HIV POLICY SCAN AND ACTION PLANNING

Activity Design Manual

MAY 2018

Table of Contents

Acknowledgements

Abbreviations

ART	antiretroviral therapy
CSO	civil society organization
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HP+	Health Policy Plus
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PrEP	pre-exposure prophylaxis
PSAP	policy scan and action planning
USAID	U.S. Agency for International Development
UNAIDS	Joint United Nations Programme on HIV/AIDS

Introduction

Background and Purpose

The legal and policy environment in a country, from its constitution to operational policies for clinics, can directly support full-scale and sustained national control of the AIDS epidemic. Achievement of the Joint United Nations Programme on HIV/AIDS (UNAIDS) goal to end the AIDS epidemic by 2030, through country leadership and effective implementation of international standards in care and treatment, requires policies that support HIV service delivery and supply chains, engage health workers in task sharing, protect human rights, eliminate stigma and discrimination, and engender accountable and transparent health systems.

The HIV policy scan and action planning (PSAP) approach detailed in this manual satisfies the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) *Country Operational Plan Guidance* requirements to conduct a legal environment assessment. The PSAP approach can be used by any stakeholder to understand and address critical policy barriers to achieving desired HIV targets. Designed to be country-specific, each HIV PSAP activity includes the prioritization of service areas, identification of policy barriers, and the development of action plans for policy reform. Depending on the scope of the HIV PSAP and participation of stakeholders, the process takes between two and six months to complete.

> **Policies** are defined as legal and regulatory frameworks that define a country's strategy for addressing public challenges. Policies can include:
>
> - National policies
> - Parliamentary laws
> - Operational guidelines
> - Regulations
> - Administrative guidelines
> - National strategies
> - Site-specific HIV service delivery guidelines

> The primary purpose of the HIV Policy Scan and Action Planning (HIV PSAP) manual is to provide guidance on how to design an activity that supports PEPFAR policy development work, deemed necessary to attaining epidemic control across populations of focus. According to *PEPFAR Country Operational Plan Guidance*, policy allows for the alignment of interventions and realization of country HIV testing, treatment, and viral load suppression goals, leading to the ultimate transition of interventions to local government and partners.

What Is the HIV Policy Scan and Action Planning Approach?

The HIV PSAP is a country-specific approach to identify and address policy barriers related to gaps in the HIV continuum of care, treatment, and prevention and build a concrete strategy and action plan to rapidly resolve identified policy barriers. Drawing from multiple legal environment assessment methodologies, including the United Nations Development Programme's *Practical Manual: Legal Environment Assessment for HIV*, the HIV PSAP process ensures policy analysis, action planning, and advocacy are done within current contexts related to human rights, gender, and the role of civil society in the national HIV response.

The HIV PSAP approach differs from other legal environment assessment methodologies in several ways. First, policy analysis and advocacy priorities are identified locally based on several technical and political factors. Second, the approach focuses on a specific service area, which can be assessed faster and for lower cost than conducting a traditional legal environment

assessment, and offers the ability to quickly provide action steps for policy reform. Finally, the approach facilitates stakeholder action planning to advocate for policy reforms and improve service outcomes.

The country-specific process is intended to be designed in collaboration with the local PEPFAR team. Therefore, the approach taken will not look the same in every country and implementation will require adaptation. The process outlined in this manual consists of the following steps:

1. **Service Area Prioritization:** Country PEPFAR teams identify the service area most affecting the HIV continuum of care, treatment, and prevention and is seen as a critical policy gap in reaching epidemic control.

2. **Identify Policy Barriers:** Conduct policy analysis on current policies related to the service area and international best practices

3. **Develop Action Plan:** Stakeholders prioritize actions to address policies in need of reform

4. **Implement Action Plans and Monitor Success:** Working with international partners, bilateral programs, or local organizations, support the implementation of the action plan and monitor for successful policy reform

Why Prioritize Service Gaps?

Stakeholders may wonder why the HIV PSAP process prioritizes a single service area as opposed to analyzing all policies related to the HIV continuum. The HIV PSAP process is meant to help stakeholders think critically about the key barriers within the HIV response, specific policy barriers to achieving targets, and action plans that can be implemented rapidly for policy reform.

The HIV PSAP process was piloted by the U.S. Agency for International Development and PEPFAR-funded Health Policy Plus (HP+) project in Ghana and Lesotho in 2016 and 2017. Two reports provide examples of the HIV PSAP approach and resulting action plans from the pilot:

- *[Ghana HIV Policy Scan and Action Plan: Improving the Supply of HIV and Tuberculosis Commodities for Civil Society Implementers and Private Providers](#)*

- *[Lesotho HIV Policy Scan and Action Plan: Policy and Legal Opportunities for HIV Testing Services and Civil Society Engagement](#)*

The foundational principles of this approach build on USAID's [local systems framework](#), in that it aims to be:

- Efficient: It is informed by existing program and policy analysis data. Additional analysis is conducted to fill gaps in the existing data.

- Feasible: Action plans set interim outcomes and consider the political environment and resource constraints.

- Participatory: The approach provides for the full participation of the host country government, civil society, donors, the private sector, and U.S. Government participants in analysis, action planning, and learning. It builds on the convening authority of the U.S. Government.

- Flexible: Participants identify priorities relevant to their country context.
- Action-oriented: Analyses conducted are used immediately for action planning for policy reform.

Example of the HIV PSAP Process

In the first step of the HIV PSAP process, stakeholders may identify the limited rollout of pre-exposure prophylaxis (PrEP) to high-risk individuals as the priority service area to focus on. Stakeholders would then identify a policy barrier, for example, current HIV testing guidelines that do not include training for health facility staff on the use of PrEP and prioritization of high-risk individuals as determined by the country's national HIV policy. As such, the next step in the HIV PSAP process would be to develop an action plan with relevant stakeholders to update the training guidelines for health facility staff on PrEP education and determine effective monitoring of policy implementation.

How to Use This Manual

The primary audience for this manual are PEPFAR country teams designing cost-effective approaches to improve service outcomes and fulfill PEPFAR Country Operational Plan legal environment assessment requirements. In addition to PEPFAR teams, the manual may also be useful to any stakeholder looking to identify and address policy barriers in the HIV continuum of care, treatment, and prevention for efficient and rapid service delivery improvement. Tools provided in this manual can help stakeholders develop effective advocacy initiatives to resolve policy barriers and increase their ability to achieve desired targets.

The process put forth in this manual is intended to help guide PEPFAR teams with understanding the steps involved in HIV PSAP process, how to prioritize service gaps for in-depth policy analysis, and how the process enables understanding of policy barriers to achieving HIV targets. This understanding can be helpful in designing program descriptions and evaluating work plans and implementation reports. The manual itself is not meant to be a step-by-step guide to conducting a comprehensive policy analysis of the HIV continuum of care, treatment, and prevention.

The steps in the HIV PSAP approach can be separated and used independently depending on the needs of the stakeholders. For example, if a policy issue has already been identified by stakeholders, the HIV PSAP team can focus on developing and implementing action plans and advocacy strategies.

The next section of the manual provides an overview of roles and responsibilities that need to be determined to conduct the HIV PSAP activity as well as approximate time requirements. The following sections provide an overview of the four steps of the HIV PSAP process as well as tools and resources related to each of the four steps. Throughout the guide, the following icons are used to indicate sections and tools related to the four steps:

Service Area Prioritization	Identify Policy Barriers	Action Plan Development	Implement and Monitor Action Plans

HIV PSAP Roles and Responsibilities

Before conducting an HIV PSAP activity, teams will need to identify who will lead the activity, determine stakeholder engagement, and set roles and responsibilities.

Implementing Organization

Organizations adept in policy analysis, HIV service delivery, and the intricacies of multisectoral coordination of the HIV response should be considered key partners for facilitating the HIV PSAP approach. While PEPFAR country teams can implement the approach, given the time required to lead the activity, it may be necessary to look to a third party to implement it. The implementing organization should have the capabilities to: 1) facilitate prioritization discussions, 2) document and assess implementing country context and legal frameworks, 3) engage stakeholders in strategy and action plan development, and 4) oversee implementation of advocacy actions. Regardless of implementing structure, PEPFAR teams must be engaged in the oversight of the HIV PSAP team and ensure that the priorities of the PSAP application and the outcomes are relevant to the PEPFAR team portfolio.[1]

Stakeholder Engagement

The first step in designing an HIV PSAP activity is to identify the extent to which stakeholders will drive key decisions, as this will impact the scope, timeframe, and cost of the HIV PSAP activity. The activity can be implemented along a spectrum of stakeholder engagement from broad engagement throughout the entire process to relatively focused key stakeholder input on PEPFAR team priorities. Depending on the country context, PEPFAR teams decide how to engage stakeholders in decisions on prioritized service areas and advocacy priorities.

