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REGIONAL COSTING WORKSHOPS: Costing, Economic Evaluation, and Modeling of HIV/AIDS Programs

JUNE 2010

Summary

As countries consider the long-term effectiveness and sustainability of their HIV programs, the collection, analysis, and use of cost information for strategic planning is crucial. In collaboration with technical support facilities (TSFs)¹ in Southern Africa (SA) and Eastern Africa (EA), the United Nations Program on HIV/AIDS (UNAIDS), and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the USAID | Health Policy Initiative, Task Order 1 held capacity-building workshops on (1) costing a variety of HIV strategies using widely accepted costing tools; (2) understanding the use of cost data related to HIV interventions; and (3) presenting the results of costing analyses to decisionmakers.

TSF-SA and the Health Policy Initiative held the first week-long workshop for TSF-SA and TSF-EA members and Health Policy Initiative staff in Johannesburg, South Africa, on July 6–10, 2009. It focused on the Spectrum System of Policy Models, the Resource Needs Model (RNM), the Goals Model, and antiretroviral treatment (ART) costing tools. It was followed by a second week-long workshop on October 5–9, 2009, to address additional costing models, including models to evaluate programs for orphans and vulnerable children (OVC), operational plans, Global Fund applications, and provincial-level strategic plans. In response to the demand for more training, the Health Policy Initiative held workshops for government employees and additional TSF consultants in Southern and Eastern Africa on October 12–16 and November 30–December 4, 2009.

Useful inputs were also provided in key selected areas by Boston University (HERO) on ART costs and economic evaluation; the AIDS Strategic and Action Planning Program (ASAP) of the World Bank and UNAIDS on activity-based and unit costing; and the Centre for Economic Governance and AIDS in Africa (CEGAA) on national AIDS spending assessments (NASAs).

Background

Organizations implementing HIV programs need to fully understand the associated required costs in order to submit appropriately costed proposals to donors and to ensure that their resource use is consistent with

¹ Established by UNAIDS in 2005, technical support facilities comprise small management teams hosted by regional institutions to facilitate country partners' access to technical support. TSFs cover more than 80 countries in Africa and Asia.

comparable programs. In addition, people who allocate national resources need to consider the costs required to achieve a planned level of coverage.

In conducting their work, the Health Policy Initiative and TSFs have found an extreme lack of costing capacity among implementing partners, consultants, and research institutions in the region. As a result, few HIV and AIDS interventions have been well costed, with stakeholders often struggling to obtain the required cost information and/or to find consultants with the technical expertise for conducting such work.

To address these capacity limitations in Southern and Eastern Africa, the Health Policy Initiative and TSF-SA developed a targeted program to build capacity in costing, economic evaluation, and modeling of HIV/AIDS programs. After the first workshop, there was high demand for a *second series* of training workshops, which were organized to maximize efficient use of faculty and other resources. Two groups of participants went through the program. Each group attended two week-long training workshops, and participants were linked with follow-up activities to consolidate and apply learning. USAID (through the Health Policy Initiative) and UNAIDS (through the TSF) co-funded the workshops.

This brief report

- Documents the capacity development process and materials presented;
- Reflects on feedback obtained from participants in relation to each workshop; and
- Identifies successes and limitations in linking the workshops with other opportunities for participants to apply and consolidate learning between and after the workshops.

The main implications and lessons in terms of workshop and program content and methodology are discussed, as well as key needs and opportunities for follow-up capacity development efforts.

Objectives

In collaboration with the TSFs in Southern and Eastern Africa, UNAIDS, and the Global Fund, the USAID | Health Policy Initiative, Task Order 1 developed an initiative to strengthen skills in costing and modeling for HIV/AIDS programs. The goal was to build the technical capacity of local partners throughout the region to take on costing work. The workshops sought to improve available, regional expertise to

- Cost HIV strategies and programs using widely recognized costing tools specific to HIV issues, such as the Resource Needs Module, Goals Model, prevention interventions, OVC mitigation, male circumcision, and treatment;
- Understand and use cost data related to HIV interventions; and
- Present the results of costing analyses to decisionmakers.

These useful skills will provide more accurate cost information for strategic planning purposes and will help countries as they scale up interventions. See Appendix A for the agendas of the two sets of workshops.

