according to either explicit or implicit guiding principles, often stated in the constitution, or in international conventions to which the country is signatory. The guiding principles should have been clearly stated at the start of the Situation Analysis report (see Module 1). Since these national principles should govern all strategies in the response to HIV, it is helpful to re-examine and eventually state them clearly before going on to formulate strategies.

An example from the Philippines, outlining the guiding principles in its national HIV/AIDS strategy, was given under section I.2.

III.2 Confirm priority areas for a national response

The situation analysis will have identified the most important determinants that drive the HIV/AIDS epidemic in the country, and the response analysis will have pinpointed areas in need of more attention in a new strategic plan. For more information on the process of analysis, see ***Module 1:*** *Situation Analysis*, and ***Module 2:*** *Response Analysis.*

From the body of knowledge available internationally, and previous experience with programmes in many countries, UNAIDS has identified a set of focus areas for action in the global response. Each country, through analysis of its own situation, will identify its own priority areas for action in its strategic plan. The focus areas suggested by UNAIDS include:

- care for people living with HIV / AIDS;
- mitigating the impact on people infected and affected by HIV / AIDS;
- reducing the vulnerability of young people and other specific population groups;
- promoting safer sexual behaviour for young people, other specific population groups and for the general public;

- promoting and distributing condoms;
- preventing and controlling STDs;
- providing safe blood supply;
- promoting of safer drug injection behaviour;
- promoting a supportive ethical, legal, and human rights environment.

As mentioned in other modules, this list is not intended to be exhaustive or applicable to all circumstances. A more detailed discussion of each of the above focus areas can be found in ***Module 2***, section III.3.b).

III.3 Set objectives in priority areas

Because a strategic plan concentrates on finding pathways towards an objective, it is important to specify what that objective will be. While planners may have an overall or "ultimate" goal for the entirety of the national response, they should, for each priority area, have a clear idea of the concrete situation they want to reach by the end of the period covered by the plan. This new situation constitutes the general objective in that focus area. Most often, such an objective may be reached only through achieving a number of specific objectives. If a single priority area has lots of different elements that need changing, planners should list all those elements and set specific objectives for each.

Specific objectives are useful because they act as motivators. Achieving each of them will contribute to moving toward attaining the general objective set for the focus area. This will enable plan managers to monitor overall progress, supporting successful initiatives and adjusting those not meeting their objectives.

III.4 Develop strategies to reach objectives in priority areas

The groundwork for formulating strategies will have been laid during the situation and response analyses described in Modules 1 and 2 of this Guide. When they sit down to formulate strategies, the various groups involved in plan formulation will already have learned from the response analysis which initiatives, among the current response:

- are working and can be continued or expanded;
- are not working and need a new, more strategic approach;
- are not relevant to current needs and should be dropped, and;
- have not been addressed at all.

Programmes and projects that are working should be incorporated into the new strategies, while irrelevant initiatives should be excluded.

The initiatives that are not working and need a more strategic approach and the priority issues that have not been addressed so far will demand more attention from plan formulators. The response analysis has already asked why those initiatives are not working, and what the reasons are for priority areas being neglected. The answer will point to the hurdles the projects have faced and to obstacles that have prevented important issues to be raised and appropriately addressed. Strategists can plan a series of steps—a strategy—which will deal with those obstacles, or they can look for

ways to avoid the obstacles altogether. Sometimes, an obstacle may even be turned into an opportunity, as illustrated in the example below.

The situation and response analyses may also have identified lost opportunities that might be used to build the national response to HIV. Planners should incorporate these opportunities into their strategies. Often this will involve pulling new partners into the response—private companies, state institutions, and communities who could contribute their skills, assets, and ideas to find new ways of cutting down HIV and its impact. A well designed strategy is one which takes advantage of existing strengths of different sections of society by encouraging each to contribute whatever they do best. The strengths of the international community also vary. Each UNAIDS' cosponsor has its own areas of knowledge and expertise and the same is true of many major international government donors and NGOs. By considering these comparative strengths in the planning process, countries can make most efficient use of available resources.

Example: Turning an obstacle into an opportunity

In 1992, a young Brazilian girl was kept out of primary school because she was HIV positive. The incident, which occurred in São Paulo where the bulk of Brazil's AIDS cases were concentrated at the time, put the spotlight on discrimination against all people living with HIV.