Table 1 presents the HIV PSAP process in terms of PEPFAR team oversight and engagement in the process. The HIV PSAP process works best when the PEPFAR team works closely with the HIV PSAP team and stakeholders throughout each step and are prepared to support implementation needs of the action plan.

Table 1. HIV PSAP Activities, Roles, and Time Requirements

HIV PSAP Activity	PEPFAR Team	HIV PSAP Team	Country Stakeholders
1. Service Gap Prioritization			
a. Analyze program data b. Prioritize service area	Identify priority service area (1–2 days) Provide service data needed by HIV PSAP team (1–2 days) Note: If stakeholder-driven, engage in prioritization workshop (1–2 days)	Optional: Collect data and analyze service area gaps (2 weeks) Facilitate service gap prioritization workshop (1–2 days)	Provide necessary data needed by HIV PSAP team (1 day) Optional: Engage in prioritization workshop (1–2 days)

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[1] For the rest of the manual, the *HIV PSAP team* will refer to the persons or organizations leading the process. This could be the PEPFAR team, organization, or local stakeholders who are leading the process. This is different from stakeholders, whom are persons called on to provide data needed for the analysis and action plan development.

HIV PSAP Activity	PEPFAR Team	HIV PSAP Team	Country Stakeholders
2. Policy Barriers Identified			
a. Identify policy standards b. Interview stakeholders c. Assess country policies	Review analyses conducted by HIV PSAP team (1–2 days) Provide input on approach and reports developed (1–2 days)	Conduct analyses and interview stakeholders Provide initial report drafts to PEPFAR teams (1–2 months depending on service gap prioritized and data collection needs)	Provide input on approach and reports developed (1 day)
3. Action Plan Development			
a. Prioritize policy solution b. Identify outcomes, indicators, and initiatives	Identify and/or agree to advocacy priority (2–3 days) Engage in action planning workshop (2 days)	Facilitate action planning workshop (2 days for preparation for a 2 day workshop) (1–2 weeks for action planning data collection and report writing) Final report writing (2-3 weeks)	Engage in action planning workshop (2 days)
4. Action Plan Implementation and Monitoring			
a. Action plan implementation b. Monitoring and adaptation	General oversight and coordination support to partners implementing the activity	Implementation and monitoring action plan	Participation in advocacy activities
Total Time			
Assessment and planning	10 days	5–6 months	5 days
Advocacy Implementation	Dependent on advocacy goal	Dependent on advocacy goal	Dependent on advocacy goal

Step 1. Service Gap Prioritization

Overview

The first step in conducting an HIV PSAP activity is to identify how service areas in need of improvement will be identified and prioritized. The priority service area can be identified from existing evaluations, secondary data collection, or current programmatic priorities. Examples of service areas include partner notification, self-testing, or key population access to treatment and care. The prioritized service area should be determined through stakeholder consensus and should support achieving 95-95-95 targets. If multiple service areas are identified, the service areas should be prioritized based on challenges that 1) are politically and financially feasible to address, 2) have a policy solution, and 3) will have the highest impact on program implementation.

If the PEPFAR team decides that the priority service area, policy analysis, and policy solutions should be generated by program data and stakeholder consensus, the following factors should be considered:

- It is critical that the PEPFAR team be represented and active in the stakeholder consensus meetings (approximate time commitment is one full day)

- The stakeholder consensus meeting participants will be the ones to determine the focus of the policy analysis and action. Therefore, it is important to ensure diversity among partners, disciplines, and areas of expertise engaged in these discussions. There will be very different priorities if the attendees are primarily service providers, from civil society, population-representatives, or from international nongovernmental organizations.

- The PEPFAR team must be committed to honoring the outcome of the stakeholder process. The prioritized service areas, policy analysis, and policy solutions may not align with internal PEPFAR priorities or the priorities may fall in the domain of another U.S. Government agency. For example, USAID may lead HIV PSAP, but the service area, policy solutions, and action plan may fall into the domain of the Centers for Disease Control and Prevention.

Government Buy In

During the planning and prioritization process, it is necessary to engage with key government staff to ensure buy in. Given the focus of the assessment is on policy, government officials will be invested in the process and need to be involved or targeted during action planning. Getting their early engagement and buy in will provide for easier access to policy documents, interviews, and engagement in action planning for policy reform.

If the priorities and focus for HIV PSAP are determined by the PEPFAR team, stakeholder processes will focus on informing and engaging relevant stakeholders rather than decision making. If a service area or gap has already been identified by the PEPFAR team, this step can be omitted.

Analyzing Program Data

The HIV PSAP approach allows for the use of existing program implementation data to help narrow the focus of policy assessment. As mentioned previously, the purpose of this approach is twofold: 1) to streamline the policy analysis effort and reduce time and resource requirements, and 2) to tie policy analysis and advocacy directly to the goal of improving service delivery. The

HP+ continuum of care, treatment, and prevention provides a framework for organizing this data.
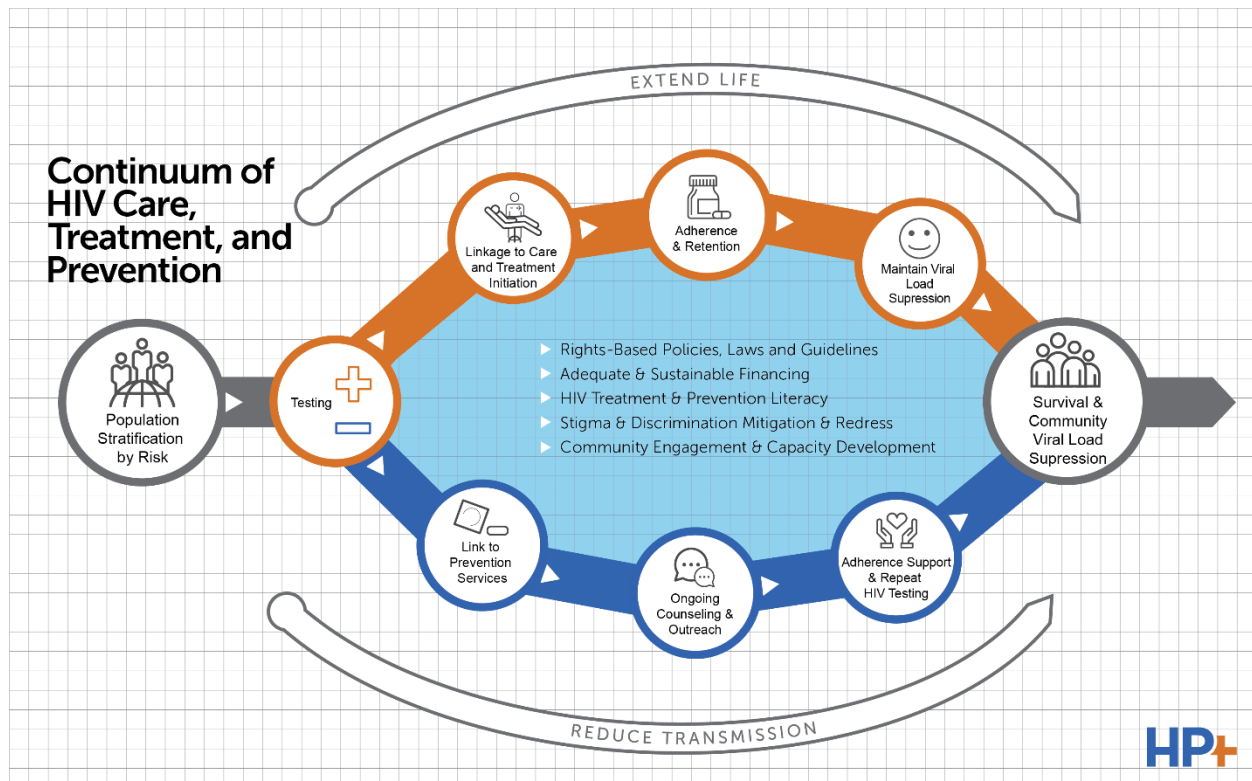
To ensure that stakeholder consultations are efficient and focused on issues most critical to the continuum of HIV care, treatment, and prevention, and overall epidemic control through viral load suppression, the HIV PSAP team must review, organize, and analyze existing program data before holding a prioritization workshop. Steps for service delivery data collection include the following:

- **Collect reports detailing program goals and implementation status.** Examples of reports include national government assessments or annual reports PEPFAR country operational plans and sustainable index dashboard tools; Data for Accountability, Transparency and Impact Monitoring (DATIM) or HIV impact assessments; population-based HIV impact assessments; Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) applications and reports; UNAIDS country progress reports; ministry of health strategies and progress reports; stigma and discrimination data; and civil society reporting.