Participants

Selection of participants was based on a combination of experience and immediate need for skills in the area of HIV/AIDS costing. The participants had to be directly involved in costing and budgeting processes and have an immediate prospect of doing work in those areas. The total numbers of participants in the first and second groups were 23 and 30, respectively. A full list of participants for each workshop is provided in Appendix B.

The first group of participants consisted of experienced consultants from the Southern Africa and Eastern Africa TSFs, staff from UNAIDS, and staff from the Health Policy Initiative and TSF's offices in Southern and Eastern Africa. Representatives of regional UNAIDS and USAID offices were also invited to attend.

The first workshop revealed extensive need and demand for further capacity development around costing and modeling, particularly for country officials. It was agreed that a second series of workshops could also feed into processes to develop new national strategic plans in several countries in the region.

Participants targeted for the second group included both government officials and consultants with experience in costing, economic evaluation, and financing. The government officials included officers in national HIV/AIDS programs who work on aspects of program costing and budgeting, particularly for strategic plans and Global Fund proposals. Additional consultants were drawn from the Southern Africa and Eastern Africa TSFs' consultant pools. Staff from UNAIDS, the TSFs, and the Health Policy Initiative were also invited to participate. Representatives of the USAID and UNAIDS programs in the region were able to attend some sessions.

In general, selection and targeting of participants were successful, and the type of participants for whom the curriculum was designed was well represented in both workshops.

Process

The program for each participant group was structured around two five-day workshops, held 6–10 weeks apart in Johannesburg, South Africa.² This was intended to give participants the opportunity to apply their learning between the workshops. For the first group, the workshops were held on July 6–10 and October 5–9, 2009. For the second group, the workshops were held on October 26–28 and November 30–December 4, 2009. The agendas and presenters were modified slightly between the first and second programs to reflect participant feedback and faculty availability. However, the agendas remained similar.

The curriculum was designed to provide participants with general concepts of HIV-related costing and economic evaluation. Participants then had the opportunity to learn about various techniques used in costing (including the gathering of both financial and economic costs) and how to use specific tools and models. They worked through practical exercises designed to increase their confidence and capacity to conduct costing at the field level.

Sessions and group costing exercises on specific issues, tools, and models in the first workshops included the following:

- **Costing for male circumcision (MC) policies.** Policymakers can design cost-effective MC policies and strategies with the help of the MC Decisionmakers' Program Planning Tool (DMPPT). This tool allows experts to estimate both the human and financial resources required to implement MC programs at a local level, as well as estimate the costs to scale up MC interventions on a national level. The model also estimates the associated impact of this intervention on the HIV epidemic.
- **Costing for ART programs.** Many countries wish to more accurately define the resources required for ART programs, especially as numbers of people on treatment rise and changes in policies influence decisions about who is, or is not, eligible for ART. Numerous models are available for conducting such costing. These were discussed, and participants had an opportunity to conduct a case study using several of the models.

² The original intention was to have the first and second workshops in different countries, but this proved to be an impractical and potentially more costly option.

- **Projection of unit costs to the national level.** The process of translating unit costs or facility-based costing to national estimates or projections (such as the translation of costs per person for antiretroviral drugs to national needs for upcoming years) was covered.
- **Use of the Resource Needs Model.** This model uses unit costs, coverage rates, and population sizes to estimate resource requirements for a national HIV/AIDS program. Participants entered sample information and reviewed the results.
- **Use of the Goals Model.** The Goals Model is used to inform the allocation of funds to achieve the greatest potential impact. Goals uses information about the epidemiology of HIV in a country, unit costs, the impact of different interventions, and national targets to estimate the impact of a program in terms of new infections and coverage of various services. Participants learned about the model structure and possibilities for use and practiced changing inputs and reviewing outputs.

