

Guide

to the Strategic Planning Process for a National Response to HIV/AIDS

Joint United Nations Programme on HIV/AIDS (UNAIDS)

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Guide

**to the Strategic Planning Process
for a National Response to HIV/AIDS**

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

What is strategic planning?

Strategic planning, as developed in the present guide, defines not only the strategic framework of the national response, i.e. its fundamental principles, broad strategies, and institutional framework, but the intermediate steps that must be achieved to change the current situation to the described objective.

In normative—as opposed to strategic—planning, activities are planned according to universal norms that apply to all beneficiaries, irrespective of their conditions or situations. Strategic planning takes an issue’s underlying determinants into account, which vary according to the persons concerned (e.g. their social class, religion, culture, gender specificities, etc.) and according to situations that may alter rapidly over time. Strategic planning means adapting norms to a given or changing situation. A strategic plan, therefore, includes a normative as well as a strategic dimension.

Why strategic planning?

During the past 15 years, many different approaches have been adopted in an attempt to slow the spread of HIV and minimize its impact on individuals, families, and society. It is now clear that there is no simple formula that works for all countries. The most effective national responses are those designed to meet the specific needs of the particular country: they attack those situations that make people vulnerable to HIV and its impact, and make use of the unique strengths of the country’s people and institutions.

Governments engaged in development planning must understand the real magnitude of the HIV/AIDS problem in their country. They also should have an idea of the epidemic’s likely consequences on individuals and families, and on the society’s overall development. On that basis, they must then decide what importance and priority level they want to attach to actions aimed at reducing the spread of the HIV and mitigating its impact. This implies focusing on strategies that can change its course and securing the resources to implement them. It also means that these strategies will become an integral part of the country's overall development plan.

Strategic planning allows governments as well as planners at a more decentralized level to make informed decisions so they can change the current situation to their objective. The strategic planning process proposed here is a flexible tool designed to meet the dual requirement of use at a central level as well as at a district and community level. The different options discussed in this guide should meet the needs of planners at a national level for building a more general, strategic framework for HIV/AIDS action. They should enable field workers from districts and communities to plan concrete strategic interventions that will contribute to the overall national response.

Features and strengths of a strategic planning approach

Being situation-specific

Putting aside any pre-formulated ideas of “things-to-do”, strategic planning deals with real situations uncovered through objectively assessing a given country or region, considering the socio-cultural, economic, religious, and other specificities of the concerned populations.

Getting to the root of the problem

More than any other disease, AIDS has to do with complex behavioural and other determinants. A strategic approach to planning analyses the main personal, societal, and environmental factors that underlie behaviours, which eventually expose people to HIV infection. By identifying these factors, planners will be able to focus on those strategies that have the potential to alter the situation.

Anticipating the impact of the epidemic

Young adults are the population category most affected by the HIV/AIDS epidemic. Because HIV/AIDS has much-delayed effects, the current situation’s impact will not be visible until several years hence. On the other hand, given the high morbidity and mortality rate among the most active portion of the population, the impact on families and societies will be profound in most countries, and severely affect their overall development. Strategic planners do not ignore these long-term effects, and try to design measures to mitigate them.

Dealing with obstacles

Interventions have often failed, not because they were ill designed or lacked resources, but because some obstacles, ignored or neglected by planners, prevented the action from achieving its objectives, or even, from starting at all. Identifying obstacles is an integral part of any situation analysis, and is the basis of planning for effective strategies and interventions.

Seizing opportunities

Effective and sustainable action depends heavily on the quality, motivation, and commitment of human resources, and situations that provide a positive environment for its implementation. The strategic approach to planning identifies people and opportunities to form the backbone of a future response, and uses their catalytic effect to influence other interventions.

Setting priorities

The complexities of HIV sometimes have led governments to attempt planning for all eventualities. Moreover, donors and other external agencies have frequently added their own agendas to already unwieldy plans that cover many areas, resulting in generally low implementation rates, poor performance, and overburdening of scarce national staff. A more strategic approach concentrates on planning in priority areas, through identifying the epidemic’s most important determinants.

Governments taking the lead

However expert they are, persons from outside the country should not impose priorities upon national planners. Effective prioritization implies the concerned communities' active participation and good coordination among the key stakeholders. It also means that governments, responsible for establishing the agenda for social and economic development, must take the lead in the entire process. Moreover, only governments can integrate the response to HIV into the framework of their own development plan.

Learning from experience

For over a decade, the world tried to respond to the HIV/AIDS epidemic. Since everything was new in this difficult period, as much was learned from failures as from successes. Strategic planners want to draw from the vast pool of experience that was built up during this time, so as not to reinvent the wheel at every turn. Taking examples from neighbouring countries' experiences or from a comprehensive set of "best known practices" and adapting them to the country's particular situation, will save time and increase the chances of achieving success.

Planning realistically

An elaborate plan that cannot be put into action is useless. To implement strategies planned in priority areas requires will, people, skills, materials, and money. Strategists look for realistic and viable initiatives that exploit the inherent resources of communities affected by the epidemic and that receive the support of important political, religious, and community leaders. Many communities, institutions, organizations, and individuals can make valuable contributions to the response to HIV. If the most critical of these sectors are involved in the planning process, their needs can be considered, and their capacity for action harnessed.

Assuring resources

Even though national communities, institutions, organizations, and individuals are effectively mobilized, local resources may not be available for all priority actions planned. Planning would not be strategic without appropriate measures, including advocacy to secure resources—human as well as financial and material—to implement all essential actions.

Foreseeing practical management structures

Effectively implementing the actions planned and achieving priority objectives are the primary goals of the planning activity. Strategic planners will therefore pay particular attention to designing practical management structures, indicating responsibilities to guarantee that activities materialize, and establishing partnerships to monitor them.

Providing flexibility

HIV/AIDS evolves in an environment that can change dramatically over a very short period of time: a drastic change in legislation or a shift in affected population groups can make entire sections of plans obsolete. The ability to adapt quickly to changing situations and to re-plan and support newly emerging successful initiatives is a pre-

condition for effectiveness. Building flexibility into a plan and subsequently monitoring situations and responses are essential aspects of strategic planning.

Getting started on strategic planning for HIV

Much thinking, discussion, past experience with HIV planning, and expertise gathered from strategic planning in other areas have gone into developing draft guidelines on strategic planning for HIV. Currently, the best means for further learning is implementing the process in the field. However, since strategic planning reflects a change in habit and attitude for many people and institutions that have been used to the more normative approach of traditional health planning, an important question is how to initiate the process.

Initiation of the process

There are essentially two main entry points for a strategic approach to a planning cycle:

- The government may wish to make an overall assessment of the country's HIV/AIDS situation to deal with it more effectively. This is a timely opportunity for implementing the strategic planning process in all its dimensions—from a thorough situation analysis, to analysing the response, to formulating a strategic plan.
- The country may be in the middle of an ongoing planning cycle. In that case, the government should be advised to take advantage of the steps already taken and to use a more strategic approach to complete the process.

As a first step, the National AIDS Programme Manager will review the country's situation to determine where they are with their response to the HIV/AIDS epidemic:

- In which planning or implementation stages are they?
- What has been evaluated and when?
- What are the important upcoming HIV/AIDS-related events?

A well-documented request should then be put forward to the government through the National AIDS Commission or equivalent policy-making body, to plan for an adapted strategic planning process. This should include timing (when this process or the next step of the process should be initiated) and the adaptation to the specific country situation (which dimensions of the process will be needed). Adopting strategic planning does *not* mean that ongoing activities should be disrupted, or that everything has to begin from scratch. On the contrary, a strategic approach to planning implies taking advantage of ongoing action and building on it to adjust, re-orient or expand the response.

UNAIDS support

The United Nations agencies gathered in the Joint United Nations Programme on HIV/AIDS are keen to contribute to meeting the needs of countries wishing to adopt a more strategic approach to planning for HIV through a coherent set of means, which include the following:

Guidelines for the strategic planning process

UNAIDS has drafted a four-module guide that can be used by countries that want to

get started. The first rule of a successful strategy is that it must be relevant to the particular situation. The same is true of the strategic planning process itself. Therefore, it is not possible to write guidelines that can be followed step by step in every situation or in every country. The UNAIDS draft guidelines aim to introduce the main concepts of strategic planning, remaining flexible enough so that they can be adaptable for planning at a national level in the different regions and can serve as a practical assistant for planners at a district or community level.

To this end, the guidelines contain the following parts:

- the core Strategic Planning Guide consisting of four modules, each handling one dimension of the strategic planning process, i.e. the situation analysis, the response analysis, the strategic plan formulation, and the resource mobilization, and including a detailed bibliography and a glossary;
- a set of background documents including real-life examples, adapted regionally, and developed by regional networks; and
- a comprehensive set of technical tools and “Best Practices” documents providing more detailed information on technical issues and on successful responses in a wide range of areas.