- **Identify the degree to which service delivery goals have been achieved.** Be sure to highlight any existing data on program implementation gaps and needs for specific populations (key and vulnerable populations, adolescents, pregnant women, etc.)

- **Report service gaps and improvement needs.** Organize data based on the continuum of HIV care, treatment, and prevention framework.

- **Cross-Cutting Issues.** Issues of human rights, stigma and discrimination, gender and equity all impact the continuum of HIV care, treatment, and prevention. Throughout the

analysis, if issues such as these arise, it will be important to document them within the framework.

See Annex 1 for a *Desk Review Service Gap Data Summary Tool*, which can be used to summarize findings from a program data analysis and can help guide a prioritization workshop.

Service Area Prioritization Workshop

If the PEPFAR team has identified a service area or gap, this process can be omitted. The HIV PSAP team should work to sensitize stakeholders on the prioritized service area or gap and obtain buy-in on this issue to better facilitate the process of data collection.

If the HIV PSAP process includes stakeholder prioritization of service areas, tools provided in Annex 1 can be used to help develop the workshop (agenda, sample slides and facilitator guide, and service area prioritization worksheet). Each HIV PSAP process will be different and thus the tools should be adapted to meet the needs of stakeholders. During the prioritization workshop, facilitators help participants identify and prioritize service areas in need of policy reform. Participants should include PEPFAR country teams, government officials from the AIDS Commission and Ministry of Health, the private sector, clinical HIV providers, faith-based providers, people living with HIV and key population organizations, and other civil society organizations providing HIV services and/or engaged in government advocacy activities. Every effort should be made to keep the number of participants to less than 30 to ensure meaningful discussion. At the end of this workshop, participants will have prioritized a service delivery area for policy analysis and eventual action planning.

Step 2. Identifying Policy Barriers

Overview

The next step in the HIV PSAP activity is to conduct an analysis of the service delivery environment and policy framework for the prioritized service area. This step should be conducted even if step 1 was skipped in the case that there was already consensus on the priority service area and/or policy advocacy action. Policy frameworks to review can include national and strategic guidelines around HIV testing services, antiretroviral therapy (ART), or other services provided. Strategies for collecting this data should include engaging civil society, government, donors, key implementers, and private sector providers. The analysis should include a holistic understanding of issues related to discrimination, human rights, and gender as they relate to the prioritized service area. The analysis should also address the legal and regulatory challenges facing civil society organizations to effectively engage with governments in the provision of HIV services to the community.

Activities should include identifying policy standards; inventorying relevant country policy documents; assessing policy language against identified standards to identify absent, insufficient, contradictory, or restrictive policy language; and brainstorming potential policy solutions.

> ### Example: Identifying Policy Barriers in Ghana
>
> During the Ghana HIV PSAP process, HP+ asked several private providers about their ability to provide HIV treatment services to those living with HIV. While many persons living with HIV in Ghana go to public facilities, some prefer private facilities due to confidentiality and distance from home. Private providers noted that they have been engaging in multi-month scripting, providing treatment for multiple months at a time for stable clients, with no policy or regulatory guidelines. Thus, some providers were giving clients different prescription amounts, causing some confusion among clients. Further analysis and interviews with government stakeholders revealed that guidelines on multi-month scripting had been developed but were not disseminated adequately to service providers. Such a finding can be used for action planning around standardization of multi-month scripting and other differential models of care in the future.

Identify Policy Standards

Once the service area has been selected, the HIV PSAP team will begin identifying key international/regional guiding documents. Extract key policy standards from these documents to guide policy data collection and analysis. UNAIDS and the World Health Organization are reliable sources for international standards. If the stakeholder process is being used, these standards should be gathered after the prioritization workshop has been held and prioritized service gap identified so that gathered documentation speaks to the identified area. If the service area has been identified by the PEPFAR team, this research can be done in advance of any in-country work.

Example: If community-level decentralized models of care for adolescents is prioritized as a service area for policy reform, the HIV PSAP team should review World Health Organization guidelines and other international guidance on differentiated service delivery models for international best practices. Comparing current country guidelines to the international standards and guidelines will allow the HIV PSAP team to identify current gaps in policies.

Engage Stakeholders and Decision-Makers to Understand Program Implementation Context

Engage key informants to understand broad implementation challenges related to the prioritized service area. If possible, schedule and conduct in-country interviews after the prioritization process as the outcome of this process will guide who you talk to and the content of these discussions. In this activity, aim to:

1. Collect as much specific information as possible related to the policies that support or hinder service implementation.

2. Identify any issues with policies that may be in place but are not being implemented.

3. Ask questions about implementation issues related to gender, discrimination, and human rights.

4. Collect any policy documents available, ensuing they are the most current version; the Global HIV Policy Watch website (http://hivpolicywatch.org/) may be a source of policy documents.

5. Assess who/what part of government would have the authority to change policies related to the topic area. For example, would the policy change require Minister of Health approval or would it require a change in law that would be done by Parliament? Such knowledge will help with developing an action plan. The HIV PSAP team should consider also meeting with these stakeholders, when possible, to get their understanding of the program implementation context.

6. Summarize themes and specific examples to incorporate into a policy analysis report.

Focus groups. If time allows, a focus group can be an efficient and effective mechanism to collect information from providers and civil society. Scheduling a focus group after some key informants from government have been interviewed can help provide additional insight on issues that have been identified.

Country Counterpart

Throughout the PSAP process, it is useful for the HIV PSAP team to incorporate a government staff person or civil society organization leader with knowledge of the country context in the prioritized service gap area as part of the team. This counterpart can provide relevant information, may have access to policies that the research team does not have, and would have relationships with key informants. Such support can enable an easier data collection process and strengthen the capacity of local counterparts in policy analysis and advocacy action planning.

Assess Country Policies

Summarize findings in a report that identifies:

1. International policy standards (ideally from United Nations agencies such as the World Health Organization or UNAIDS)

2. Country policy language (direct quotes from policies)

3. Any related perspectives or experiences from key informants

4. Assessment of country policy against international standards (absent, in alignment, contradictory, restrictive, or insufficient)

5. Potential policy solutions

For the purposes of policy analysis, it may be helpful to think of policies in the following categories:

Category	Definition	Example
In alignment	Policy statement reflects international standards	Country's ART guidelines include multi-month scripting
Absent	A policy reflecting international standards does not exist	There are no human resources policies on task sharing for differentiated care
Contradictory	Policy statements go against international standards or contradict other country policies	ART guidelines prioritize CD4 testing over viral load testing despite a national HIV strategy calling for an increase in viral load testing and use
Restrictive	Policy statements prevent country from being able to implement activities in accordance with international standards	Policy does not allow for methadone use for injection drug user support
Insufficient	Policy statements are not updated to reflect current international standards or may not provide support for full-scale, effective service implementation	National HIV strategies do not include specific strategies and interventions for stigma and discrimination reduction in health care facilities yet note its importance in the background analysis sections

Example: If the HIV PSAP team were doing an analysis on linkage to care and treatment initiation in country, the team would include analysis of policies and protocols on treatment literacy. 2016 World Health Organization guidelines call for HIV programs to promote treatment literacy among all people with HIV, including information on the benefits of early treatment. Yet, review of HIV testing curriculums and policy reveals that treatment literacy is not listed as required content for providers and clients. This would be an insufficient policy that could be reformed through an action plan to establish the requirement for treatment literacy programming, funding, standards for implementation (including content specific to key and vulnerable populations), and evaluation mechanisms.

Civil Society Policy Assessment

Civil society organizations (CSOs) are critical partners in achieving universal HIV treatment and epidemic control, providing needed health facility and community-based services alongside those supported by government and bilateral/multilateral assistance. PEFPAR, Global Fund, and other donors, have purposefully invested in CSOs to deliver a wide variety of HIV services across the continuum of HIV care, treatment, and prevention. Depending on the prioritized issues of stakeholders or PEPFAR teams, there may be a need to assess the legal and regulatory barriers facing CSOs' work in contributing to national HIV targets. Such an assessment would focus on the following two areas:

- Understanding what laws and regulations affect CSOs' ability to work alongside the continuum of HIV care, treatment, and prevention, particularly in providing differentiated models of care.

- Understanding what policy implementation barriers exist in allowing CSOs to effectively engage with governments in policy planning and decision making.[2]

Ensuring understanding of CSO-related issues in the legal and regulatory environment can strengthen the overall policy scan by providing:

- Information on policy barriers/prioritization to inform discussions

- Findings that can be integrated into action plan development and implementation

> **Civil society organizations** include a broad array of stakeholders and can include nongovernmental, local, and faith-based organizations; networks/coalitions; professional associations; advocacy groups; groups representing key and vulnerable populations; community associations; and private sector organizations.
>
> This diversity means that not all regulations and policies affect CSOs the same. For example, organizations representing key populations may face significant challenges in terms of registration or receiving funds. HIV PSAP teams should recognize this diversity in their analyses and disaggregate data based on type of CSO.