AIDS activists inside and outside the government joined with the media to bring the case to public attention. They used it to build public pressure for a more supportive environment for people living with HIV and AIDS. The São Paulo school system was especially responsive—it has now developed a comprehensive sexual health education syllabus, and supports access for children affected by HIV.

The pressure built around the case continues to have an effect; although the girl has now died, an annual award is given in her name for work in reducing the transmission of HIV and its impact.

III.5 Develop a strategic framework for the national response

Currently, the plan formulation team has reached the critical point where they have all the elements to define the strategic framework within which the national response to HIV/AIDS will be implemented. They just re-stated the national guiding principles, set objectives in priority areas, and developed the broad strategies that will enable the country to reach those objectives. The situation and response analyses should also have informed them about the institutional capacities and characteristics of the country, so that they should now be able to define the institutional framework best suited to accommodate the implementation of those strategies. All together, these elements constitute the strategic framework for the national response to HIV/AIDS, which is an essential part of the strategic plan, and which should be available to anyone who considers contributing to that response.

The strategies themselves, to be effective, will still have to be fine-tuned, after their strengths and weaknesses have been examined, and the objectives double-checked for their feasibility in the given context.

III.6 Examine the strengths and weaknesses of proposed strategies

While planning strategies (and the initiatives that constitute them), planners will have considered the obstacles and opportunities the situation and response analyses identified. However, once the strategic plan has been constructed, the strategies that compose it should be put through a final "reality check" to ensure that no previously unforeseen obstacles could jeopardize them, and that on the other hand no opportunity has been neglected that could help them to be successful.

In this reality check, planners should examine the strategies principally for three criteria:
a) acceptability;
b) technical soundness; and
c) feasibility and affordability.

III.6.a) Acceptability: support or opposition?

The place where a strategy is located on a scale between full active support at one end and fierce opposition at the other will determine what its chances are of success or failure. Influential individuals, groups of persons, and situations or circumstances could all be placed on such scale. They include:

- cultural and religious leaders;
- influential politicians or political groups;
- governmental or NGOs;
- the vulnerable community itself;
- important funding institutions;
- the administration; and
- powerful business interests.

If any of these groups are defined as potentially serious opponents to the initiative, the strategy will have to be dropped or preferably re-formulated to include a key project that turns potential opposition into support.

III.6.b) Are the initiatives in the strategy technically sound?

A definite advantage for a strategy is when it contains initiatives that have already been tried out and proven successful in similar situations overseas. If the strategy has taken into account the need to adapt existing technologies to the national situation, then it is a strong candidate for success. But that is not to say that strategies can not go ahead if an example does not already exist in the community or elsewhere. Strategies move with the times, and new situations will often require new initiatives, even if they have not been tested before. In such circumstances, planners will have to pay careful attention to the technical soundness of the initiatives planned. They could be helped in this by the pool of past experience in a variety of areas, collected by UNAIDS and published in the "Best Practice Collection".

Planners should also think twice about the unforeseen and perhaps unwanted consequences of the initiatives they suggest. The more people with different experience and viewpoints are involved in the planning team, the more likely it is that unwanted by-products of strategies will be foreseen and avoided.

III.6.c) Are the initiatives in the strategy feasible and affordable?

Every initiative requires some resources. Planners will have identified the source for key resources while formulating the strategy. They should make sure that the means effectively exist to support the initiatives in the following fields:

- institutional capacity;
- knowledge and skills;
- goods and services;
- people; and
- funds.

Module 4: *Resource Mobilization* will contain more information about resource needs and availability.

III.7 Revise objectives and strategies where necessary

In such revisions choose those strategies most likely to succeed, with the greatest impact on the epidemic at an acceptable social, financial, and political cost.

While examining the strengths and weaknesses of the planned strategies, planners may have identified weak points in need of work. They may also have a more realistic idea of exactly what can be achieved than they did at the start of the planning exercise. Even when they have focused only on priority areas, they are likely to find that they have proposed far more initiatives and strategies than can be realistically undertaken in an immediate response. Both the objectives and the suggested strategies should be revised at this point if necessary.

To produce a plan that can realistically be fulfilled, planners will have to drop some of their suggested strategies. The first strategies to be abandoned should be those with least chance of success. If strategists cannot find a way around key obstacles or are not sure of support for a key project upon which the rest of the strategy depends, they should move on to include other strategies in the plan. If all strategies are equally likely to succeed, those that will have the greatest impact on the epidemic should top the list for implementation.