Networks of technical support for planners

Recognizing that the capacity to undertake strategic planning is still limited, UNAIDS is working to expand regional networks of technical expertise. The institutions and individuals in these networks will be made available to support countries embarking on a process of strategic planning for HIV.

Capacity-building

Like many other externally driven actions, the strategic planning approach has no chance of surviving in the long term unless national and local planners have internalized this method. Hence, capacity-building of local staff is critical in order for the process to gain the necessary momentum to affect the national, regional, and global response to HIV/AIDS. As stated above, the regional networks of technical support will be used for that purpose, but the best way of learning is active involvement in the real-life exercise.

Monitoring and evaluating the process

Of course, building the boat while sailing has risks that can only be minimized if the process is constantly monitored and regularly evaluated. In this way, it can be improved and fine-tuned for greater efficiency. A case study protocol is therefore being developed by UNAIDS secretariat in collaboration with its cosponsors, who all agreed to support test runs of the strategic planning process in five to ten selected countries.

Module 1: Situation Analysis

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I. Introduction to situation analysis

A situation analysis puts the HIV epidemic in its social, economic, and cultural context in a given country. It looks at who is infected or is vulnerable to infection, and tries to explain why. It looks for explanations not just in people's behaviour, but in the social, economic, and cultural situations which underlie that behaviour.

A situation analysis looks specifically at situations that may be relevant to HIV, the factors that favour or impede its spread, and the factors that favour or impede achieving the best possible quality of life for those living with HIV and for their families. Since the analysis explains the current situation, it helps to identify opportunities for changing that situation. Those opportunities will involve building partnerships across the public sector and between the public, private, and community groupings that make up society, bringing a wide range of people, skills, and resources into the national response.

I.1 Using this module

This module, like the others in the Guide, is intended for use by country programmes, either at a national or decentralized level. However, other agencies and organizations such as international non governmental organizations (NGOs) and donor agencies may also find it useful to conduct a situation analysis for their AIDS strategies. The module is also a practical guide for the staff conducting the analysis.

The Guide recognizes that countries are at different stages in their response to the HIV/AIDS epidemic. They have varying resources at their disposal, and varying access to expertise and information. Consequently, many readers will already be familiar with at least some of the information-gathering or analytical activities the module contains, or have ready access to this information. Others may want more details of activities that are new to them, or that deal with subjects on which they lack information.

The module's main text describes broadly the situation analysis activities. Documents listed in the bibliography provide more details on specific activities and information better adapted to a specific region. Therefore, the bibliography will vary from one region to another. A recently completed situation analysis is included among the references.

In the software version of the module available on UNAIDS's web site, hyper-text will be used to refer to these documents. Clicking on words in hyper-text (i.e. underlined and in a different colour) will bring the reader automatically to more detailed information.



These graphics (in the margin) contain references to documents published or under preparation in the UNAIDS Best Practice Collection. These documents discuss the major challenges faced in a certain area of HIV and development, and the solutions or responses that have worked best. They give examples that may be adapted to many situations, and make recommendations based on what has been shown to be possible and most effective. For teams conducting a situation analysis, Best Practice Collection documents can be a valuable source of suggestions about issues that

should be considered for enquiry. Best Practice documents may be obtained from UNAIDS offices, or from our Internet homepage at <http://www.unaids.org>.

1.2 Why conduct a situation analysis?

HIV does not spread in a vacuum. Its spread, and the quality of life of those affected by it, is deeply influenced by background, social, cultural, and economic factors that vary from place to place. An understanding of these background factors will help programme planners and communities identify the most important areas for action. It will also help them in adapting the experience of other countries and communities.

A complete situation analysis aims to identify:

- who is vulnerable to HIV/AIDS and why;
- the most serious obstacles to expanding the national response; and
- the most promising opportunities for expanding the response.

1.3 Who will use the finished analysis?

The situation analysis will be used first by the group that analyses the response to HIV and then by the people who formulate a strategic plan. It may also be of interest to groups like potential donors, expanding NGOs or the media, which are not yet involved in the national response or have not been directly included in the planning process, but who want to keep up with the HIV situation in the country. People living with HIV or affected by the epidemic may find the situation analysis helpful in planning for their own responses.

The situation analysis conclusions will guide the national response analysis in two ways. First, by highlighting the major factors that drive the epidemic, it will indicate which areas of the response should be examined most carefully. Second, by identifying the determinants of HIV transmission and its impact, it will help identify the questions that must be asked in those areas. This analysis process is treated in greater detail in ***Module 2: Response Analysis***.

The conclusions of the two analysis exercises will form the building blocks of a national strategy. ***Module 3: Strategic Plan Formulation*** describes how the obstacles and opportunities the situation analysis identifies can be woven into a national strategy for HIV.

The situation analysis also serves as a “baseline study” against which efforts to change situations that make people vulnerable to HIV may later be measured. Together with the response analysis, it provides the foundation for an invaluable database, which can be used in monitoring and evaluating the implementation of a national strategy.

II. Responsibilities

II.1 Overall responsibility

National situation analyses will usually be directed or contracted by the National AIDS Programme manager under the direction of the National AIDS Committee (NAC) or other body or person with overall responsibility for AIDS policy. This responsibility resides within the ministry of health in many countries; elsewhere it is within the portfolio of the president or prime minister's office, or some other central government body.

Among the most important tasks of the person or group with ultimate responsibility for the situation analysis is designating and briefing the people who will carry out the work.

II.2 The situation analysis team

While an initial situation analysis can be carried out within a fixed time frame, strategic planning and management is not a one-off exercise. It is an ongoing process that involves a constant re-evaluation of situations and responses to assess which strategies are working and which need reformulation. Therefore, it makes sense to identify a team for both situation analysis and response analysis that can contribute continuously to strategic plan management. This constant monitoring will also recognize unplanned, emerging strategies that might be supported or expanded. If the core of the situation analysis team is built up in a national, academic or private institution in the country, it will be able to continue to monitor the situation and to maintain a database that can be updated in future planning cycles.

Whatever institution is chosen as the core of a situation analysis team, it may be desirable to bring in team members from elsewhere to contribute to the initial situation analysis exercise. The team should include people from different disciplines—for example, an economist, a civil servant, a community organizer, an anthropologist, and a private sector market research specialist. A person infected with HIV, and so living in very close contact with the epidemic, can often inject a dose of realism into the analysis of both HIV-related situations and the response to them.

During a country's first situation analysis exercise, the government should try to involve as many of the *key* stakeholders as possible in the team's composition, not only to increase its diversity and expertise, but also to create a sense of ownership among those agencies, in view of later resource mobilization. UNAIDS and its cosponsors, important bilateral donors or international NGOs are often keen to contribute one of their staff to participate in the different phases of the strategic planning process.

In general, the team should have the following cumulative skills:

- an understanding of the country's cultural traditions, history, and political structure;
- a familiarity with and ability to obtain the relevant social research;
- access to a range of opinions and a variety of information;
- capacity to think broadly across a range of complex social issues;

- an understanding of how HIV is transmitted and how its transmission and impact can be minimized;
- an understanding of how social and economic circumstances affect the spread of the virus and increase men's and women's vulnerability to infection; and
- an ability to be thorough and fair in studying and presenting the facts.

It is important that the people involved are able to dedicate 100% of their time to the task during the exercise's entire duration, and that someone on the team has the necessary writing skills.



UNAIDS strongly recommends that the membership of steering and advisory bodies concerned with HIV/AIDS issues include people who are living with the virus or directly affected by it. These are the people most likely to know the challenges affected communities face and to be realistic about the disease, its impact, and the response to it.

III. The situation analysis process

The situation analysis process described here is designed to provide essential information about the HIV epidemic dynamics in the country and conditions that may inhibit or support the national response. The process emphasizes the importance of working across sectors and with people at all levels in the community.

Scheduling of process steps

A situation analysis's main work can be broken down into the following phases:

1. Do the preparatory work
2. Brief the situation analysis team
3. Gather information from documents, interviews, and field research
4. Analyse
5. Produce the report
6. Circulate the report for comment and finalize

The time a situation analysis takes will depend heavily on the amount of epidemiological and social research already available, as well as on the size and structure of the nation and the stage and complexity of the epidemic. Situation analyses for strategic planning in HIV to date have taken as little as two weeks and as much as eight months.

Clearly, unless a comprehensive database is already available, the first situation analysis will take longer than subsequent analyses. Much of the information collected does not change radically over time; if it is kept on file in partner institutions or by the AIDS programme, it can be updated quickly and easily in subsequent review and planning rounds.