The second series of workshops focused on practical use of the information obtained during the first series. Areas of focus included the following:

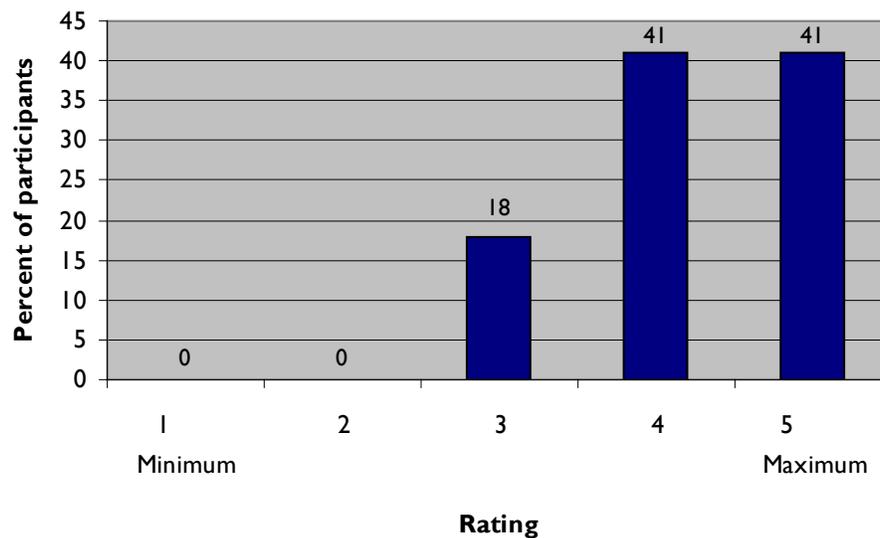
- **Modeling and costing of prevention of mother-to-child transmission (PMTCT) interventions.** A review of the Spectrum System of Policy Models was followed by an illustrative costing exercise on PMTCT.
- **Use of an OVC costing tool.** A review of various OVC interventions in Rwanda and Zambia revealed significant variation in program costs. As a result, a costing model has been developed to calculate the costs of OVC interventions. Participants learned how to use the OVC Costing Tool and to calculate the resources required for implementing various components of OVC interventions. The training demonstrated how information from costing exercises can be translated into national cost estimates.
- **Conducting a National AIDS Spending Assessment (NASA).** The NASA is a tool for assessing current expenditures. Participants were oriented on the various activities involved in performing a NASA. Besides assessing current expenditures, NASAs can also help to assess the sustainability of current financing models, compare the allocation of expenditures to epidemiological priorities, and determine the potential for impact. The NASA is also useful when examining the absorptive capacity of the health system.
- **Introduction to other available costing tools.**
 - The ASAP tool for activity-based costing of strategic and operational plans.
 - A Unit Cost modeling tool that can be used to generate unit cost for various purposes.
 - The COSTAB model developed by the World Bank.
- **Costing and budgeting of Global Fund proposals.** In addition to discussing Global Fund requirements and other tools, the workshop introduced a draft World Health Organization (WHO) tool for costing the proposals. Participant feedback was used to guide the tool's further development.
- **Detailed facility-level costing of ART services and application of economic evaluation to ART services.** Both sessions were based on input from the HERO program led by Boston University.
- **Costing of provincial strategic plans in South Africa.** This session also focused on relevant issues and lessons from experiences.
- **Use of cost information.** Participants discussed strategies and methodologies for using cost information and communicating the results to decisionmakers and stakeholders.

The training sessions followed a set format with lectures, questions and answers, and a practical session during which participants could use their skills. There was a group screen at each table for discussion and group work purposes. Following the workshop, each participant received a CD-ROM with the modules and tools discussed, as well as all the presentations and exercises. Appendix C provides a description and link to the key models covered in the workshops.

Feedback

Participants' assessment of the level of new skills acquired at the first workshop is shown in Figure 1. The majority of the 53 participants reported that new knowledge and skills were acquired.

Figure 1. Participants' rating of increase in knowledge after the first workshop



However, it became apparent that the capacity development process would require further consolidation. Not surprisingly, given the broad scope of topics covered in a short time, many participants desired additional time for work sessions and the overall program in order to explore models and issues in more detail. Participants specifically mentioned needing more time for (1) practical applications, (2) comparisons of model strengths and weaknesses when more than one model is applicable to the topic, and (3) further discussion of model parameters.

Many participants also recommended conducting demand-driven, country-level workshops as a key component of follow-up capacity development in costing and modeling. These workshops could be tailored to increase depth of learning, focusing on the specific priorities of countries and linking them to particular processes such as Global Fund proposals or National Strategic Plan (NSP) and National Operational Plan (NOP) preparation.