Documents listed in the bibliography contain more information about how to prioritize strategies for an effective response.

Finally, two aspects will be crucial to the success of strategies: the key projects that carry them, and the partnerships that support and implement them. Key projects must have whole-hearted support, in political and material terms, to ensure their implementation, and hence to guarantee the success of the entire strategy. Establishing the right partnerships will create the necessary motivation, and bring invaluable resources for a successful implementation.

III.8 Plan flexible management and funding to ensure support for emerging strategies

One of the key strengths of strategic planning is that it takes into account a changing situation. Failing strategies may be revised or abandoned, while initiatives that were not foreseen in the

original plan but that seem to be working can be supported and expanded. This, however, would remain wishful thinking without:

a) constantly monitoring the ongoing response;
b) building in flexible management, and
c) establishing appropriate mechanisms that would allow the funding of unplanned, newly emerging successful initiatives.

III.8.a) Monitoring strategies in a changing situation

A strategic plan moves with the times, so constant monitoring is important. Planners need to learn from success and failure, and adapt their future plans accordingly. And they need to know how the situation is changing, both because of their intervention and despite it.

Modules 1 and ***2*** of this guide suggested establishing a long-term partnership with an institution such as a government unit outside the AIDS programme or a local university. Such partnership could materialize with the creation of a monitoring committee, which can use the original situation analysis as a baseline and monitor strategies periodically to see how they are progressing towards the goals stated during the strategic plan formulation phase. Clearly stated specific objectives, indicators, and targets built in the plans will be very useful instruments here for measuring progress.

The monitoring committee would need to stay in close touch with those involved in the response. The managers of the key projects in each strategy will be especially important sources of information. The monitoring committee will also identify new situations which need a response, and highlight new initiatives that were not planned but which are meeting a need and may be supported and included in future strategic plans. On a regular basis, they need then to provide feedback to plan managers.

III.8.b) Planning flexible management

Coordination mechanisms lay out who is responsible for what, and specify how different levels of the national administration will interact in responding to HIV— what is to be decided at a district level, what can be guided by provincial administration, etc. Monitoring and regular feedback would be no use if the ongoing response is cast in stone. Decision-making authority should therefore rest with, or be delegated to, people or institutions that are sufficiently accessible and available to deal with unforeseen situations and to respond to newly emerging needs. The UN Theme Group on HIV/AIDS may contribute to establishing mechanisms for coordinating the national response, and advise the government on the usefulness of adaptations or re-orientations.

III.8.c) Funding

When planners identify strategies, they also identify partnerships that will provide the human and material resources to enable those strategies to succeed.

However, there will always be a proportion of the national response which must be underwritten by cash from the national treasury or from foreign loans or grants. Mechanisms for generating and disbursing funds should be addressed in the national plan. The plan may specify the proportion of funds to be derived from the national treasury, the mechanisms for acceptance, and management of funds from foreign donors. National planners may also want to put in place some mechanism for tracking the accountability of the various institutions—government, private, and community based—that are financed by public or foreign sources to undertake activities in the field of HIV.

In line with a flexible management, and in order to be able to react most effectively to changing situations and emerging responses, there should be a tight working relation-ship between the monitoring body and those with the power to decide how money gets spent. Some countries have built flexibility into their national plan by ear-marking funds especially for the support of emerging strategies, and allowing those who are monitoring the response to spend it in ways most appropriate to the changing situation.

Example: Strategy formulation for one priority area: Reducing HIV transmission among young people.

*This example of strategy formulation for a single priority area builds on the scenarios described in **Modules 1** and **2**, which describe the situation of young people in a fictional country, and the existing response.*

1. Re-examine guiding principles

The national constitution guarantees equality of treatment for men and women and the Seven Principles of State espouse access to education and basic health care for all as national goals. Respect for elders is a basic cultural premise. The legal age of majority is 21, and until then young people have no independent legal rights.

2. Confirm priority areas for a national response

The situation analysis has clearly demonstrated that young people are behaving in ways that put them at risk of HIV infection. The response analysis has pointed to several gaps in the response in this situation.