III.1 Preparatory work

All situation analysis phases need not be completed in a single sweep. For instance, the preparatory work should be done well in advance, perhaps by a single team member recruited for that purpose. A good preparation includes the following

- identifying information sources and collecting the relevant documents. Making these documents available to all team members in advance of the situation analysis's actual start can save considerable time.

*A list of suggested sources of information can be found under **Bibliography**.*

- Identify the situation analysis team members in terms of their competence, experience, representativeness, and availability.
- The situation analysis team composition has already been discussed.
- Prepare appointments for field visits, interviews, etc.

Making these appointments well in advance, ensures that key persons are available for planned visits or for interviews, avoiding frustration on both sides, saving considerable time, and enabling actors in the field to be better prepared.

III.2 Brief the situation analysis team

The first item on the situation analysis team's agenda should be their briefing by the National AIDS Programme manager and members of the National AIDS Committee.

These briefings should include:

- discussion of the documents made available to the team;
- an understanding of the current approaches used by the national AIDS programme, especially concerning the principal strategies used, target groups, and principal activities;
- an understanding of the difficulties the national AIDS programme faces in achieving its objectives (political, cultural, as well as resource and management problems);
- probable or desirable changes in managing a national programme; and
- commitments to give practical assistance to the team conducting the situation analysis (additional technical information, logistics, appointments, etc.)

III.3 Gather information

Sources of information have already been described. The *main questions* to be answered, and the *topic areas* for analysis are given below. To identify important issues for investigation in priority topic areas, planners are advised to consult the UNAIDS "Best Practice Collection".

After the briefing, and when the team members have studied and discussed the documents they have been given, they should have a good idea of what is known about the epidemic and its root causes. Therefore, they should be able to identify what is NOT known. In that case, they should aim to collect such information through key informant interviews, focus groups or other field techniques.

These techniques may also be used to make up for the deficiencies in other data. For example, there may be an interesting study linking vulnerability to HIV to certain occupations, but no details in the study of how occupations vary between men and women. Field research may fill that gap, and allow planners to draw important conclusions that the original data would not have highlighted.

Most field research techniques use up large amounts of time and energy, and their use should be limited to collecting information essential to understanding the background to HIV in the country.

A list of publications providing more information on techniques for field research can be found in the section: Bibliography.

III.3.1 The main questions to be answered

a) What are the national guiding principles?

All countries work according to either explicit or implicit guiding principles. These may be stated in the constitution, or in international conventions to which the country is signatory; the situation analysis team will focus on these principles when it looks at political and legal issues (see Topic Areas for Analysis). Principles governing the country's commitment to changing the situations that promote the spread of HIV, and ensuring the rights and responsibilities of people directly affected by the disease, may also surface in other areas of enquiry such as women's status. Since these national principles should govern both HIV-related situations and the response to it, they should be clearly stated at the start of the analysis process.

b) What are the main factors determining the spread of HIV and its impact?

An essential characteristic of strategic planning is that it focuses on priority areas for action. UNAIDS strongly recommends that these priority areas be set initially by how important a contribution various factors make to the spread of the HIV/AIDS epidemic and its negative impact in the country. Other priorities—political, financial, community-related etc.—will be considered when opportunities for a successful response are examined later in the planning process.

The underlying factors that lead people to such behaviour may constitute the real driving force of the epidemic, more than the so-called risk behaviour itself. These factors are often economic (e.g. the absence of alternatives for earning a living for a commercial sex worker), but may be social, cultural, and environmental as well. Getting to the roots of the epidemic may enable planners to group the more important factors into priority areas for action.

In addition, epidemiological considerations may determine the importance of factors. For example, transmission rates among injecting drug users and commercial sex workers and their clients may be similarly high, and the communities may be similar in size. But if injecting drug users have sex largely with one another, while the clients of prostitutes frequently have sex with their wives and other girlfriends, then the second group has the higher potential impact on the national epidemic.

c) Obstacles: What stands in the way of change in priority areas?

The reason why an issue becomes of critical importance in determining the spread or impact of HIV is often because it has, in the past, been considered too hard to change, or because attempts to change it have failed. Analysing what perpetuates situations that make people vulnerable to HIV and its impact is a vital step in planning strategies that will succeed in the future. The situation analysis team should try to identify those obstacles, which may be very different in nature:

- groups of people may have a vested interest in perpetuating the current situation, or raise strong objections to initiatives that would provoke a change. Such groups include:
 - ◊ the vulnerable community itself;

- ◊ politicians;
 - ◊ important funding institutions;
 - ◊ groups already unsuccessfully involved in trying to change a situation;
 - ◊ the administration;
 - ◊ religious or cultural leaders; and
 - ◊ powerful business interests.
- shortages of resources may make it difficult to reduce people's vulnerability to HIV and its impact. Resources range from financial or human to the existence of a ministry or other institution with the mandate and ability to meet the needs of a particular group of people. The situation analysis team should carefully consider any priority area for the availability of resources in:
 - ◊ institutional capacity;
 - ◊ knowledge and skills;
 - ◊ goods and services;
 - ◊ people; and
 - ◊ funding.

d) Opportunities: What factors can help promote change in priority areas?

The analysis team should be on the lookout for factors that contribute positively to changing the situation in priority areas. People or situations alike may play such role:

- Just as there are groups who perceive it as in their interest to obstruct change, so there are people and communities who can promote it. These may range from a single politically powerful individual with a vision of a safer, healthier future for the nation, to communities of people living with the disease and its consequences, to companies who want to protect their investment in a trained workforce. The same groups considered as potential obstacles in step 5 should also be considered as potentially providing opportunities to promote change.
- In many countries NGOs may be a more useful avenue for dealing with situations in which the government would be less competent or willing to cooperate (e.g. approaching and educating marginalized population groups). The potential role of NGOs should be recognized as an opportunity.
- Particular events. Sometimes sad or painful events can be transformed into major opportunities for expanding the response to HIV, e.g.:
 - ◊ the news of an alarmingly increase in AIDS orphans, or a sports or media celebrity's public announcement that he or she is infected with HIV are prime occasions for raising awareness,
 - ◊ a government's official statement of commitment to integrating HIV/AIDS into development plans should be seized upon by the situation analysis team.

The example below gives information on a group deemed vulnerable in an imaginary country's situation—youth.

Example *for one focus area: Gathering information related to HIV transmission among young people*

a) Identify the national guiding principles

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

b) What are the main factors determining the spread of HIV among young people?

Summary of situation relating to youth

No general population studies on HIV are available but data from sentinel surveillance among antenatal clinic attendees indicates that HIV prevalence among teenage women is 6%.

School drop-outs are three times as likely to be pregnant as teenagers still in school are. Among 14-year-olds, one boy in five and one girl in three is no longer in school. In a survey of teenage boys not in school, eight in ten cited as their hero a popular national football star that had no schooling.

Among male army recruits (19-year-olds chosen by ballot from the general population), 60% show signs of past or present STD infection. In a study by the National Medical Association, 85% of teenage men with a history of STDs said they had treated them with “street medicine”. None had had an HIV test.

A national survey of attitudes among parents shows that 90% know about AIDS. Although only 10% have talked to their children about AIDS, almost all parents believe their children know about the disease “from TV”.

Over 90% feel “very strongly” that people should not have sex before marriage, and nearly the same proportion say they would disown their daughters if they found they were pregnant. Of their sons, most respondents say “boys will be boys”. Around 50% of fathers report that they themselves lost their virginity with a prostitute.

A majority of parents opposes sex education in schools, saying it will encourage children to experiment with sex. At a UNAIDS-sponsored workshop, the Minister of Education and the head of the teachers union both disagreed with this view.

Condoms are widely available for free in family planning clinics, which cater only to married couples. They are also available in pharmacies, but the price is high and the quality is considered poor. A study carried out by the Family Planning Association shows that condoms are the least popular form of contraception. In another study commissioned by a major Western manufacturer of condoms and carried out by a private management consultancy, respondents, both male and female, say they are “for dirty people” and “not appropriate for someone you love”. Although the national Red Cross began voluntary HIV testing and counselling two years ago, young people do not seem to use the service. They also avoid state-run STD clinics.

Main determinants

Many teenagers are sexually active, and at least some are engaging in unprotected sex with risk partners. Girls who are not in school appear to have more unprotected sex than those at school.

- *Young people have unclear perceptions about risk behaviour*
- *Condoms are not easily available to young people.*
- *Education in schools is not enough, since much risk behaviour may be concentrated in school drop-outs, who form a significant proportion of the teen population.*
- *Girls are more vulnerable than boys, partly because they are more likely to drop out of school sooner.*
- *The limited access to information and services that makes young people vulnerable to HIV has its roots in a social and cultural order that emphasizes the subordination of the younger generation to the older generation.*

c) Obstacles: What stands in the way of change in priority areas?

Are there interest groups that will fight against a change?