The CSO policy assessment can be incorporated into the broader policy scan analysis or used independently. If the primary focus of the PSAP activity is on the CSO enabling environment, participants can use the assessment framework tool available in Annex 2 to help with a preliminary desk review and further analysis.

When conducting the CSO assessment, interviewing key informants, and assessing gaps, the primary focus should be on regulations (or lack of regulations) affecting CSOs' ability to engage with governments in advocacy and to provide HIV-related services along the continuum of HIV care, treatment, and prevention. Alongside the entire continuum, reviewers will ascertain CSOs' ability to conduct service delivery (from prevention efforts, stigma reduction, and treatment and care) within the rules and regulations put forth.

> **Tip:** When deciding to incorporate CSO-related issues within the HIV PSAP process, it will be important to designate a member of the team to lead and manage CSO-related data findings and incorporation of such findings into the service area assessment report.

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[2] This includes, for example, CSOs' ability to register as advocacy or service delivery sites and ability to procure domestic and/or international funding.

The CSO assessment includes a focus on differentiated care, whereby services are tailored to diverse groups or cohorts to support clients at various points within the continuum of care (e.g., people with higher CD4 counts and stable on ART, people with advanced disease, and those who are unstable on treatment and need careful monitoring). Care can vary in service frequency, intensity, location, and health provider depending on the level of care needed.

Example: If the HIV PSAP team is focused on HIV self-testing as the prioritized service area, an analysis on CSOs' ability to provide or link persons to testing kits would be necessary, given their significant role in HIV testing outreach. The HIV PSAP team would investigate the policy environment for CSOs to be able to stock HIV self-test kits, if CSOs are able to provide such kits to clients, and how CSOs share data on HIV-positive cases with the government. Any barriers or gaps in these processes could be included in the development of action plans for policy reform.

Step 3. Action Plan Development

Overview

One of the key advantages of the HIV PSAP process is that it takes legal environment assessment findings (realized in step 2) a step further to create a strategy for policy change. The HIV PSAP activity should include prioritization of an advocacy goal either through stakeholder-driven consensus and/or alignment with overarching PEPFAR, Global Fund, and other donor and host country policy goals. Country stakeholders then develop a strategy for achieving the prioritized policy solution. This strategy often includes initiatives to develop policy language, advocate for policy approval, and implement and monitor policy implementation. Depending on the degree of specificity of the action plan and stakeholder needs, the action plan can also be costed to provide budgetary implications to stakeholders.

Stakeholder Workshop to Prioritize Policy Solutions

If stakeholder consensus is used to prioritize policy solutions, convening a prioritization workshop can facilitate that discussion. If the decision on the priority policy solution is made by the PEPFAR team, then the workshop can be omitted.

During the workshop, facilitators help participants prioritize a policy solution using the analysis conducted by the HIV PSAP team. Participants should include PEPFAR country teams, government officials from the national AIDS commission and Ministry of Health, and representatives from the private sector, providers, faith-based providers, donors, and civil society organizations. Every effort should be made to keep the number of participants to less than 30 to facilitate meaningful discussion. At the end of the workshop, participants will have prioritized a policy solution for advocacy action planning. Annex 3 provides a sample agenda, workshop facilitation notes, and policy solution prioritization worksheet.

Action Planning

Planning for action on the policy solution identified by either country stakeholders or the PEPFAR team is a critical next step in the HIV PSAP. Throughout this planning process, it is extremely beneficial if local counterparts can be identified to assist in the facilitation and compilation of the action plan. This engagement will build local ownership of the plan and help ensure that it is relevant to the local context.

The action planning process is a facilitated stakeholder-driven process. The job of the facilitator is to help participants identify, clarify, and align objectives, measures, and initiatives to achieve the policy solution. Annex 3 includes facilitator notes for an action planning workshop and an initiative planning worksheet.

Stakeholders may want to address the potential costs of the action plan. The action planning workshop should not include a costing component, given that those with specific knowledge on program implementation costs may not be in the workshop and such planning would require some time from each stakeholder.

An example of an output from the action planning workshop is an overall strategy map, such as the following:

Strategy Goal: Partner notification services are incorporated in the revised HIV testing services policy

Stakeholder needs to be addressed by partner notification

Ministry of Health and Development Partners

Achieve 90-90-90 targets by 2020

Health Service Providers

Improve the health of the individual and community

Clients and Partners

Maintain confidentiality and stay healthy

Design, approval, and implementation outcomes

Design

1. Partner notification policy aligns with international standards

2. Partner notification integrated into comprehensive HIV services

3. Partner notification policy addresses the needs of stakeholders

Approve

4. Support obtained from representatives of people living with HIV

5. Support obtained from representatives of health service providers

6. Approval obtained from the government

Implement

7. Partner notification rolled out nationally

8. Health service providers implement partner notification effectively

9. Communities support partner notification services

Resources

People

Technology and tools

Resources

Step 4. Action Plan Implementation

Overview

HIV PSAP activities must include intentional action plan implementation activities. It cannot be assumed that advocacy will happen within the current roles and responsibilities of the country's service delivery structures. Advocacy activities should identify specific roles, responsibilities, and resources for oversight, coordination, implementation, and evaluation of activities. Action plan implementation must also include monitoring and evaluation, ensuring that stakeholders are achieving necessary targets and that there is time to adapt as needed to ensure achievement of the action plan's goal.

Implementation

Once the action plan is complete, the PEPFAR team should work with decision-makers to begin to plan activity implementation. This will include understanding which stakeholder should lead different activities and the costs associated. To facilitate implementation momentum, ownership of the action plan and decision-making authority should be clearly established. Ownership will be different for each country and may be the PEPFAR team, Ministry of Health, government AIDS commission, multisectoral technical working groups, or civil society organizations.

Once ownership of the action plan process has been decided on and a general framework developed on responsibilities, stakeholders should develop work plans to address their assigned activities. PEPFAR teams should ensure that the action plan is reflected in their country operational plans and adequate resources are provided for implementation. PEPFAR teams should work with stakeholders to address budget needs. PEPFAR teams should also be engaged in oversight of the work plan development and be engaged in ensuring the work can be coordinated across partners.

Monitoring and Evaluation

Throughout the process, stakeholders should use the action plan objectives and measurements to monitor the activities contributing toward the overall advocacy objective. This approach, through data collection and timeline monitoring, will help identify what is working and what is not and facilitate course corrections as needed to achieve the overall advocacy objective. PEPFAR teams can be engaged with partners in adapting work plans to fit contextual needs and ensure effective implementation and achievement of the work plan. Communication will remain vital throughout this process to ensure all stakeholders know the status of work and when milestones are achieved.

Annex 1. Service Gap Prioritization Tools

Desk Review Service Gap Data Summary Tool

Category	Service Gaps
Continuum of Care and Treatment	
HIV testing services	• *Example: HIV counselling and testing services constantly challenged by test kits stock-outs*
Prevention	• *Example: Prevention services (methadone) for injection drug users are illegal*
Integration, linkage, and referral	• *Example: Weak synergies for bidirectional linkage between tuberculosis and AIDS treatment, low coverage of ART among tuberculosis-positive clients*
HIV treatment	• *Example: Lack of accurate and timely laboratory diagnosis and patient monitoring*
Adherence and retention	• *Example: High losses of people on treatment, need to improve retention*
Viral load suppression	• *Example: Low coverage of viral load monitoring*
Cross-Cutting Functions	
Laboratory	• *Example: Delays in receiving DNA PCR results*
Supply chain	• *Example: Weak supply chain management*
Human resources for health	• *Example: Inconsistent credentialing and accreditation*
Funding	• *Example: The national strategic plan is not fully funded*
Governance	• *Example: No national guidelines detailing how to operationalize HIV services in communities*
Strategic information	• *Example: Limited access to and poor quality of data*
Implementing Environment	
Discrimination/ human rights	• *Example: Prohibitive costs of litigation*
Gender/key and vulnerable populations	• *Example: Men who have sex with men and sex workers subjected to verbal abuse in the clinic setting*
Involvement of people living with HIV	• *Example: Contradictory data on involvement of people living with HIV in planning*
Involvement of civil society	• *Example: Lack of well-defined relationship between civil society and government*
Involvement of corporate sector	• *Example: Corporate sector is uninvolved*

Note that information should be disaggregated by age, sex, and other indicators depending on data availability.

Service Area Prioritization Facilitator Agenda

The following is a template agenda to be used in facilitating the service area prioritization exercise. The template can be changed to fit the needs of stakeholders.

Place/Date/Time:

Workshop objective: Identify priority service area for additional policy assessment and advocacy action.