Overall, both groups' participants found the workshop to be a useful learning experience and said they felt more confident in undertaking costing and modeling exercises. Numerous participants indicated that the RNM and Goals Model were particularly useful and could potentially be applied in upcoming national and provincial strategic planning processes. Both groups' suggestions on priority topics for the second workshop were consistent with the already planned topics.

Application of Skills

It was intended that, during the time between the two workshops, as many participants as possible would be involved in practical application of skills learned in the first workshop. For the consultants who attended, the TSF and Health Policy Initiative team facilitated participants' opportunities to work on costing and budgeting consultancies whenever possible—in order to gain practical experience in applying the new learning and/or mentoring of colleagues during these assignments.

For the first workshop's 23 participants, during the eight-week period between the workshops, the TSF-SA and Health Policy Initiative staff and consultants themselves managed to facilitate the following 21 practical learning assignments:

- National and provincial strategic plans—RNM (7 instances)
- MC (3 instances)
- ART costing (3 instances)
- NASAs (5 instances)
- 2031 projections of required resources for HIV/AIDS programs (3 instances)

The shorter six-week period between workshops for the second group, along with higher representation of government officials, made it more difficult for the TSF and Health Policy Initiative to actively facilitate work experiences. However, the majority of participants reported applying their learning in practical, required work contexts during the period. Participants indicated being involved in total of 16 relevant assignments:

- National and provincial strategic plans—RNM (4 instances)
- MC (4 pending)
- Global Fund proposal refinement (1 instance)
- 2031 projections of required resources for HIV/AIDS programs (3 instances)
- NASAs (4 pending)

Conclusions and Recommendations

The first series of workshops (July and October 2009) included 23 staff and consultants of the TSF and Health Policy Initiative, while the second series of workshops (October and December 2009) included 30 government officials and TSF staff/consultants. These individuals were trained as regional costing experts, and their capacity to use the various costing tools and models and interpret the results will help them to assist countries as they scale up HIV/AIDS interventions.

Participants' feedback indicated that while the training curriculum was good overall, future capacity development workshops can be improved by focusing on the following:

- The best mix of theory and practice, particularly for country partners.
- More practical exposure to models most likely to be used in participants' immediate work (particularly Spectrum, RNM, and Goals).
- Greater depth in approaches to Global Fund proposal costing.
- Adequate exposure to NASA methodologies for countries or consultants likely to be implementing NASAs. Participants expressed interest in knowing more about NASA tools. The normal introductory training to NASAs was noted to be a week, and finding a practical way to orient participants in a shorter time is a challenge.

- More capacity development on determining and interpreting unit costs. Numerous participants noted that this topic was complex and worthy of more time allocation.
- Further support to ensure that a significant sub-set of participants become adequately confident in undertaking costing assignments.

The training workshops proved to be a successful collaboration between TSF and the Health Policy Initiative. While the project financially supported several facilitators and staff for the trainings, TSF funded its staff and consultants, government officials, and a few facilitators. Participants who attended the last two rounds of workshops will be asked to facilitate any future training workshops.

One request borne from the workshops was to have a more comprehensive training in the DMPPT for measuring the costs and impacts of male circumcision. Consequently, the Health Policy Initiative and Eastern Africa TSF conducted a workshop in Nairobi on April 19–21, 2010. Participants from 13 countries learned from case studies and practical applications of the model in selected countries. Participants heard feedback from consultants who used the model in Kenya, South Africa, Uganda, Zambia, and Zimbabwe. As a result of this training, participants from Malawi, Rwanda, Swaziland, and Tanzania all indicated a willingness to use the model in their own countries. Also, participants from Namibia indicated a desire to update their own application.