- *Social attitudes to sex among adults who influence policy including a double standard for girls and boys and a willingness to deny existing behaviour will be an obstacle to communicating with young people.
Parents' reluctance to allow a more open discussion of risk behaviour is strongly reinforced by religious leaders.*

Does the country have the means to bring about change?

- *While there is a ministry of sports and youth affairs, it has the lowest share of the national budget and very few skilled employees.*
- *Recent changes in economic policy have resulted in a brain drain away from the public sectors, including the state school system, and towards the private sector.*
- *With international prices in the main export commodities falling, cash for social programmes is tight. The economic crisis has cut into private contributions to voluntary services such as the Red Cross. However, major international donors are prepared actively to promote better reproductive health for young people.*

d) Opportunities: What factors can help promote change in priority areas?

Who supports change in the priority area?

- *There is strong political support for integrating HIV education into the curriculum, both from the education ministry and from the teachers union. Bearing in mind parental opposition, a compromise might be reached by developing a curriculum around "healthy lifestyles" or "family values".
The minister for youth, a member of the smallest party in the ruling coalition, retires next month. She is expected to be replaced by a former film star who is a close ally of the president.*

Who has the skills to bring about a change?

- *Several firms producing consumer goods have active and successful campaigns promoting products to teenagers.*
- *Private sector management groups have the manpower to advise community groups on effective ways of providing services to young people.*
- *Since recent changes in press and censorship laws, an active private media sector has sprung up. Ratings show that private TV and radio stations are far more effective in reaching young people than the state media.*

What existing positive aspects of the situation might be built upon?

- *Attitudes to condoms indicate they are already known as a means of preventing sexually transmitted diseases. Better packaging and promotion may help improve their image as an accessory to a caring relationship. It is critical to find ways of making quality condoms available to teenagers at a price they can afford. International firms are interested in the national market. Perhaps their marketing expertise can help resolve these issues.*
 - *The majority of young people with a history of STDs have sought some treatment, though very few have been to state clinics. There may be an opportunity to work with “street doctors”. There is also a clear opening for teen-friendly services.*
 - *A national obsession with football might provide an opportunity for communicating with young people in circumstances in which they feel comfortable and through people they respect.*
-

III.3.2 Topic areas for enquiry

Human society is a complex web of social, cultural, and economic factors that are often interdependent. For the sake of simplicity, teams conducting situation analyses will have to break up a complex reality into manageable topic areas. This section suggests one possible division, but analysts will find that in this division as in others there are overlapping areas. For example, the relationship between men and women in society will affect how vulnerable different people are to HIV. This is an area of enquiry in its own right. But the situation analysis team will also consider differences between men and women when they look at subjects as diverse as employment, access to health services, and migration. Situation analysis teams will also find that there are issues of local importance which do not easily fit into any of the categories suggested below.

a) Population issues

- ◇ Demography
- ◇ Migration, mobility, and displacement
- ◇ Geography

- b) Health issues
 - ◊ General
 - ◊ HIV/AIDS/STD
- c) Social issues
 - ◊ Ethnic and cultural differences
 - ◊ Religion
 - ◊ Sexual behaviour
 - ◊ Drug-taking behaviour
 - ◊ Gender
 - ◊ Women's status and family patterns
- d) Political, legal, and economic issues
 - ◊ The political system
 - ◊ Law and human rights
 - ◊ The economy
- e) Social services
 - ◊ Education
 - ◊ Communications
 - ◊ Health services
- f) Partnerships
 - ◊ Nongovernmental institutions
 - ◊ The private sector
 - ◊ Research institutions

The intention is to stimulate thought about whether a certain topic area is relevant to the HIV epidemic in the country, and if so, how. Team members may work from these general areas of enquiry, or may choose to devise specific questions relevant to their country situation. Even brief discussions around the areas detailed in this section will raise key questions. The documents in the UNAIDS *Best Practice* Collection may stimulate thinking about additional relevant questions.

The topic areas presented there are somewhat different from those listed above, showing that different teams working in different countries will adapt their areas of inquiry and methodologies to suit local conditions.

III.3.2.a Populations issues

- Demography

Demographic characteristics act as pointers to other socio-economic or cultural factors

which may increase vulnerability to HIV, encourage risk behaviour or constrain impact alleviation. For example, a high fertility rate in teenage women may indicate significant levels of unprotected sex in that group. Differences in age and sex distribution between cities and the countryside indicate differential migration that may create patterns of sexual behaviour that leave people vulnerable to infection.

Background demographic factors will also influence people's attitudes to risk and ability to cope with the impact of the epidemic. If adult mortality is very high from short-term causes such as war or natural disaster, the threat of a chronic disease such as HIV may seem relatively unimportant.

Demographic indicators may serve as pointers to HIV-related factors:

- ◇ direct indicators of sexual behaviour such as fertility rates;
 - ◇ the overall population structure and the geographic distribution of sub-populations;
 - ◇ patterns of fertility and mortality that influence the way people think about survival, and the way they organize their families and communities; and
 - ◇ patterns of mortality that indicate changes in the major causes of death.
- Migration, mobility, and displacement

Migration can disrupt the pattern of people's lives. Strategies for reducing risk –such as having sex only inside a single, mutually faithful relationship, may be harder to maintain, and services necessary for protection or care may be harder to access. In addition, people often migrate out of economic necessity or because they are fleeing from political persecution, civil disruption or natural disaster. They may be especially vulnerable to exploitation, and are likely to consider immediate survival as more important than long-term health.

In considering whether and how migration increases vulnerability and the spread of HIV and aggravates its impact, team members may examine:

- ◇ levels of internal and international mobility, immigration, and emigration
- ◇ patterns of migration, and the extent to which they influence the geographic spread of HIV;
- ◇ the main reasons for migration; and
- ◇ whether migration limits access to services or otherwise increases vulnerability.



Migration is a complex area, the relevance of which is extremely country-specific. UNAIDS is developing Best Practice collection documents on the subject which may help focus questioning. “Refugees and HIV” may also be of use in this area.

- Geography

The geography of a country may have important implications for HIV and its impact.

The sheer size and geographic variation of a country can affect the implementation of national plans and policies. Relative isolation of some areas may create barriers to the spread of HIV, or it may create barriers to the information and other services, which help people to protect themselves and cope with the impact of HIV.

Geography can contribute to inequality in wealth; people living in infertile or inhospitable areas may be poorer than their compatriots elsewhere in the country, and more likely to migrate in search of work or to engage in professions such as sex work, which entail high-risk behaviour.

Team members may briefly consider:

- ◇ the size and diversity of the country and its possible constraints on policy implementation;
- ◇ geographic variations in service delivery, including communications; and
- ◇ the effect of geographic variations on livelihood and survival strategies

III.3.2.b Health issues

- General health indicators

Data on health, morbidity, and mortality can tell much about the way a population lives, including about how it deals with HIV/AIDS-related issues, differences in the health status of various groups, or differences in the health status between the sexes. It can also indicate clearly the real effectiveness of public health services, and may hereby help planners to draw up legitimate expectations for planned action.

- HIV/AIDS/STD epidemiology

In looking at the background to the HIV epidemic, an obvious starting point is the pattern of the HIV virus's spread and that of other sexually transmitted diseases.

Reviewing available epidemiological data, including behavioural information and studies of knowledge and attitudes, may help identify trends in the epidemic, highlighting past successes and failures and future challenges. Important information gaps may also be determined.

The team needs to think about who is infected with HIV, and who is vulnerable to infection because of their behaviour or that of their partners, or because of the knowledge and beliefs that shape their behaviour. That includes examining information on:

- ◇ HIV infection and AIDS cases (based on HIV testing and AIDS case reporting as well as on informed estimations);
- ◇ other conditions that share the same methods of transmission as HIV, such as hepatitis B, syphilis, chancroid, gonorrhoea, and other STDs. The presence of these conditions acts as a signal that people are engaging in behaviours that put them at risk of HIV infection;
- ◇ behaviour that may put people at risk of infection or protect them, including information about sexual behaviour, condoms use, drug use, needle-sharing;

- ◇ knowledge about HIV, how it is spread, and how to avoid it, which might give indications of people's capacity to adopt safer behaviours; and
- ◇ attitudes to sex, condoms, drug use, personal perception of risk and personal control over their health and behaviour that might explain people's willingness or reluctance to engage in risk activities.



Surveillance systems are under development in most countries but vary greatly in their reach and representativeness. Best Practice collection papers on surveillance and on sexually transmitted diseases may help identify questions relevant to the country situation.

III.3.2.c Social issues

The way societies are organized strongly influences vulnerability to HIV. Exploring the conditions and status of different groups within society can be a sensitive activity, but these issues are relevant both to HIV transmission and the kinds of intervention projects that can be implemented.