Time	Session	Speaker(s)/ Moderator(s)
8:30–9:00	Registration	
9:00	Welcome from U.S. Government, host government, implementing partner Ice breaker	
9:15	**Workshop Session 1: Introduce the Workshop and HIV PSAP** • Introduce key topics such as policy and advocacy • Introduce continuum of care, treatment, and prevention • Introduce the HIV PSAP design • Identify outputs over the coming months • Roles and responsibilities	
	Coffee Break	
10:30	**Workshop Session 2: Present Desk Review of Service Areas**	
11:30	**Workshop Session 3: Prioritize Service Gap for Further Analysis and Action**	
13:00	Lunch	
14:00	**Workshop Session 3: Prioritize Service Gap for Further Analysis and Action** (continued)	
15:00	**Workshop Session 4: Discuss Current Policy Environment for Selected Service Area** • Brainstorm policy barriers and root causes • Brainstorm ongoing advocacy or current reforms underway to address and resolve policy barriers • Identify key issues/opportunities related to gender, human rights, and civil society	
16:00	Next steps/closing	

Service Area Prioritization Workshop Sample Slides and Facilitator Notes

The following are sample facilitator notes and slides that can be adapted to hold an HIV PSAP service area prioritization workshop.

Workshop Session 1: Introduce the Workshop and Icebreaker (1 hour)

This session is a quick introduction to the day, covering key objectives and ground rules. A brief introductory icebreaker can help participants meet each other.

1. Welcome and purpose of meeting (host country official)
2. Introductions
3. Ice breaker
4. Introduce key topics such as policy and advocacy
5. Introduce HIV continuum of care, treatment, and prevention
6. Introduce the PSAP methodology

Slides 1 and 2: Introductions to the workshop

Facilitator will introduce the workshop and HIV PSAP team.
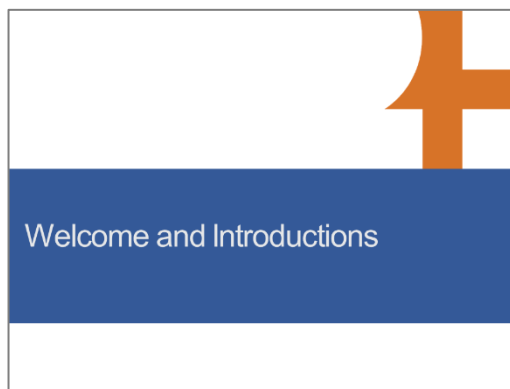

Slides 3 and 4: HIV PSAP process

Facilitator should note the key steps in the HIV PSAP process including:

- Service gap prioritization
- Identify policy barriers
- Develop action plans
- Implement and monitor action plans

This slide should be based on the HIV PSAP process being taken in the country. The facilitator can use information provided in this manual to describe each step.
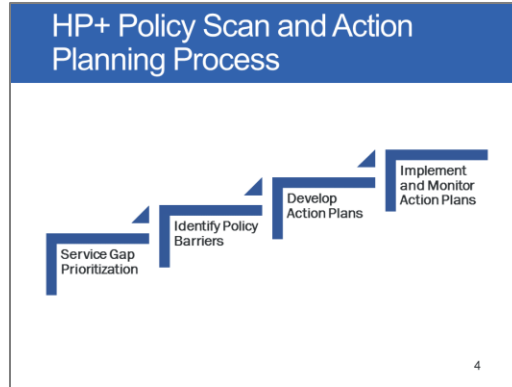
Slides 5 and 6: Policy background

The facilitator should then describe what policy is. Policy includes:

- Legal and regulatory frameworks

- National policies (or state or provincial polices under decentralized systems), including public financing for policies

- Operational policies such as clinical guidelines specific to health facilities

The next slide provides a list of examples of different types of policies that affect the HIV response in a country.
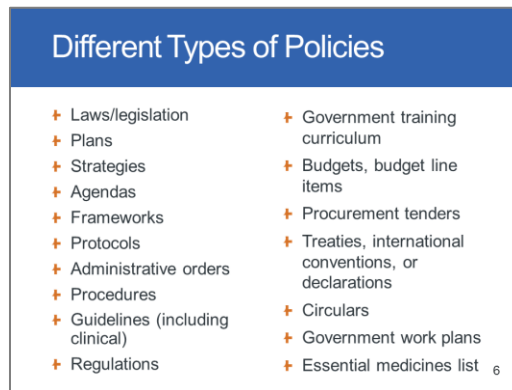
Slide 7: Types of policy change

The facilitator can read the following examples of policy change:

- Elimination of harmful policy

- Clarifying disagreement between two policies

- Updating or amending existing policy

- Developing new policy

- Allocating or committing resources within budget
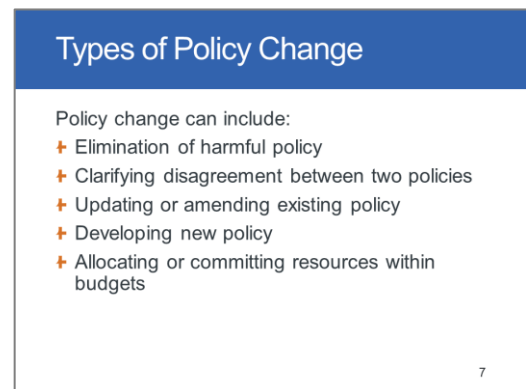
Workshop Session 2: Present Desk Review of Service Areas (1 hour)

Facilitator to distribute a summary of service area data collected using the Desk Review Service Gap Data Summary Tool. Explain how the desk review was developed and discuss findings. Encourage discussion of additional service gaps. Have the service gap findings on a PowerPoint slide that can be easily modified with this feedback. The final product from this session is an agreed upon list of service gaps.

Slides 8, 9, and 10: Desk review findings

Facilitator will introduce findings from the desk review.
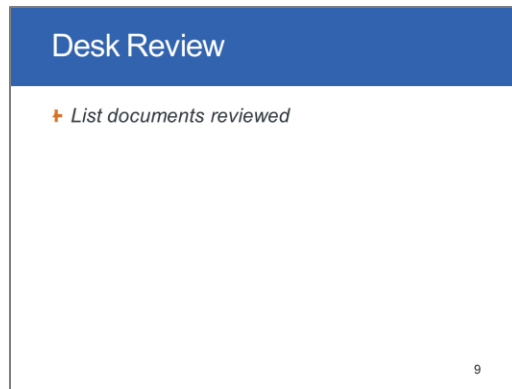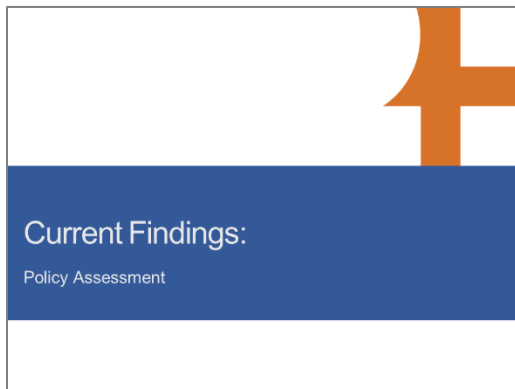
Workshop Session 3: Prioritize Service Area for Further Analysis and Action (2–3 hours)

This session will clarify which service gap is the most important to address to improve access to the continuum of HIV care, treatment, and prevention.

Reduce service gaps to six. The first step is to reduce the number of service gaps to six. To narrow the list, the group should identify issues that can't be addressed through policy. The facilitator can ask the group to give examples of potential policy reforms to address service gaps to determine if it is related to a policy issue. If more than six policy gaps remain, the group can vote on which should be considered. Depending on how the discussion is going, it may be helpful to prioritize two issues from the three sections of the data summary (continuum, cross-cutting functions, and implementing environment).

Prioritize service area. Group participants into three or four groups, ensuring a balance of government, donor, provider, and civil society participation in each group. Distribute the service area prioritization worksheet (found later in Annex 1). This worksheet is prepopulated with assessment criteria. Make sure you spend significant time discussing the assessment criteria to ensure common understanding. Pay special attention to the scoring, including what a high/low score means.

Refer the group(s) to the final service gaps left after the initial prioritization. Populate the worksheet with the short list of service gaps identified by the group. **It is CRITICAL that each group list the service gaps in the same order.** Score each service area by small group consensus against the assessment criteria. Scores will be between 1 and 6. Based on each assessment criteria, participants will rank the areas from 1 (the least applicable to the criteria) to 6 (the most important to the criteria). Scores for each criteria can only be entered once in each column (e.g., there will only be one score of 1, one score of 2, etc.)

Note: It is usually most helpful for groups to work "down" the columns, scoring each criteria against the service areas. Sometimes it is easier to select the "1" and the "6" for each criteria first and then fill in the middle scores.