The needs are:

- *a better understanding among policy-makers of how, when, and why young people have sex;*
- *a better understanding among young people about the risks involved in sex and how to avoid them;*
- *condoms that young people want to use and can easily buy; and*
- *services that will help young people minimize their risk of HIV infection and that of their partners.*

In all of these areas, the strategies will have to take into account potential parental opposition and the fact that many young people, especially young women, cannot be reached through the school system.

3. Set objectives in priority areas

General objective:

Zero HIV infection among young people. Young women and men know how to avoid HIV infection and have the power, means, and desire to act on that knowledge.

Specific objectives for all key elements that need to be covered by a strategy in priority areas.

(Specific targets for the end of the planning period in parentheses)

- *Planners know which young men and women are vulnerable to HIV and why (national and regional studies describe sexual behaviour and attitudes of young men and women).*
- *Young people are actively involved protecting themselves and their peers from HIV infection, and in coping with its impact (all young people are exposed to at least one informal "responsible behaviour" educational contact from someone of their own age group).*
- *Young people have access to condoms they want and can afford to use (condoms used by young men in all commercial sex encounters, by young women in all sex with older partners).*
- *Young people have access to teen-friendly STD services and HIV testing and counselling (counselling services established for young people established in five largest cities)*

4. Identify strategies to achieve the objectives

- *What can be used or adapted from the current response?*
- *What opportunities can be used?*
- *What obstacles must be avoided?*

Objective: Planners know which young men and women are vulnerable to HIV and why

The planned household survey should be continued, but must be supplemented with more in-depth studies of adolescent attitudes and behaviours. Skills in social research on sensitive subjects are limited. A partnership between the Social Research Institute of the Global South and the National University could build domestic skills while conducting the research to international standards. Focus group interviews could be conducted with a sub-set of adolescents in the age range of interest, with separate sessions for young men, young women, students, young workers and those who neither work nor go to school. Some focus groups would need also to explore differences in sexual behaviour and attitudes between young men and women in cities and in rural areas. Although young people are among the most sexually active, very little is known about the epidemiology of infection in this group.

Suggested strategy for key element 1:

- *To build up a picture of changing trends in reported behaviour:*
  - *support plans for repeat of household survey.*
  - *supplement with focus group series carefully designed to give information that explains which young people are vulnerable and why.*
- *To build up a picture of changing trends in infection:*
  - *increase sample size of women in the youngest age groups during routine sero-surveillance at ante-natal clinics, and analyse data in one- or two-year age bands.*
  - *screen blood samples taken from military recruits for HIV as well as STDs through unlinked anonymous testing.*

Objective: Young people are actively involved in protecting themselves and their peers from HIV infection, and in coping with its impact

Because of culturally dictated distance between generations, parents cannot be relied upon to communicate with their children about intimate issues such as sexual behaviour. What is more, many adults follow religious leaders in refusing to countenance sexual behaviour among unmarried young women. Although they recognize young men are sexually active, they cannot openly acknowledge this. Some children will get information from school—the head of the teachers' union supports more HIV education in schools but parents continue to oppose it, especially where there are girls in the class. Many adolescents do not go to school—the source of information about AIDS for most of them is ill-designed government spots and well-designed comic books whose reach is very limited. The most obvious common ground for young men is the football club. Young women have no universal leisure activity, but they do usually go to market once a day to shop for their elders.

Suggested strategy for key element 2:

- *To erode parental opposition:*
  - *work with regional religious conference to create support among religious leaders for more communication with young people about responsible behaviour.*
- *To maximize potential of in-school sexual education:*
  - *with the help of the Teachers' Union, develop curriculum for "healthy lifestyle" education, including responsible sexual behaviour.*
- *To reach young people who are both in and out of school:*
  - *in partnership with private advertising agency and private media, develop "healthy lifestyle" spots aimed at young people to be aired during prime time such as football matches.*
  - *invite football stars and pop stars (both male and female) to join in the national response by visiting youth clubs, making videos, giving interviews, etc., concentrating their messages on responsible sexual behaviour.*
  - *expand the comic book initiative, developing separate issues for girls and boys and distributing the former at markets and the latter at football clubs and youth clubs. Cover the cost with a small cover price.*

These initiatives should help form a critical mass of young people with some knowledge of HIV and an interest in helping reduce its spread.