Many of the social issues surrounding HIV are discussed in a Best Practice Collection paper on the determinants of HIV, entitled "Driving forces behind the HIV epidemic", which will help in formulating relevant questions.

- Ethnic and cultural differences

Sexual behaviour, traditions of care for the disadvantaged, coping strategies, tolerance for social diversity, and other forms of human interaction that may influence the HIV epidemic are generally deeply embedded in a cultural context that may derive from ethnic, religious, and linguistic identities.

The situation analysis team seeks to identify how those cultural factors may influence the situations and behaviours that relate to HIV. They may investigate:

- ◇ differences in HIV-related behaviour between people of different cultural groups, including patterns of sexual initiation, marriage, and sexual mixing;
- ◇ marginalization of any group in education, employment or decision-making;
- ◇ differential access to HIV-related services, including information about the epidemic and access to reproductive health services; and
- ◇ traditions of coping and care within family and clan groupings

- Religion

Many religious hierarchies take strong positions on personal behaviour, particularly as it relates to sex and family building. These positions are sometimes at odds with the private behaviours of followers of the religion. Religion often provides a strong

community identity, and religious institutions may be important sources of information and support on social as well as moral issues. Participation in a religious grouping may also be a source of marginalization.

The situation analysis team may note:

- ◇ the major religions and their stated attitudes towards sexual and other risk behaviours;
- ◇ state and social attitudes towards different religious groups;
- ◇ signs that people do not always conform to the professed principles of their religion;
- ◇ the influence of religious leaders on government; and
- ◇ traditions of social support and service provision within each religious community

- Sexual behaviour

Since most HIV is spread during sex, sexual relations are of critical importance to understanding why people are vulnerable to infection and what their risk behaviours are. Some high-risk behaviours may be confined to well-defined groups of people who share a common sexual identity. For many people, sexual identity and risk behaviour vary according to their current situation. So a man who considers himself heterosexual may sell sex to other men on occasion without considering himself to be part of a “high-risk” population of self-identified homosexuals.

The principal sexual risk behaviour is unprotected penetrative sex with a partner whose HIV status or sexual history is unknown.

In determining how common patterns of sexual behaviour relate to HIV in the country, team members may need to consider:

- ◇ whether there are identifiable types of sexual encounters in the country in which high-risk behaviours are more likely;
- ◇ whether risk behaviours are confined to clearly identified groups;
- ◇ the degree of mixing between people with high-risk behaviour and those with low risk behaviour;
- ◇ whether high-risk behaviours are engaged in freely, in exchange for goods or payment, or as a result of coercion;
- ◇ whether risky sexual behaviours are commonly associated with other behaviours such as drinking alcohol or taking recreational drugs; and
- ◇ the attitude of society to common risk behaviours, including attitudes that obstruct providing services and care or which preclude open information.



Sexual behaviour varies greatly across countries. More information to help guide questions relevant to a particular country situation can be found in the Best Practice collection. “Men who have sex with men and HIV”, “Sex workers, clients and HIV” and “Sexually transmitted diseases and HIV” may be especially helpful.

- Drug-taking behaviour

Injecting drug use is a common means of transmission in many countries. In some areas, explosive growth of HIV among injecting drug users has been the spark that ignited a larger epidemic as the virus spread from drug users into other groups. Injecting drug use is often illegal and usually hidden from public view. But even where direct information on drug use is not available, there may be indirect indications of its existence that would point to the need for more information or for action.

The situation analysis team might investigate:

- ◇ what is known about injecting drug use in the country;
- ◇ the most common injection practices;
- ◇ sources of needles and sterilizing equipment;
- ◇ whether drug injectors commonly have sexual relations with non-users, including sex workers;
- ◇ laws and de facto practice with regard to arrest, incarceration, and treatment of drug injectors;
- ◇ social attitudes towards drug users; and
- ◇ any indirect indicators of drug use, such as seizure of drugs or arrest of dealers.



Information to help guide questions about drug-taking behaviour can be found in the Best Practice Document “Injecting drug use and HIV”.

- Gender differences

Gender defines the differences between men and women in terms of what they know, what they believe, and how they behave. Gender norms are related to women's and men's differential vulnerability to HIV infection, and their differential ability to access resources for care and support in order to cope with the impact of the epidemic. In assessing the ways men and women are vulnerable to HIV, the situation analysis team may want to look at:

- ◇ the differences in norms that define masculinity and femininity;
- ◇ differences in male and female access to education, employment, information, and freedom of movement; and
- ◇ what the roles and responsibilities are of men and women in response to the impact of HIV/AIDS.



Considering the roles and relations of men and women when planning programmes will make HIV/AIDS activities more effective and inclusive. The UNAIDS Best Practice document “Gender and HIV/AIDS” gives guidance on the major issues for questioning in this area

- Women's status and family patterns

In many societies women are economically and socially dependent on men. This dependency makes it more difficult for them to protect themselves from HIV and negotiate safer sex. A woman in a stable relationship who is economically dependent on her partner cannot afford to ask him to use condoms or to refuse sex for fear of losing her livelihood. Marriage norms that restrict young people's choice of partner or oblige a younger woman to marry an older man (who may have had a sexual history exposing him to the virus) may increase a woman's vulnerability. A cultural imperative to bear children may also restrict a woman's ability to reduce exposure to HIV. To determine women's status in a society, the situation analysis team may want to examine:

- ◇ the degree of autonomy women enjoy in their national, community, and personal lives;
- ◇ sources of income and support for women and their children;
- ◇ the inheritance laws of the country; and
- ◇ marriage and fertility norms.



Women's vulnerability ranges over different issues starting from their greater biological vulnerability to social and economic vulnerability. More information for finding out factors related to women and HIV can be found in the Best Practice document "Women and AIDS".

III.3.2.d Political, legal, and economic issues

- The political system

Politics and government influence a country's capacity to respond to the HIV/AIDS epidemic and the likely sources of support for a broad response. The structure of government and planning systems will also determine the most efficient distribution of work in a strategic planning process. In determining major opportunities for an effective national response to HIV, team members should take into account:

- ◇ the government's structure, including relations between central government and provinces or districts, and the relationship between legislators and the executive;
- ◇ the nature of national planning, including the relationship between a national development plan and sectoral plans;
- ◇ systems of policy–discussion and decision-making; major interest groups;
- ◇ systems of funding, distribution of funds across sectors and activities;
- ◇ attitudes governing national, international; and NGO funding for development; and
- ◇ national guiding principles.

- Law and human rights

Law and the principles of human rights have a profound influence on the course of the HIV/AIDS epidemic in any society. Laws governing prostitution, homosexuality or drug use may determine how easy it is to communicate with people with high-risk behaviours. Laws governing employment and discrimination may determine how vulnerable people are to losing their livelihoods once infected. Laws governing inheritance may determine whether or not a woman can continue to farm her husband's land after he dies of AIDS.

Respect for human rights will determine not just the legal framework governing people's ability to protect themselves and their communities from the epidemic and its impact, but the reality in which that framework operates. The legal and punitive environment may be important also because they influence the prison population. Where people are jailed because of their high-risk behaviours, and where high-risk behaviour exists in the prison system, prisons may influence the epidemic's spread and the quality of life of affected people.

In looking at the law and human rights, the situation analysis team may consider:

- ◇ laws that push risk behaviour underground or make it hard to communicate with vulnerable people;
- ◇ laws that prohibit or permit discrimination against people living with HIV;
- ◇ laws that increase vulnerability to infection or its consequences, including those relating to imprisonment;
- ◇ constitutional or national principles that reinforce or contradict existing laws and practices;
- ◇ constitutional or national principles that reinforce or contradict commitments made in international agreements; and
- ◇ practices known to jeopardize the constitutional rights of citizens.



For more information on the law and human rights as they apply to the epidemic, and for indications of questions that may be relevant in this area, see UNAIDS Best Practice document "Human rights, ethics, law and HIV/AIDS." Another paper, "Prisons and HIV/AIDS" may also prove helpful.

- The economy

A country's economy influences the course of the HIV epidemic in a variety of ways. Poor countries find it more difficult to fund prevention programmes and to provide a satisfactory level of care and support for those who are infected. The nation's major industries, from subsistence agriculture to mining to export-led manufacturing, can influence patterns of income and residence, which in turn can influence vulnerability to HIV and its impact.

Often, disparities in wealth –both between individuals and between provinces –are more important in determining the spread of the epidemic than absolute levels of wealth. Absolute wealth may, however, be more important in determining vulnerability to the impact of HIV.

Because HIV affects the most economically active segment of the population, the epidemic's progress may have important economic impact regarding lost skills and productivity.