Create a prioritization table on the wall and total scores from all of the teams to identify priority service areas. The service area with the highest score is the top priority via the scoring, but a discussion should be facilitated to make sure there is consensus.

Slides 11, 12, and 13: Prioritization

Facilitator will introduce the prioritization process. Then the facilitator will speak to how stakeholders will determine if each gap is primarily due to a policy issue or due to:

- Capacity/funding

- Training/understanding of current policy/enforcement/supervision

- Stigma

Next, the facilitator will review the key areas that will be used to prioritize policy solutions.

Workshop Session 4: Discuss Current Policy Environment for Selected Service Area (1 hour)

Facilitate a discussion to identify additional information on the policy environment for the selected service area. Specifically:

- What are the policies affecting this service area?

- Is there existing policy analysis or advocacy work happening related to this service area?

- What other information (e.g., on targeted population, domains, or specific services) do we need to understand this service area?

- Are there systemic issues that affect this service area?

- Who should we interview to understand the policy issues driving this service area?

Slides 14, 15, and 16: Current policy environment

Facilitator to introduce the discussion on the current policy environment. Facilitator explains what a policy barrier is. Policy barriers are polices that negatively influence the country's ability to respond to HIV and can affect policy planning/decision-making, service providers, and clients. Policy barriers can include:

- Absent policies

- Insufficient policies

- Contradictory policy

- Restrictive policies

The facilitator can then provide illustrative examples of each.

Next, the facilitator will introduce a brainstorming exercise with the stakeholders. Participants will be asked to identify stakeholders and decision-makers, in both public and private sectors, who will have an interest (both positive and negative) in the policy solution. Participants will also be asked to identify secondary data sources that will provide insight on the awareness and opinions of stakeholders and decision-makers related to the policy solution under consideration.

What Do We Mean by Policy Barrier?

Policy barriers are policies that negatively influence the country's ability to respond to HIV and can affect policy planning/decision makers, service providers, and clients.

✛ Policy barriers can include:
- Absent policies
- Insufficient policies
- Contradictory policies
- Restrictive policy

15
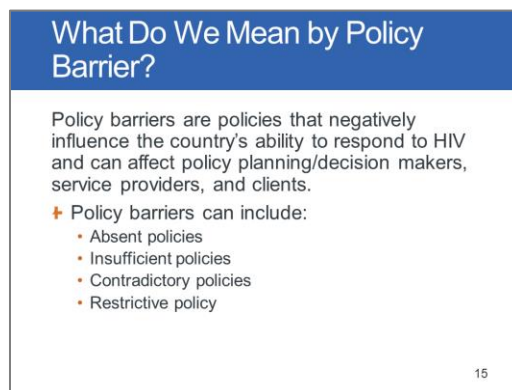
Brainstorm

+ Stakeholders and decision-makers, in both public and private sectors, who will have an interest (both positive and negative) in the policy solution

+ Secondary data sources that provide insight on the awareness and opinions of stakeholders and decision-makers related to the policy solution under consideration

16

Service Area Prioritization Work Sheet

The following worksheet can be used as part of the service area prioritization workshop to help stakeholders prioritize a service gap for further policy analysis and review.

Service gap	Resolving gap would have a positive effect on multiple components of the continuum 1 = few components effected 6 = many components effected	Resolving gap is critical to increasing access to continuum 1 = not urgent 6 = urgent	Data availability to inform advocacy 1 = no data 6 = many sources/types of data	Gap has a policy resolution 1 = no policy resolution 6 = gap primarily caused by policy issue	Gap is politically feasible to resolve 1 = not politically feasible 6 = politically feasible	Gap is financially feasible to resolve 1 = not financially feasible 6 = financially feasible
Example: Lack of HIV risk awareness among 15-30-year-old population with inflexible testing strategies						
Example: Lack of strategies to address stigma and discrimination as a barrier to testing						
Example: Poor tuberculosis screening rates of ART patients						
Example: Poor access to treatment for HIV-positive key populations						
Example: Low viral load suppression rates in children						

Annex 2. Identifying Policy Barriers Tools

Civil Society Organization Enabling Environment Assessment Framework

The following tool provides considerations to assess legal and regulatory barriers facing CSOs' work in contributing to national HIV targets. It was developed using tools from CIVICUS Monitor, PEPFAR's Sustainable Index Dashboard, UNAIDS' National Commitments and Policy Instrument tool, the International AIDS Society's differentiated care frameworks, and UNAIDS' Guidance for Partnership with Civil Society.

Assessment Area/Considerations	Policy Findings
Enabling Legal Environment • Extent to which CSOs can register as non-profits, volunteer organizations, member organizations, etc. (including CSOs representing vulnerable or marginalized groups) • Extent of government regulation on the CSO community (for example, how does the government regulate CSO actions or work, including for criminalized populations)	Example: Key population groups have a difficult time registering as non-profits or being able to receive funding from international organizations.
Partnership and Consultation • Extent to which civil society sector representation in HIV efforts are inclusive of diverse organizations • Extent to which civil society representatives have been involved in planning and budgeting processes for national strategic plans on HIV • Extent to which the country has ensured full involvement and participation of civil society in the development of multisectoral strategies	Example: Current HIV testing services working group members are primarily government and international partners. No local organizations are engaged in these meetings.
Service Delivery and Accountability • Ability of CSOs to access adequate financial and technical support to implement HIV activities, both domestically and internationally (particularly as it relates to the prioritized HIV service gap) • Mechanisms in place for government, CSOs, and the private sector for implementing HIV strategies/programs • Programs supported by civil society • Global Fund funding to CSOs • Laws or policies that restrict civil society from playing an oversight role in the HIV response • The legislative and regulatory framework conducive to CSOs or not-for-profit organizations to engage in HIV service provision or health advocacy (particularly as it relates to the prioritized HIV service gap) • Extent to which CSOs are enabled through country guidelines to provide differentiated models of HIV care (What services are they providing and how? What level of oversight is there in the provision of services?) • Is the government currently contracting for CSO HIV services? If not, why? What barriers are in place?	Example: Private providers cannot offer multi-month scripting due to current national ART guidelines.

Assessment Area/Considerations	Policy Findings
Strategic Information and Awareness • Extent to which civil society is included in the monitoring and evaluation of the HIV response • Extent to which civil society is included in development of the national monitoring and evaluation plan • Extent to which civil society participates in the national monitoring and evaluation committee • Extent to which civil society participates in using data for decision making • Number of CSOs involved in joint national program reviews or evaluations	Example: CSO HIV testing service providers are not able to provide data on HIV-positive cases to their local health center due to limited access to government staff and insufficient forms.

Tools and Resources to Support Civil Society Organization Assessment

The following documents can be used as normative guidelines on CSO engagement with governments and on HIV service delivery. The documents were developed by normative standing bodies and exemplify best practices in community engagement in the response to HIV.

- [Community-Based Antiretroviral Therapy Delivery](#) (UNAIDS and Médecins Sans Frontières, 2015)

- [A Community-Based Service Delivery Model to Expand HIV Prevention and Treatment](#) (Global Network of People Living with HIV and International Federation of Red Cross and Red Crescent Societies)

- [Communities Deliver](#) (UNAIDS and Stop AIDS Alliance, 2015)

- [Differentiated Care for HIV: A Decision Framework for Antiretroviral Therapy Delivery](#) (Differentiated Care)

- [Differentiated Care for HIV and Tuberculosis](#) (Global Fund, 2015)

- [Government Fund Communities](#) (UNAIDS, 2016)

- [Guideline on When to Start Antiretroviral Therapy and on Pre-exposure Prophylaxis for HIV](#) (World Health Organization, 2015)

- [Invest in Advocacy](#) (UNAIDS, 2016)

- [Stronger Together](#) (UNAIDS, 2016)

Annex 3. Action Plan Development Tools

Policy Solution Prioritization Facilitator Agenda

The following is a template agenda to be used in facilitating the policy solution prioritization workshop. The template can be changed to fit the needs of stakeholders.

Agenda Title: Policy Solution Prioritization Workshop: Identifying a policy solution to improve access to HIV prevention, treatment, care, and support.

Place/Date/Time:

Workshop Objective: Identify a policy solution for advocacy action.

Time	Session	Speaker(s)/ Moderator(s)
8:30–9:00	**Registration**	
9:00	Welcomes from USAID, government, implementing partner Ice breaker	
9:15	**Review HIV PSAP process to date** **Workshop Session 1: Present policy data, analysis, and policy solutions**	
	Coffee break	
10:30	**Workshop Session 1: Present policy data, analysis, and policy solutions**	
11:30	**Workshop Session 2: Prioritize policy solution**	
13:00	Lunch	
14:00	**Workshop Session 2: Prioritize policy solution (continued)**	
15:00	**Workshop Session 3: Identify stakeholders, decision-makers, and data sources for prioritized policy solution**	
16:00	**Next steps/closing**	

Policy Solution Prioritization Workshop Facilitator Notes

The following are sample facilitator notes that can be adapted to hold an HIV PSAP policy solution prioritization workshop.