- *To take advantage of the communication skills and situation-specific knowledge of young people:*
  - *involve a TV station in a "true stories" video series. Young people can enter a competition to tell HIV-related stories on air. Those with the best ideas will attend a three-day video-production workshop with a leading national film director. They will be lent a video-camera for a week to make their mini-documentaries, which will be aired on national TV. Approach Regent Enterprises (local distributors for Sony cameras and Fuji film) for donation of cameras and film. Approach New York-based film industry charity "Screen Cares" for cash funding.*
  - *ask teenagers in church groups to develop plays with an HIV theme, and to perform them at street festivals, in schools, at markets, and in food distribution centers.*
  - *train a group of young women to be "market sisters", telling young women who visit the market about responsible sex, employment opportunities, and teen-friendly services for HIV advice and contraception.*

Objective: Young people have access to condoms they want and can afford to use
(see example Multi-initiative strategy for increasing condom use, III)

Objective: Young people have access to teen-friendly STD services and HIV testing and counselling

The Red Cross runs a testing and counselling service but it is rarely used by young people. Staff feel they lack the time and skill to deal with young people. Young people think they will be lectured and patronized, and worry about cost. STD clinics are already stigmatized and confidentiality is almost non-existent. Although quite a high proportion of men suffering from STDs do seek treatment, they prefer to go for cures promoted by street vendors. For young people, and especially for unmarried women, visits to an STD clinic would be impossible.

Suggested strategy for key element 3:

- *To build on the services already offered and make them more accessible:*
  - *— increase training for counsellors and involve them in open discussions with young people to increase their awareness of and capacity to cater for the needs of adolescents.*
  - *— close counselling centres one day a week to allow counsellors to visit youth clubs, church groups, and schools for general talks about HIV and responsible behaviour, about services on offer, costs and confidentiality. Provide specially designed material with contact points for further information.*
  - *— designate monthly "teen health days" at primary health centres. Offer a range of services that might attract young people and neutralize parental opposition, perhaps providing free vitamins and advice about a range of health and lifestyle issues as well as STD services and referral for HIV testing and counselling.*
  - *— train providers of street medicine for STDs to refer clients to health centres.*

5. Examine strengths and weaknesses of proposed strategies

- *Are there interest groups that will oppose the initiatives in the strategy?*
- *Does the technology for the initiatives in the strategy already exist?*
- *Does the country have the means to implement the initiatives in the strategy?*
- *Are the initiatives in the proposed strategy in line with the nation's guiding principles?*

Key element 1: *If the basic rules of research are followed, and the populations involved carefully informed of the reason for the study and the importance of their contribution, there is unlikely to be any major opposition to most of the research initiatives. Researchers should, however, ensure that parents as well as participating adolescents are fully informed and consenting. It may also be difficult ethically to do focus group interviews with a subset of young people from the household survey, since it may compromise anonymity guaranteed by the survey. Researchers should find a different sampling frame for their focus groups.*

Reliable methods for tracking both behaviour and sero-status exist and are being constantly improved: the country has already successfully conducted one household survey in this sensitive area. There is no clash with the nation's guiding principles. Focusing on young pregnant women in sero-surveillance may be difficult in areas where population density is low since it may take too long to reach a sample size large enough to give stable results by single year of age. More tests also means more cost. Strategy should concentrate resources for this activity in a handful of high-volume sites.

Key element 2: *Although the teachers' union may be supportive, individual teachers may resist the added workload or the difficult subject matter of a "healthy lifestyle" curriculum. If resources were available, teachers might be given a bonus to compensate for the training and work involved. Could a large personal-care firm be approached to sponsor the cost?*

It might be difficult to persuade private TV stations to give up advertising revenue during their prime time slots. If the ministry of information increased their licence to broadcast until 2330 (from the current limit of 2300) they could more than compensate for lost revenue.

The "market sisters" initiative will require a great deal of training in the initial phases since the information to be imparted must be accurate and comprehensive and many of the young women who might act as "sisters" cannot read. To succeed, the initiative must be preceded by one that builds up training capacity. Suggestion: female university students could act as "big sisters", passing on skills and information to teenage "little sisters" to use with their peers. The initial training would then be reduced to training university students—a much less resource-intensive task.