The situation analysis team might think about:

- ◇ what resources the country can dedicate to limiting the spread of the epidemic and cushioning its impact;
- ◇ how the major industries affect people's vulnerability to HIV;
- ◇ the potential for private sector involvement or workplace initiatives to reduce risk and vulnerability;
- ◇ whether the distribution of wealth promotes risk behaviours among certain sectors of the population;
- ◇ the strengths and weaknesses of various communities in absorbing the cost of care and impact mitigation; and
- ◇ the needs economic sectors will face as the epidemic progresses.



A UNAIDS Best Practice Collection paper “The private sector and HIV/AIDS” contains information that could guide questioning on some of these issues.

III.3.2.e Social Services

- Education

Education can greatly reduce vulnerability to HIV. People with more education have more access to information on which to base their decisions. They have more employment and income generation opportunities. They may be more easily able to adopt safe behaviours and tolerant attitudes that reduce the impact of the epidemic on others. The situation analysis team might examine:

- ◇ the reach of the school system, including state schools, private, and religious education;
- ◇ accessibility of schools for boys and girls; and
- ◇ the capacity of schools to include safe lifestyle education in the curriculum



Two Best Practice Collection papers “Schools and HIV/AIDS” and “HIV/AIDS, children and youth” give more information about key issues in this area.

- Communications

People's knowledge about HIV and their attitudes towards those living with the virus greatly affect the likely success of prevention and mitigation efforts. Beliefs about the epidemic also affect whether individuals, communities, companies or government sectors are willing to give their time, energy and resources to the response to HIV. Understanding channels of dissemination can affect how information is provided.

The team may analyse:

- ◇ where most people get their information about HIV and AIDS;
- ◇ who controls those sources of information, and how credible they are; and
- ◇ what alternatives are available



The importance of means of communication to HIV is discussed at greater length in a Best Practice Collection document “Communications Programming and HIV/AIDS

- Health services

The health care system is a key element in preventing HIV infection through proper case management of STDs, blood safety measures, prenatal and perinatal care, etc. And of course it is essential in the care and support of infected persons and their families. The situation analysis team may describe:

- ◇ the structure of the health system, including the relationship between primary and advanced care, reproductive health services, STDs;
- ◇ the reach and resources of the health system, including availability of staff and supplies;
- ◇ the acceptability and accessibility of health services and professionals to different population groups, especially people with risk behaviours;
- ◇ the traditions of confidentiality, counselling and home care;
- ◇ the funding of health care, including cost recovery and formal and informal health insurance schemes.



*The health system intersects with many issues of interest to planners for HIV. Best Practice Collection documents relating to various aspects of the health system, care, and reproductive health are in preparation. Many will be of even greater use in guiding the Response Analysis phase of planning described in **Module 2** of this series. Others can be used to guide questioning in the situation analysis phase, also. See for instance the document on “Health System Personnel and Training and HIV/AIDS”.*

III.3.2.f Partnerships

Building partnerships is a fundamental part of mobilizing resources. Most of the issues raised here will be discussed in greater depth in **Module 4**, but, as previously stated, mobilizing resources should start from the very beginning of the strategic planning process.

Governments and others planning for an expanded response to HIV will want to create effective partnerships that allow each sector to work in areas where they are most capable of achieving results efficiently. Partners from across the public, private, and community sectors will be able to help provide everything from cash and condoms to information and political pressure to build up the national response.

- Nongovernmental institutions

Many institutions and organizations can work with government or within the guidelines of government-led plans to contribute to an effective response to HIV. These include institutions that operate at the local level, community-based organizations, and international agencies. Some may already be involved with activities related to the field of HIV prevention, care or mitigation, others may need encouragement to integrate those issues into their activities. The situation analysis team may look for:

- ◇ NGOs already involved with HIV and development;
- ◇ institutions interested in related development topics such as women's welfare;
- ◇ institutions with strong traditions of social welfare such as monasteries or temples; and
- ◇ institutions reaching networks of people with risk behaviour or in vulnerable positions, such as adolescents.



Strong partnerships with communities and other nongovernmental groups have been crucial to broadening the response to HIV in many countries. More information that may help formulate specific questions on this topic can be found in Best Practice Collection documents on “Community mobilization and HIV/AIDS” and “Non-governmental organizations and networks and HIV/AIDS”.

- The private sector

Private industry can be an important and effective partner in advocacy, prevention, and care. Moreover, often they have considerable resources they are willing to spend on HIV/AIDS. The team might identify:

- ◇ how businesses contribute to vulnerability and how they might reverse that contribution;
- ◇ what skills, goods or services missing from the national response might be contributed by business;
- ◇ what incentives government might give to business to act to reduce vulnerability; and
- ◇ which business leaders are able and willing to use their influence to advocate for a broader response across sectors.



This topic is discussed at length in a Best Practice Collection Paper on “The private

- Research institutions

The situation analysis is probably being contributed to by a local institution with a history of social, development or HIV-related research. More high-quality HIV-related research will lead to a better-designed response and a thus a more efficient use of resources. The situation analysis team may want to document:

- ◇ the availability of researchers and institutions experienced in HIV-related research;
- ◇ the availability of researchers and institutions experienced in similar fields such as reproductive health; and
- ◇ systems for funding of social research, and priority given to the activity.

III.4 Analysis

This is the most important step in a situation analysis. A situation analysis does not just describe a situation, it analyses its importance for the HIV epidemic. For each significant background factor influencing the epidemic in the country, this analysis should:

- indicate how the factor increases vulnerability to HIV and its effects;
- estimate the relative importance of that factor for the country's epidemic;
- identify obstacles in changing a given situation;
- identify opportunities that might contribute to an effective response; and
- differentiate between structural aspects that cannot easily be changed, and those where change is most likely.

This analysis will include relevant information from all topic areas, drawing together different aspects around a common theme. Frequently these key themes will be vulnerable groups, or structural areas that contribute to the spread of HIV and its impact. If the team identifies women as an important vulnerable group during the course of the information gathering, it may in their analysis of that theme include information from sections on demography, migration, religion, sexual behaviour, education, the economy and more from nearly every area of enquiry as well as from enquiries on "women's status and family patterns".

Equally, the team might, for example, identify migration as a fundamental cross-cutting theme contributing to the spread of HIV, its consequences and people's vulnerability to the epidemic. In that case, the analysis phase may draw together information collected while considering geography, the economy, communications, health services, and ethnic and cultural differences as well as information acquired on "migration, mobility

The team analysing the response will use the results of this analysis. It will become the foundation upon which the new strategic plan is built. The response analysis team will consider whether the response meets the needs of the priority areas the situation analysis identified, whether it has considered the obstacles to reducing vulnerability to HIV, and whether it takes advantage of the opportunities for effective action.

III.5 Produce the report

The situation analysis report provides a detailed summary of the findings of the working group. Information may be presented descriptively, using tables, maps, figures, and prose as appropriate.

III.5.1 Organizing the information

The goal is to produce a report that is helpful and relevant to readers from all sectors. In the exercise's analysis phase, the situation analysis team will have drawn together information into areas of primary importance to the epidemic in the country. In producing the report, they might for each of those areas state why it is judged important in the country, giving a summary of the situation. Drawing on the analysis's conclusions, the report can then point out the needs for responding to the situation. A chart can be drawn up which highlights:

- the most important obstacles to an effective response to HIV/AIDS in that area; and
- the most important opportunities with the potential to lead to a more effective response.

An example of such a presentation, drawing on the information gathered on youth (example given under III.3.1.d) , can be seen below.

Example Conclusions of analysis in one key area: Youth

Why the issue is important: the main determinants

Young people in this country generally have been thought not to be at risk of HIV because there are strong social sanctions on sex before marriage. The situation analysis has highlighted a gap between perceptions and reality on this issue. Young people in this country do have sex, and that sex puts them at risk of HIV infection. Some young people are already infected with HIV, others with other STDs that may increase their risk of HIV infection. This may be especially true of people who leave school early. While young people are exposed to general public information campaigns about HIV, they do not have access to services that would allow them to protect themselves.

Response needs

Young people need:

- more information about responsible sexual behaviour;
- condoms designed with them in mind; and
- access to condoms and other services.

Obstacles and opportunities for protecting young people from HIV and its consequences

Needs	Obstacles	Opportunities
Responsible sexual behaviour education	Parents opposed Many at-risk youth not in school	Minister of education, teachers union favourable Precedent for AIDS messages on TV Football is a persuasive medium through which to reach young men
Teen-friendly condoms	Condoms have a bad image	Interest in market from private sector firms with marketing expertise
Access to condoms	Teens are denied free condoms. Open market condoms expensive, low quality	Private sector interest
Access to services	Teens have undiagnosed STDs, HIV Unmarried excluded from reproductive health services	Voluntary testing and counselling does exist Service provision infrastructure adequate but must be reoriented Young people use “street medicine” to self-treat STDs. Possibility for working with street sellers to provide information on safe behaviour

III.5.2 Organizing the text

A situation analysis report should present the conclusions of the analysis of the situations surrounding HIV and AIDS in the country rather than just a description of the situations themselves. The box shows an outline of a report, presenting major themes as described above.