Workshop Session 1: Present Policy Data, Analysis, and Policy Solutions

Key points:

- Describe the analysis process. Share the international standards (from UNAIDS, the World Health Organization, or other international norm-setting bodies) that were used and the country policy documents that were analyzed.

- Present analysis findings. Describe the international standards, the related country policy language, and any analysis of whether policies are in alignment, contradictory, absent, restrictive, or insufficient.

- Discuss related policy solutions. Be sure to structure the presentation so there is plenty of time for discussion.

Workshop Session 2: Prioritize Policy Solution

Key points:

- Narrow policy solutions to six. This can be done through discussion to identify and agree upon the policy solutions that are most relevant to the service gap and to the country context. Solutions that are more related to program implementation can be eliminated. If solutions can't be reduced to six by consensus and discussion, vote on the remaining policy solutions.

- Complete the policy solution prioritization worksheet (following these facilitator notes). This worksheet is prepopulated with assessment criteria. Check that the assessment criteria are locally relevant and ensure understanding of the criteria so that it is clear what a high/low score means. Work in 3–4 small groups with a balance of government, donor, provider, and civil society participation in each group. Have groups populate the "policy solution" column. **It is important** that each group list the solutions in the same order.

- Score each policy solution by small group consensus against the assessment criteria. Scores will be between 1 and 6. Based on each assessment criteria, participants will rank the gaps from 1 (the least applicable to the criteria) to 6 (the most important to the criteria). Scores can only be entered once in each column (e.g., there will only be one score of 1, one score of 2, etc.). **Note:** It is usually most helpful for groups to work "down" the columns, scoring each criteria against the policy solutions. Sometimes it is easier to select the "1" and the "6" for each criteria first and then fill in the middle scores.

- Create a prioritization table on the wall and total scores from all the teams to identify the priority policy solution. The policy solution with the highest score is the top priority.

- Facilitate a discussion to reach consensus on the top policy solution.

Workshop Session 3: Identify Stakeholders, Decision-Makers, and Data Sources for Prioritized Policy Solution

Key points:

- Brainstorm on stakeholders and decision-makers, in both public and private sectors, who will have an interest in the policy solution. Be sure to prod participants to think beyond the usual partners.

- Brainstorm on secondary data sources that will provide insight on the awareness and opinions of stakeholders and decision-makers, discussed in the step, above related to the policy solution under consideration. Examples might include: speeches, voting record, news stories, surrogate positions (e.g., party/coalition platforms, religious creed, professional associations, etc.). Access to the internet is useful here.

Policy Solution Prioritization Worksheet

Policy solution	Policy solution would have a positive effect on multiple components of the continuum 1 = few components effected 6 = many components effected	Policy solution resolves service gap 1 = minimal impact on service gap 6 = significant impact on service gap	Data availability to inform advocacy 1 = no data 6 = many sources/types of data	Policy solution provides an opportunity to build alliances with other groups 1 = no opportunity 6 = significant opportunity to build/engage alliances	Policy solution aligns with decision-maker goals 1 = not in alignment 6 = significant alignment—decision-maker would have significant investment in policy solution	Policy solution is politically and financially feasible 1 = not feasible 6 = most feasible
Example: Update national ART guidelines for tenofovir/lamivudine/ dolutegravir (TLD) as first- and second-line treatment						
Example: Update task sharing guidelines to allow for CSO rapid testing						
Example: Develop policies and reporting guidelines on addressing discrimination in healthcare facilities						

Action Planning Workshop Facilitator Notes

The following are sample facilitator notes that can be adapted to hold an HIV PSAP action planning workshop.

Notes:

1. **Understand how participants use key terms** and align the presentation and language you use. Depending on the historic use and training that participants have had, terms such as mission/vision/goal, measure/indicator, and initiative/activity may have slightly different meanings and/or preferential use. This may seem like a small matter as the terms are interchangeable, but participants can get confused if the "wrong" term is used, and it can take quite a bit of time to sort out.

2. **Integrate consideration of gender, disproportionately impacted populations, discrimination, and human rights** at all levels of the strategy discussion (stakeholders, objectives, measures, and activities). Ask facilitative questions and design working groups to be as representative as possible.

3. **It is critical that participants see the strategy map and dashboard evolve throughout the workshop.** The strategy map and dashboard will be a primary product of this workshop and provide a consistent and concise visual representation of the content of the entire workshop. Updating the strategy map and dashboard as you go through the workshop will help avoid repetitive discussions and ensure alignment of the various levels of the strategy.

   (Practice the "find" and "replace" functions in PowerPoint. Note that once you "replace" the PowerPoint is forever changed, so use a duplicate copy and don't save over the file you will be using for the presentation.)

4. To save time, **pre-populate the strategy map with themes** to assist in alignment of objectives. For example:

   - If the action plan is for a fairly nascent issue—there is no proposed policy language and no advocacy or stakeholder mapping has been done—use the following themes: design, approve, and implement

   - If the action plan is for a more developed policy initiative—proposed language has been developed—use the following themes: advocate, approve, and implement

Supplies:

1. Computer/projector
2. Flip chart/markers
3. Flash drives or email addresses of the participants to distribute the initiative planning template (provided after the workshop facilitation notes)

DAY ONE

**Welcome and Introductions** (estimated time: 30 minutes—allow for a late start)

- Moderator/speaker provides opening comments geared toward the context of the country and facilitates introductions.

- Review workshop goal: create an action plan to [insert country specific policy solution].

- Review agenda for workshop, clarify start/end times, meals/snacks, bathroom locations, and any other logistics.

Overview of History, Assessment Findings, and Relevant Technical information (estimated time: 30 minutes for presentation, 30 minutes for discussion)

- Provide a summary of the PSAP process to date. Explain how the service area was chosen, key policy assessment findings, and policy solutions.

- Present relevant technical content for the service area or prioritized policy solution (e.g., international protocols, program examples, etc.).

Action Planning (approximate time: 1–1.5 hours)

- Present/discuss how the strategy map is used to identify stakeholders, objectives, and resources and how these help to accomplish the strategy goal.

- Walk through the strategy map and explain how strategy implementation is tied to measures, targets, initiatives, and the strategy implementation dashboard.

- Present a blank strategy map.
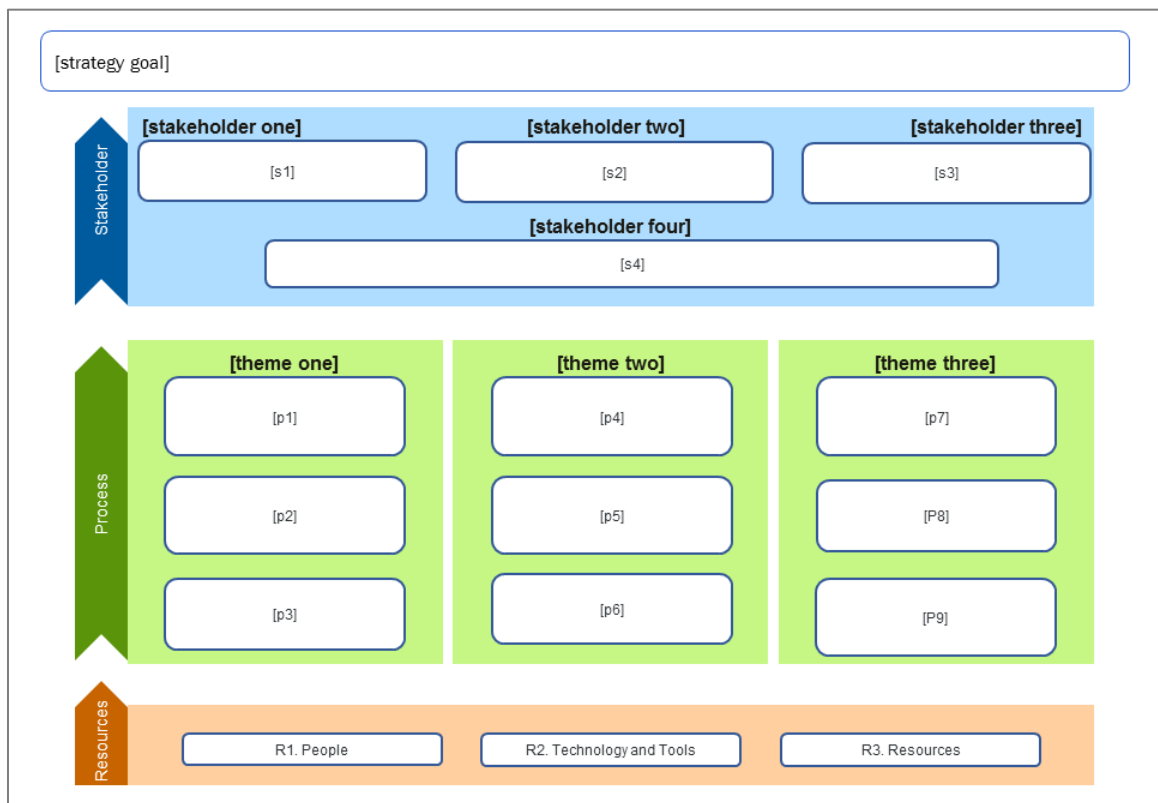
- Discuss the definition and components of a strategy goal.