Key element 3: *Counsellors are already overworked and underpaid, and many are demoralized by their work. Previous attempts to increase funds for this area have failed. Even if they could find the time to train to deal with young people, it is not clear that they would want to. Existing clients are likely to complain loudly if existing services are shut down once a week. The outreach work does not need to be done by trained counsellors—it can be done by a team of motivators developed by an organization of families living with HIV.*

Street medicine sellers will not be enthusiastic about referring clients to health centres, since they will lose their revenue. Negotiations with the Association of Traditional Healers could lead to a cross-referral service where clients are seen at clinics for diagnosis and advice but charged a premium for drugs. They would still, then, have the incentive to buy their medicine on the street but would be more likely to properly diagnosed and to have access to information on safer sexual behaviour.

6. Revise strategies and objectives where necessary, choosing those most likely to succeed with the greatest impact on the epidemic at an acceptable social, financial, and political cost

If strategies are revised to include concerns raised in the analysis of the strengths and weaknesses, most of them have a high likelihood of successful implementation. For many of the strategies, major resources have already been identified. Providing counselling remains problematic—even the modest objective of services in five major cities may not be met. In any case, the initiatives designed to involve young people in the response, increase awareness of risk behaviour and how to avoid it, and ensure that people choose and can afford to use condoms are likely at this stage to have the greatest impact on the epidemic. Providing STD and basic health services are considered more important that testing and counselling at this stage. If other priority areas are considered, programmes for young people have to be scaled back. Specialized testing and counselling services for teenagers should be considered the lowest of the important priorities for this population in this country.

IV. Producing a strategic plan document

The whole process of strategic plan formulation will produce political support and working partnerships even before a final plan is produced. However, the plan cannot be used to the fullest until it has been written up and circulated for comment, amended where necessary, and approved by the relevant government structures.

The shape of the strategic plan will depend very much on the level at which planning has taken place, and the level of detail of the plan. What follows is one suggestion that brings the principles and priority areas that may have been decided at the highest level together with the strategies that may have been formulated more locally.

IV.1 Example: Outline of a strategic plan

Planning Process

Description of the planning process, including organization, consultations and groups involved in situation and response analyses and plan formulation.

Introduction

Simple overview of the history of HIV, the current situation and the response, including major partners.

Strategic Framework

- Guiding principles
- Broad strategies
- Institutional framework

Priority Areas and Strategies

- Brief description of the priority areas for action, including rationale for their being considered priorities, general objective for the area, and broad strategy
- For each priority area: key elements in need of response
- For each key element:
  - specific objectives
  - strategy, with its various steps,
    - key initiatives
    - partnerships identified
    - resources, including their source

Management mechanisms

A description of responsibilities and management mechanisms, including for monitoring and evaluation, support for emerging strategies, accountability, etc.

IV.2 Circulating the strategic plan

The strategic plan should be circulated as widely as possible before being finalized among all groups involved in the response. The opinions of all the major groups consulted during the situation and response analysis should be sought; if necessary the plan should be revised to take their concerns into account before a final draft is circulated. This consultation process may be focused into a final workshop bringing together all the major interest groups, or may take place over several months of circulation and revision of drafts. The plan should be legitimized by the highest political authority—national plans may need to be approved by the president's office or parliament, sectoral plans by the minister and regional plans by the regional assembly or governor.

IV.3 Using the final strategic plan

Once it has been finalized and approved, the plan should be disseminated to all those who have participated in the strategic planning process, and to everyone with an interest in the response or whose partnership is sought. This will include:

- ministries and departments in all social, economic, and development sectors;
- academic institutions concerned;
- groups already working in the response;
- communities affected by HIV;
- local and international development organizations;
- local and international donors; and
- private sector companies and organizations.

These groups should use the national plan to guide their contribution to the response—to help them identify the strategies and the priority areas to which they can best contribute, to give them ideas about partnerships, and to help them match resources to needs.

A strategic plan that creates space for both public and private initiative, guiding both towards a clear goal, is one that will do most to change the situations that make people vulnerable to HIV/AIDS and its impact. UNAIDS and its cosponsors are committed to supporting countries as they develop dynamic and inclusive plans to respond to the specific and ever-changing situations which drive HIV and obstruct development.

V. Next steps: Resource mobilization, operational plans, implementation

As this module and modules 1 and 2 have underscored, the way in which the strategic planning process is carried out will have done much to mobilize the human and financial resources needed to implement the planned strategies. This will have been done partly through planning realistically but more importantly through involving key stakeholders in the planning process. It may happen that essential interventions in priority areas could not be left out of the plan, even though the necessary resources were not readily available. ***Module 4:*** *Resource Mobilization* will deal more specifically with such issues.