Next Steps

Although consultants, Health Policy Initiative staff, and government personnel will have different roles in future costing work, some common needs for follow-up did emerge from the workshop reviews and informal conversation. While Task Order 1 of the Health Policy Initiative ends in September 2010, the Costing Task Order has a mandate to further increase the capacity to produce and use costing and modeling information in the region and will do the following:

- Conduct demand-driven country workshops tailored to increase depth of learning, focusing on the specific priorities of countries and linking them to particular processes such as Global Fund proposals or NSP and NOP preparation. These could be three- to five-day workshops focused on one topic, allowing for more in-depth discussion regarding the process of carrying out the costing, data sources, how to handle data gaps, and challenges and lessons learned from other countries.
- Strengthen the availability of representative unit costs, perhaps by creating an up-to-date unit cost database, and support country processes to estimate unit costs ahead of Global Fund proposals and strategic plan development.
- Develop learning platforms where participants can share experiences in applying the models (e.g., a registry of tools that helps to advise practitioners when updates or new tools become available and online tutorials on their application).
- Coordinate a community of costing and modeling experts to facilitate discussion and sharing of experiences and ideas—either through a list-serve or the International AIDS Economics Network or another group that meets regularly. This step was considered to be most likely to succeed when organized around specific key processes of common interest such as Global Fund proposal rounds.
- Identify opportunities/activities for participants to further apply and consolidate learning, such as the teaming of experts with participants when applications are going to be carried out or long-distance mentoring.

Appendix A. Agenda: Training on Costing Models, Economic Evaluation, and Resource Allocation for HIV/AIDS Programs

WORKSHOP I

July 6–12, 2009 and October 12–16, 2009
Johannesburg, South Africa

Time	Activity	Responsibility
Day 1		
8:30–9:00	Registration	
9:00–10:00	Welcome, Introductions and Expectations	Anthony Kinghorn
10:00–10:30	Tea/Coffee	
10:30–12:00	Introduction to the Principles of Costing Economic Evaluation: Difference Between Cost-Effectiveness, Cost-Benefit, and Cost-Utility Analysis	Anthony Kinghorn/Steven Forsythe
12:00–13:00	Lunch	
13:00–14:00	Estimating HIV Prevalence: Using the Estimation and Projection Package (EPP)	Rachel Sanders
14:00–14:30	Tea/Coffee	
14:30–15:30	Assessing the Demographic Impact of HIV and AIDS: Introduction to the Spectrum Package of Models	Steven Forsythe
15:30–16:30	Spectrum Exercise	Rachel Sanders
16:30–17:30	Overview of Costing Models	Rachel Sanders
18:30–20:30	Optional Session: Discussion of Participant Experiences in Costing and Economic Evaluation	Anthony Kinghorn
Day 2		
8:30–8:45	Recap from Day 1	Participants
8:45–10:30	Different Models for Costing ART Programs	Rachel Sanders
10:30–11:00	Tea/Coffee	
11:00–13:30	Modeling ART Costs	Rachel Sanders
13:30–14:30	Lunch	
14:30–16:00	Case Study: Estimating ART Costs	Rachel Sanders
16:00–16:30	Tea/Coffee	
16:30–17:00	Case Study: Estimating ART Costs (continued)	Rachel Sanders
18:30–20:30	Optional Session: Excel—Useful functions for use in costing spreadsheets	Anthony Kinghorn

Day 3		
8:30–8:45	Recap from Day 2	Participants
8:45–9:45	Costing Male Circumcision	Steven Forsythe
9:45–11:15	Modeling Male Circumcision	Steven Forsythe
11:15–11:45	Tea/Coffee	
11:45–13:30	Case Study: Estimating Male Circumcision Costs	Steven Forsythe
13:30–14:30	Lunch	
14:30–15:30	Case Study: Estimating Male Circumcision Costs	Steven Forsythe
15:30–16:00	Tea/Coffee	
16:00–17:00	Case Study: Estimating Male Circumcision Costs	Steven Forsythe
18:30–20:30	Team Dinner	
Day 4		
8:30–8:45	Recap from Day 3	Participants
8:45–11:00	Introduction to the Goals Model	Steven Forsythe
11:00–11:30	Tea/Coffee	
11:30–12:30	Exercise: Applying the Goals Model	Steven Forsythe
12:30–13:30	Determining Resource Needs: Using RNM	Steven Forsythe
13:30–14:30	Lunch	
14:30–15:30	Using RNM to Estimate Prevention Resource Needs	Steven Forsythe
15:30–16:00	Tea/Coffee	
16:00–17:30	Case Study: Developing RNM Estimates: Prevention	Rachel Sanders
Day 5		
8:30–8:45	Recap from Day 4	Participants
8:45–10:00	Using RNM to Estimate Care and Treatment Resource Needs	Rachel Sanders
10:00–10:30	Tea/Coffee	
10:30–12:00	Case Study: Developing RNM Estimates: Care and Treatment	Rachel Sanders
12:00–13:00	Lunch	
13:00–14:30	Using RNM to Estimate Mitigation Resource Needs	Carl Schutte
14:30–15:00	Tea/Coffee	
15:00–16:00	Case Study: Developing RNM Estimates: Mitigation	Carl Schutte
16:00–17:00	Next Steps: Applied Case Studies and Opportunities for Mentoring	Anthony Kinghorn
17:00–17:30	Evaluation	