Example of a report outline

Acknowledgements, table of contents, list of abbreviations

- **Executive summary**

A summary of the main conclusions of the analysis in each of the important areas of the country's situation, including obstacles and opportunities

- **Introduction**

Background to situation analysis, rationale, description of study team, training, etc.

- **Research methods and approaches**

- **Analysis of the situation in key areas**

The heart of the report: presentation of the key conclusions of the analysis phase of the exercise. For each of the major themes, these conclusions may be presented following the example on Youth, suggested above.

– Why the area is important: The main determinants

– Obstacles and opportunities

• Bibliography of major sources

III.6 Circulate report for comment, finalize

Before submitting the finished report, the team will meet again with the National AIDS Programme manager and the National AIDS Committee in order to submit a draft of the report and present its findings.

A broad spectrum of people from communities affected by HIV will have been consulted during the situation analysis. Key members of these communities should also be given the chance to validate the report's findings. Their endorsement can contribute significantly to building support for following steps of the strategic planning process.

A timetable for providing commentary and producing the final report can be fixed when it is circulated. When comments have been returned, the final report should be produced and formally submitted to the National AIDS Programme manager.

Plans for disseminating the report will vary from country to country. In some cases, the situation analysis team will not be responsible, or even involved in disseminating the report. In others they may be highly involved in activities such as press briefings, lectures, and presentations to various stakeholders in the HIV/AIDS response.



*UNAIDS strongly recommends maximum openness in disseminating information about HIV/AIDS. This means **making reports and research public in a variety of ways**, from simple publications and media releases to public presentations and posting information on the Internet. Many countries have adopted this practice, and been rewarded—both by the general population and by a variety of target groups—with increased consciousness of the epidemic and understanding what the national response is doing about it.*

IV. Next step: towards the response analysis

Situation analyses are not ends in themselves. The situation analysis report is an essential document for analysing the response and formulating the national strategic plan (see *Modules 2* and *3*).

The situation analysis and response analysis are, to an extent, inseparable activities, since the background situation shaping the HIV epidemic will have been influenced by the past response (or lack of response), while current programmes and initiatives will be a response to an existing cultural, social, and economic situation.

The team analysing the response will take as a starting point the vulnerable groups and structural issues identified in the situation analysis as key to the epidemic, and investigate the extent to which the response has met or may meet priority needs in those areas. It will assess whether initiatives have considered the obstacles defined in the situation analysis, and will look at how they have tried to exploit the opportunities identified.

V. Bibliography

A Field Manual on Selected Qualitative Research Methods

Benchana Yodduumnern-Altig, George A. Attig, Wathinee Boonchalaski ed.
Institute for Population and Social Research, Mahidol University, Thailand

The Zambia HIV/AIDS Project: A Case Study of Participatory Design

P. L. Hanscom, Social Impact. US Agency for International Development,
Health Technical Services Project, December 1996

Basic Concepts and Techniques of Rapid Appraisal.

J. Beebe. *Human Organization*, Vol. 54, No.1, 1995

***Directives pour la résolution des problèmes par l'équipe de district à l'intention
des services de Santé maternelle et infantile de Planification familiale et autres Services***

Organisation mondiale de la Santé, Genève, 1993

***Rapid Evaluation Method Guidelines for Maternal and Child Health, Family Planning
and other Health Services***

World Health Organization, Geneva, 1993

Preventing AIDS: The Design of Effective Programs

R. O. Valdiserri -Rutgers University Press, 1989

***The Rapid Assessment and Response guide on substance use and sexual risk behaviour
(SEX-RAR)***

World Health Organization, February 1998

Participatory Rapid Appraisal for Community Development

J. Theis and H. M. Grady. International Institute for Environment and Development

HIV and Development Workshop: Participant's Manual

UNDP Regional Project on HIV and Development for Sub-Saharan Africa
Dakar, Senegal, February 1997

Causal thinking in the health sciences: Concept and strategies of epidemiology

M. Susser, Oxford University Press, New York 1973

Determinacao social do processo epidemico.in: Epidemiologia 1. Textos de apoio.

R. G. Marsiglia *et al.* PEC/ENSP. ABRASCO. Rio de Janeiro. 1985

United Republic of Tanzania: AIDS assessment and planning study

The World Bank, Washington DC, 1992

Contextual assessment procedures for STD and HIV/AIDS prevention programmes

Global Programme on AIDS, World Health Organization, Geneva, 1995

Second generation national AIDS programme process: a facilitator's guide

Global Programme on AIDS, World Health Organization, Geneva, 1995

The UNAIDS *Best Practice* Collection

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

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

The UNAIDS Epi Fact Sheet Series

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

The UNAIDS Country Profile Series

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

Suggested sources of information

The following suggestions will point to sources for different types of information needed in a situation analysis. The situation analysis team should bear in mind that the epidemic affects people differently. The more specific the information, the better it will help explain who is most vulnerable to HIV and its impact. Try to report key information separately for men and women, and for different age groups. In some countries, splitting up data by religion, ethnic group or language group will highlight significant differences in vulnerability to infection.

Structural indicators

Basic structural indicators of wealth, education, access to services, etc. are easily available and give a quick sketch of the landscape in which HIV unfolds.

This information, which can be stored and updated regularly, can be found in the national bureau of statistics documents or the statistical reports of various ministries. It is often assembled in a readily accessible manner by international agencies such as the World Bank, the United Nations Development Programme (UNDP) or other UNAIDS cosponsors. UNAIDS “Epi Fact Sheet” and “Country Profile” series includes a compilation of socio-economic indicators that may have implications for the HIV epidemic. Several private institutions also put together such information: individual banks and stockbrokers issue country profiles on many countries while companies like The Economist Intelligence Unit and Business Monitor regularly compile and update structural data.

Epidemiological information

A review of epidemiological information will identify what is known about patterns of infection, and major trends.

The health ministry usually compiles surveillance information. International organizations such as the U.S. Census Bureau and WHO also make data readily available. The latter keeps comprehensive lists of reported cases. UNAIDS Epi Fact Sheet series puts together comprehensive data on the prevalence of AIDS, HIV, and STDs. The Country Profile series summarizes epidemiological risk factors. In some countries, smaller scale studies containing information about HIV in specific populations are available. The results of these studies are most frequently published in national and international journals. Many can be accessed by searching a database such as AIDSLine or MEDLine.

Studies of knowledge, attitudes, and risk behaviours

Surveys and other studies on HIV, attitudes to the epidemic, infected people, and sexual and drug injecting behaviour as well as information about those behaviours themselves will help identify sub-populations that may be vulnerable to infection and the suffering it causes.

In many developing countries, the Demographic and Health Surveys (DHS) series regularly collects information at a national level about family formation that includes information on sexual behaviour and condom use. Many recent DHS surveys have included a module specifically on HIV and AIDS. WHO has also sponsored a series of national-level surveys on sexual behaviour and HIV/AIDS in several countries.

UNAIDS Epi Fact Sheets contain summary indicators of what is known about knowledge, attitudes, and behaviour related to HIV.

While national surveys are extremely useful for establishing broad outlines, in-depth studies of more limited populations are usually more helpful in describing feelings and behaviours in sensitive areas such as sex and drug use. When such studies are conducted by academics they often appear in published journals. Often, they are undertaken or sponsored by government departments or NGOs, and published as stand-alone documents.

Other social and economic studies

The previous two sections will have helped answer the question of who is infected or at risk of infection. Other studies may help answer questions about why people are infected or at risk of infection. Studies of women's status, marriage traditions, the labour market, the legal infrastructure, migration patterns, the human rights situation, etc. may be available. These studies will also help identify the climate that dictates the care and services available to people living with HIV, and the communities potentially most affected by the epidemic.

As with those studies relating more directly to HIV, academic journals and government departments also publish studies on many social issues. International organizations such as the UNAIDS cosponsors, the International Labour Office (ILO), the Food and Agriculture Organization (FAO), and others may also have information in these areas.

Private sector research institutes, think tanks, banks or consultancies may have compiled reports on key sectors or issues in areas of economic interest. Market research firms and advertising agencies are often sources of information about media and communications. Political information may come from institutes of strategic studies, political risk consultancies, and legal and human rights institutions, either national or international. Professional associations may have information in areas of interest to their members.

Information about key resources

A situation analysis looks for opportunities to bring many groups, skills, and resources into the national response to HIV. Potential partners may be identified by scanning lists of companies, professional associations or community organizations which might have something to contribute to the response. Chambers of commerce and industry, trade promotion boards, foreign embassies and NGO umbrella organizations may publish lists of business, community, and professional groups active in various areas.