While the strategic plan will have some effect on the ongoing activities, for instance, on initiatives that have become irrelevant or need adapting to changing situations, most of its impact will be on new initiatives that will fill gaps or expand ongoing activities, replace others or seize unexploited opportunities. Those responsible for implementing the various activities will now need to develop detailed workplans, concrete time tables, and budgets, indicators, and targets, to make the strategies a reality.

Last but not least, whatever the planning, monitoring or evaluation exercise, it should not stand in the way of actually implementing the activities. By involving those responsible for implementing planned activities and by being pragmatic and realistic in setting objectives, in short by planning strategically, an important step will have been taken towards allowing an immediate start of translating plans into concrete action.

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The UNAIDS Best Practice Collection

As part of its Best Practice Collection, UNAIDS is currently building up a collection of documents, known as Technical Updates, on a number of important subjects related to HIV and development. These discuss the challenges faced in the field, and give specific examples of responses that have worked to date. They can help guide a situation analysis by pointing to the social and economic roots of various HIV-related behaviours and situations.

Technical Updates are, or soon will be, available on the following subjects: Antiretrovirals, Blood Safety, Community Mobilization, Counselling, Determinants, Diagnostic Testing Methods, Human Rights, Military, Mother-to-Child Transmission, Men who have Sex with Men, National Strategic Planning, People living with HIV/AIDS, Refugees, Schools, STDs, Prisons, the Female Condom, Tuberculosis, and Women's Vulnerability. The collection will be expanded and updated regularly. These documents are available from UNAIDS offices, and can be downloaded off the Internet by visiting our homepage: http://www.unaids.org.

The UNAIDS Epi Fact Sheet Series

UNAIDS is working with national AIDS programmes and WHO to compile a series of fact sheets giving key epidemiological data on countries. These facts sheets include figures or estimates for HIV, AIDS, and STD prevalence, as well as AIDS case reports. They also give socio-economic and health care indicators, which may help explain vulnerability to HIV. Finally, they give data on knowledge and risk behaviour. These data, crucial to any situation analysis, are being prepared for a large number of countries, and can be obtained from national AIDS programmes. UNAIDS country and regional offices as well as headquarters in Geneva can provide copies of the Epi fact sheets for other countries of interest. See also the UNAIDS Web site: http://www.unaids.org.

The UNAIDS Country Profile Series

The Country Profile series gives country-by-country information on the background to HIV and the actions currently being taken to reduce its spread and impact. A country profile contains much information useful to a situation analysis. It describes major risk factors. For example, it discusses major issues of importance to the epidemic in the country. Country profiles can be requested from UNAIDS country and regional offices as well as headquarters in Geneva.

Guide to the strategic planning process for a national response to HIV/AIDS

This guide, comprising four modules plus an introduction, is intended for use by country programmes, either at a national or decentralized level, other agencies and organizations such as international non-governmental organizations and donor agencies.

Introduction

Strategic planning, as developed in the present guide, defines not only the strategic framework of the national response, i.e. its fundamental principles, broad strategies, and institutional framework, but also the intermediate steps that need to be taken in order to change the current situation into one that represents the objectives to be reached.

Module 1. Situation analysis

A situation analysis looks specifically at situations that may be relevant to HIV, the factors that favour or impede its spread, and the factors that favour or impede achieving the best possible quality of life for those living with HIV and for their families.

Module 2. Response analysis

In analysing the response, countries look at all the relevant initiatives in a priority area, not just those that are part of the official national programme. Community-organized activities and those organized by private companies, academic organizations, and nongovernmental organizations all contribute to the national response.

Module 3. Strategic plan formulation

The formulation of a strategic planning process deals with the question of what should be done about the HIV situation in the country in the future. The plan includes not only a strategic framework but the more detailed strategies necessary to change the current situation and the successive intermediate steps needed to reach the stated objectives.

Module 4. Resource mobilization

The resource mobilization module is a useful guide to find out how to acquire the resources needed to carry out work on HIV/AIDS. It focuses on the steps necessary to assess what resources are currently available (and how those resources are being used) and how additional resources (and resource partners) can be identified and accessed.