WORKSHOP II

**October 5–9, 2009 and November 30–December 4, 2009
Johannesburg, South Africa**

Time	Activity	Responsibility
Day 1		
8:30–9:30	Recap and Discussion from July Workshop	Anthony Kinghorn
9:30–10:30	Discussion of consulting applications since the previous workshop	Anthony Kinghorn
10:30–11:00	Tea/Coffee	
11:00–12:30	Costing PMTCT	Ellen Smith
12:30–13:30	Lunch	
13:30–15:00	Case Study: Costing PMTCT	Ellen Smith
15:00–15:30	Tea/Coffee	
15:30–17:00	Planning and Implementing Cost-Effectiveness Studies	Gesine Meyer-Rath
Day 2		
8:30–8:45	Recap from Day 1	Participant
8:45–10:15	Costing OVC Programs	Steven Forsythe
10:15–10:45	Tea/Coffee	
11:00–13:00	Modeling OVC Costs	Steven Forsythe
13:00–14:00	Lunch	
14:00–15:00	Case Study: Costing OVC Programs	Steven Forsythe
15:00–15:30	Tea/Coffee	
15:30–16:30	Priority Setting and Planning	Anthony Kinghorn/Carl Schutte
16:30–17:30	Overview and Review of Epidemiologic and Economic Models	Steven Forsythe
Day 3		
8:30–8:45	Recap from Day 2	Participant
8:45–10:30	Costing Operational Plans	John Cameron
10:30–11:00	Tea/Coffee	
11:00–13:00	ASAP ABC, Unit Cost and Other Models: Lessons learned and practical applications (examples from Kenya and Swaziland)	John Cameron (Carl Schutte)
13:00–14:00	Lunch	
14:00–16:00	Costing Global Fund Applications: Lessons learned/models used	Carl Schutte

16:00–16:30	Tea/Coffee	
16:30–17:00	Case Study: Costing a Global Fund Application	Carl Schutte
Day 4		
8:30–8:45	Recap from Day 3	Participant
8:45–10:45	Results-Based Management	Gael Lescornec
10:45–11:15	Tea/Coffee	
11:15–13:00	Costing Provincial-Level Strategic Plans: Exercise on cross mapping of strategic plans with RNM	Carl Schutte
13:00–14:00	Lunch	
14:00–15:00	Determining Resource Availability: Using NASA	Teresa Guthrie
15:00–15:30	Tea/Coffee	
16:00–17:00	Determining Resource Availability: Using NASA (cont.)	Teresa Guthrie
Day 5		
8:30–8:45	Recap from Day 4	Participant
8:45–10:45	New Models for Costing Treatment in South Africa	Lawrence Long
10:45–11:15	Tea/Coffee	
11:15–12:00	Communicating Data to Policymakers	Ellen Smith
12:00–13:00	Next Steps	Anthony Kinghorn
13:00–14:00	Lunch	