- Facilitate a discussion to come to a consensus on the strategy goal for this action plan. This will usually be something like "include XXX in the next version of the XXX policy," "repeal/change [XXX]," "update clinical guidelines to say [XXX]." It is important to discuss a time frame and the most effective policy process and mechanism (e.g., national policy, clinical guideline, law, etc.). EXAMPLE: "Partner notification services are incorporated into the revised HIV testing services policy."

- Update the slide deck with the agreed upon strategy goal.

To insert the strategy goal into all slides in the presentation:

- Select entire strategy statement, ctrl-C to copy

- Select "Replace" on the Home tab

- In the "Find what:" field enter "[strategy goal]" and then paste strategy statement into "Replace with:" field

- Select replace all

Stakeholders Discussion (approximate time: 2 hours)

- Begin this section with a group discussion to identify the stakeholders for the strategy map. Ask whose needs need to be meet to be successful in achieving the strategic goal.

- Come to a consensus on no more than four stakeholders.

- Update the PowerPoint with the agreed upon stakeholders. Break up participants into groups for each stakeholder. Have them draft and present stakeholder needs. Common needs might be meeting national/project goals, achieving/protecting personal health, etc.

- Come to a group consensus on concise stakeholder needs. Update the slides with the stakeholders and their respective needs.

Find and replace codes for stakeholders:

- [stakeholder one]
- [stakeholder two]
- [stakeholder three]
- [stakeholder four]

Find and replace codes for stakeholder needs:

- [s1]
- [s2]
- [s3]
- [s4]

Objectives Discussion (approximate time: 2 hours)

- Present and discuss the slide on objectives. Explain how objectives, measures, and initiatives relate to each other. Review the concept of SMART objectives.
  - SMART stands for:
    - Specific: What exactly needs to be achieved?
    - Measurable: How will you know when the goal is achieved?
    - Achievable: Can the goal be realistically attained?
    - Relevant: Is the objective relevant to the problem identified?
    - Time-bound: Does the objective have a specific end date?
- Small groups should develop SMART objectives for each prepopulated theme. Limit to three objectives per theme by asking the groups to identify overarching objectives that may incorporate multiple outcomes.
- Small groups report out and come to a consensus on objectives for each theme.
- Note: Objectives related to human resources, tools and technology, funding, and day-to-day operations can be completed in the post-session work as these are more administrative and should be considered after the rest of the strategy map is complete.
- Update the strategy map with the objectives and review. Does it make sense? Do the objectives describe what needs to happen for each theme? Do the objectives address the needs identified for the stakeholders?

> **Find and replace codes for theme objectives:**
> - [p1]
> - [p2]
> - [p3]
> - etc.

Small Groups: Objectives

[theme one]	[theme two]	[theme three]
[p1]	[p4]	[p7]
[p2]	[p5]	[P8]
[p3]	[p6]	[P9]

Process

Break into small groups—one group for each theme.

With your breakout groups, identify no more than three SMART objectives that will need to be accomplished in your thematic area to achieve the stakeholder objectives and the strategy goal.

Assign one person to present the breakout groups ideas to everyone.

- 45 minutes – breakout group brainstorm of objectives for your theme
- 30 minutes – breakout groups present their ideas
- 45 minutes – full team to confirm draft objectives

Measures Discussion (approximate time: 1.5 hours)

- Explain that measures allow us to assess progress of the objectives on the strategy map in order to understand how we are performing at a given point in time.

- Measures serve several purposes:

  o Drive performance—measures drive and motivate behavior and give direction by communicating the measures.

  o Monitor health and progress—measures evaluate progress of the strategy on a continuous basis.

  o Challenge assumptions—measures test the validity of the strategy; if measures indicate successful but the strategic objectives are not being achieved, perhaps the wrong target or measures were selected.

- The same small groups should develop and present measures for each objective. While groups are working on measures for objectives, facilitators can complete draft measures for stakeholders for presentation and discussion with the full group.

- The whole group should come to a consensus on measures and decide on targets for both stakeholders and objectives.

- Note: Measures for human resources, tools and technology, funding, and day-to-day operations can be completed in the post-session work as these are more administrative and should be considered after the rest of the strategy map is complete.

Find and replace codes for measures:

- [sm1]
- [sm2]
- [sm3]
- etc.
- [pm1]
- [pm2]
- [pm3]
- etc.

DRAFT Strategy Dashboard (1/2)

	Objectives	Measures	Initiatives
Stakeholder	[s1]	[sm1]	
	[s2]	[sm2]	
	[s3]	[sm3]	
	[s4]	[sm4]	

DRAFT Strategy Dashboard (2/2)

	Objectives	Measures	Initiatives
Process	[p1]	[pm1]	
	[p2]	[pm2]	
	[p3]	[pm3]	
	[p4]	[pm4]	
	[p5]	[pm5]	
	[p6]	[pm6]	
	[p7]	[pm7]	
	[p8]	[pm8]	
	[p9]	[pm9]	

DAY TWO

Initiatives (approximate time: 3–4 hours)

- Begin the day with a review of the strategy map. Ask participants to use the map to give a 3-minute presentation about what they are trying to accomplish with the strategy.

- Review the role of initiatives/activities to help accomplish the objectives of the strategy. Remind participants that they have probably already been discussing initiatives as they have been working on objectives and measures.

- Break out into groups to develop and present initiatives that will be needed to accomplish the objectives included in the strategy map.

- Initiatives are generally not identified for stakeholders as the theory of the strategy map is that if objectives are achieved, the objectives of the stakeholders will be achieved.

- Distribute the initiative planning template (provided after these facilitator notes) on flash drives or by email to each group so they can populate the electronic file and send it back.

- Note: Initiatives for human resources, tools and technology, funding, and day-to-day operations can be completed in the post-session work as these are more administrative and should be considered after the rest of the strategy map is complete.

Next Steps (approximate time: 30 minutes)

- Turn discussion over to the country team to facilitate discussion about how the activity plan moves forward from here. Make sure that there are specific decisions on what will happen, the timeline for accomplishment, and who is responsible.

Initiative Planning Template

The following template provides stakeholders with the questions needed to develop specific initiatives to achieve the strategy map's overall objective. Stakeholders should work together to decide on the best approaches to achieving the outcomes and indicators developed in the action planning workshop.

Initiative Name:		Overarching Status:	G	Y	R
Supports Which Outcome:					
Supports Which Indicator:					
Description: (Scope, benefits, risks, etc.)					
Resources Required:	Skills:	Tools, Financial Resources, Materials, Connections:			
Context & Assumptions:					

Example: Partner Notification

Initiative Name:	Partner notification policy drafting initiative	Overarching Status:	
Supports Which Outcome:	1. Partner notification policy aligns with international standards		
Supports Which Indicator:	1a. Stakeholder agreement to modifications of international standards (Y/N) [Modifications or adaptations of international standards will be documented, justified, and presented to stakeholders for concurrence]		
Description: *(Scope, benefits, risks, etc.)*	This activity includes identifying and adapting international standards to the Lesotho context. While the vast majority of the policy language regarding partner notification is assumed to be in alignment with international standards, there may be some specific modifications that make the policy more relevant for the country context.		
Resources Required:	**Skills:** technical, facilitation, presentation, advocacy, communication	**Tools, Financial Resources, Materials, Connections:** Financial support, IT materials (computers, projectors, Internet)	

General Timeline

Activity	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8

Sub-activities

Sub-activities include any activities that needed to be completed to achieve the overall initiative developed in the initiative planning template. The sub-activities will be useful for stakeholders when developing work plans.

#	Sub-activities	Start	End	Responsible	Status		
					G	Y	R
1.							
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Sub-activities Example

#	Sub-activities	Start	End	Responsible	Status
1.	Develop a matrix that identifies how partner notification services integrate into the HIV continuum of care, treatment, and prevention	Oct	Oct	Ministry of Health	
2.	Integrate policy language on linkage to HIV prevention services	Oct	Oct	Ministry of Health	
3.	Integrate policy language on linkage to HIV treatment services	Oct	Oct	Ministry of Health	