Appendix B. Participant Lists

July 6–10, 2009 and October 5–9, 2009

Name	Country	Organization
Steve Cohen	South Africa/ Durban	TSF-SA
Joaquim Durao	Mozambique	TSF-SA
Patrick Banda	Zambia	TSF-SA
Chris Chiwevu	South Africa	TSF-SA
Qinani Dube	Zimbabwe	TSF-SA
Jan Pfeiffer	South Africa/ Pietermaritzburg	TSF-SA
Arnold Badenhorst	South Africa/ Durban	TSF-SA
Felix Tsamaye	Ghana	TSF-SA
Teresa Guthrie	South Africa/ Cape Town	TSF-SA
Gael Lescornec	South Africa	TSF-SA
Rosemary Thabsile Shongwe	Swaziland	National Emergency Response Council on HIV/AIDS
Kerry Kutch	Geneva, Switzerland	WHO
Sane Tsela	South Africa	TSF-SA
Bogadi Mothlabane	South Africa	TSF-SA
Sarah Laurence	South Africa	TSF-SA
Bernard Mundia	TSF EA	TSF-EA
Ayo Adene	Nigeria	TSF-EA
Urbanus Kioko	Kenya	TSF-EA
Ozayr Mahomed	South Africa	Health Policy Initiative
Goodchance Mariki	Tanzania	Health Policy Initiative
Marcia Monjane	Mozambique	Health Policy Initiative
Shaidah Asmall	South Africa	Health Policy Initiative
Wasuna Owino	Kenya	Health Policy Initiative

October 12–16, 2009 and November 30–December 4, 2009

Name	Country	Organization
Anta Sow	Nigeria	TSF-SA
David Masengu	Zambia	TSF-SA
Dan Monilal	South Africa/Pietermaritzburg	TSF-SA
Emmanuelle Daviaud	South Africa	TSF-SA
Audace Nyongere	Burundi	TSF-SA/Government
Macellina Tshabalala	Zimbabwe	TSF-SA
John Kruger	South Africa	TSF-SA
Muine Samahiya	Namibia	Government
Jeremia Ntinda	Namibia	Government
Colins Chansa	Zambia	Government
Felix Masiye	Zambia	Government
Joseph Ngulube	Zambia	Government
Justino Chambe	Mozambique	Government
Lorena Manembe	Mozambique	Government
Tonderayi Macheke	South Africa (ECape)	Government
Lefetogile Bogosing	Botswana	Government
Mpho Mmelesi	Botswana	Government
Katleho Sonia Nteso	Lesotho	Government
Moeti John Mohoang	Lesotho	Government
Itumeleng Mokhokho	South Africa (Free State)	Government
Faith Mamba	RST/Swaziland	UNAIDS
Wasuna Owino	Kenya	TSF-EA
Chris Alando	Kenya	TSF-EA
Tesfaye Dereje	Ethiopia	TSF-EA
Daniel Ngowi	Kenya	TSF-EA
K Mashaushi	Tanzania	TSF-EA
Drew Koleros	Rwanda	MEASURE
Itete Karagire	Rwanda	National AIDS Commission
Senait Tibebu	Ethiopia	Health Policy Initiative
Emmanuel Njeuhmeli	USA	USAID

Appendix C. Resource List

Estimation and Projection Package (EPP)—used to estimate and project adult HIV prevalence and incidence from surveillance data.

Available at: http://www.unaids.org/en/KnowledgeCentre/HIVData/Epidemiology/EPI_software2009.asp

Goals Model—supports strategic planning at the national level by providing a tool to link program goals and funding.

Available at: <http://www.healthpolicyinitiative.com/index.cfm?id=software&get=GOALS>

Male Circumcision Decisionmakers' Program Planning Tool (DMPPT)—an Excel-based model that estimates the impact and cost of scaling up MC services as an HIV prevention intervention.

Available at: <http://www.malecircumcision.org/programs/DMPPT.html>

National AIDS Spending Assessment (NASA)—resource tracking methodology designed to describe the financial flows and expenditures using the same categories as the globally estimated resource needs.

Available at: <http://www.unaids.org/en/KnowledgeCentre/HIVData/Tracking/Nasa.asp>

Resource Needs Model (RNM)—an Excel worksheet for calculating the funding required for an expanded response to HIV/AIDS at the national level. Available at:

<http://www.futuresinstitute.org/pages/ResourceNeeds.aspx>

Spectrum System of Policy Models—includes a set of Windows-based commands that can be used to project the need for family planning/reproductive health, maternal health, and HIV/AIDS services.

Available at: <http://www.healthpolicyinitiative.com/index.cfm?id=software&get=Spectrum>

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