Module 2: Response Analysis

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I. Introduction to response analysis

The response to HIV is inextricably linked with the social, economic, cultural, and political situation in which the disease is spreading. Analysing this situation is an important step in planning an appropriate strategy to counter HIV. Such an analysis is described in some detail in the first part of this guide: **Module 1: Situation Analysis**.

This second module concentrates on the response, which together with the background context, makes up the whole HIV/AIDS picture in a country. It looks at the overall response but focuses on the response as it relates to areas that are important in determining the spread or impact of HIV in a particular country or region—the priority areas defined in a situation analysis. It asks:

- Does the response tackle the roots of the HIV-related situation in the priority area?
- Does the response take into account the obstacles to achieving its goals?
- Does the response take advantage of the opportunities that might help drive the country towards the target of less transmission of HIV with a less drastic impact?

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

1.1 Using this module

This module, like the others in the Guide, is intended for use by country programmes, either at a national or decentralized level. However, other agencies and organizations such as international NGOs and donor agencies may also find it useful to conduct a response analysis when planning their AIDS strategies.

The module concentrates on the analytical steps involved in a response analysis. The bibliography gives references to publications that describe in greater detail the review, assessment, and evaluation of programmes.

The module contains a fictional example of the analytical steps and conclusions of a response analysis for a single priority area.

1.2 How does a response analysis differ from a programme review?

Many countries review their national programmes periodically to determine whether different parts of the programme are meeting their objectives. These reviews will in many cases provide the bulk of the information for a response analysis. But the two are

not the same. National programme reviews tend to use a “checklist” approach to go through all conceivable areas of programming. Generally, they aim to determine whether programmes meet their stated objectives, but do not always examine whether those objectives continue to be relevant to the changing situation. They often concentrate solely on programmes funded or executed by the government (and in some cases only those led by the health ministry), without considering other social and economic sectors’ contribution.

A response analysis, by contrast, concentrates on the areas defined by a situation analysis as of particular importance to the spread or impact of HIV in a country.

In addition, a response analysis seeks not just to determine whether programmes and initiatives are succeeding or failing, but why: whether an initiative has taken into account potential obstacles and whether it has taken advantage of possible opportunities. If an initiative exists but is not succeeding, the response analysis team will consider whether it is faltering because of opposition from an important interest group, because it is technologically unsound, or because it lacks resources. If an initiative in a priority area is working well, the team will examine the opportunities for expanding it to other areas or population groups. The team will identify obvious gaps in the response in priority areas and examine why they exist, and will also determine which parts of the national response are irrelevant to the national situation. This last area may suggest ways of using scarce resources more efficiently.

In summary, a response analysis:

- considers the response of all the various sectors of society, from government-led programmes to those generated by community groups and private companies;
- concentrates on responses in priority areas determining the spread of HIV and its impact in the particular social, cultural, economic, and political circumstances of the country;
- examines whether a response is appropriate to the situation;
- identifies gaps in the response and examines why they exist;
- analyses why various initiatives are working well and why others are failing;

1.3 Who will use the results of the response analysis?

Together with the situation analysis, the response analysis will be used by the group of people involved in formulating a strategic plan for HIV, which will be described in ***Module 3: Strategic Plan Formulation***.

It will give them the answers to a set of fundamental questions:

- What is working and needs to be continued?
- What is working and can be expanded?

- What is not working and needs a new, more strategic approach?
- What is not relevant to current needs and should be dropped?
- What has not been addressed at all?

It may also be of interest to groups such as potential donors, expanding NGOs or the media who are not yet involved in the national response or have not been directly included in the planning process, but who want to stay up to date with the HIV situation in the country.

Finally, together with the situation analysis, the response analysis provides the foundation for an invaluable database that can be used in monitoring and evaluating the implementation of a national strategy.

II. Responsibilities

II.1 Overall responsibility

A national response analysis, like the situation analysis which should normally precede it, will usually be directed or contracted by the National AIDS Programme manager under the guidance of the National AIDS Committee (NAC) or other body or person with overall responsibility for AIDS policy. This responsibility resides within the ministry of health in many countries; elsewhere it is within the portfolio of the president or prime minister's office, or some other central government body.

Among the most important tasks of the person or group with ultimate responsibility for the response analysis is the designation and briefing of the people who will carry out the work.

II.2 The response analysis team

While an initial response analysis can be carried out within a fixed time frame, strategic planning and management is not a one-off exercise. It is an ongoing process that involves a constant re-evaluation of situations and responses to assess which strategies are working and which need reformulating. This constant monitoring will also identify unplanned, emerging strategies that might be supported or expanded.

As noted, the response analysis forms one part of an analysis of the overall HIV/AIDS situation in a country. Much of the information gathering, contacts made, and briefings given during the situation analysis also will be useful for the response analysis. It therefore makes sense to contract a single team to analyse both the background situation and the current response. A more detailed discussion of possible partnerships and the profile of team members is included in *Module 1*.

II.3 The response analysis governing committee

The work of the team conducting the response analysis may be overseen by a committee who can guide the working team in ensuring that all sectors of the response vital to the country's circumstances are covered. The governing committee should be thoroughly familiar with the background of HIV/AIDS in the country, especially with the situation analysis conclusions, where available.

The committee should be formed at the invitation of those with overall responsibility for the response analysis. It may include representatives from the major branches of government involved in the response—the ministries of planning, health, social, and women's affairs, finance, education etc.—as well as from NGOs, community and business groups. It may include high-profile individuals such as musicians or film stars who are dedicated to helping wipe out HIV. International donors or development agencies may be included, perhaps through the chair of the United Nations Theme Group on HIV/AIDS.



UNAIDS strongly recommends that the membership of steering and advisory bodies concerned with HIV/AIDS issues include people who are living with the virus or directly affected by it. These are the people most likely to know the challenges affected communities face and to be realistic about the disease, its impact, and the response to it.

III. The response analysis process

Depending upon the number of priority areas, the size and diversity of the response, and the amount of evaluation work already available, the time necessary to carry out a response analysis may take as little as a few weeks, or as much as several months. If for instance, the response in a priority area is non-existent, then the analysis in that area will be confined to discovering the reasons why no response has been made.

Scheduling of process steps

The suggested steps for conducting a response analysis are:

1. Do the preparatory work
2. Brief the response analysis team
3. Gather information from documents, interviews and field research
4. Analyse
5. Produce the report
6. Circulate for comment, finalize

III.1 Preparatory work

As in the situation analysis, some important work can and should be done well in advance of the actual start of the response analysis, which will save considerable time when the exercise itself is carried out. This work includes:

- Establishing a response analysis governing committee (section II.3); and
- Identifying information sources and collecting the relevant documents.

One of the essential questions the response analysis team will have to answer is whether the current response meets the needs of the situation. The conclusions of a recent situation analysis, as well as an inventory of the major programmes and initiatives, and eventual existing reviews and evaluations will therefore form the basis of the response analysis. See more detail on sources of information hereafter.

- Identifying the response analysis team members and checking their availability

The team composition has already been discussed (section II.2), and in more detail in *Module 1*. A timely preparation of team member appointments or recruitments is an excellent investment that will save time and allow for the smooth functioning of the team.

• Sources of information

In the course of the preparatory work, existing information on responses should be collected from as many sources as possible. Some of the key sources of information likely to be useful to the response analysis team are:

◇ Situation analysis report

A thorough situation analysis is necessary to focus the response analysis: in addition to defining priority areas for response analysis and associated obstacles and opportunities, it will help in evaluating the impact of individual initiatives and the overall response. For instance the response analysis team, in seeking to evaluate the impact of a programme that includes HIV education in the school curriculum, will take note of a study cited in the situation analysis report showing that 85% of young people can not correctly name two major routes of transmission of HIV.

◇ Existing programme or response reviews

Where a comprehensive programme review exists, it will be crucial to the response analysis team. If, however, it covers only state-sponsored initiatives, it should be supplemented with information from other sources covering initiatives in the private, community, and NGO sectors.

◇ Individual programme or project evaluations

Many programmes and initiatives, including almost all of those funded by major international donors, have some form of built-in evaluation. Donors, international agencies, NGOs, and project managers should be able to provide evaluation reports on the initiatives they support.

◇ Directories of programmes and projects

NGO umbrella or coordinating organizations often publish directories of development projects or development organizations. In some countries, an AIDS umbrella organization may keep a database of responses. International organizations such as the UNAIDS cosponsors, the International Labour Office (ILO) and the International Organization of Migration (IOM) may keep details of initiatives in their area of interest. UNAIDS and others, such as the EC Country Profile series include information on the National Strategy and on partners in the response. National ministries, including the ministry of women's affairs, and ministries of sports, youth or religion may do the same. Private sector groupings such as chambers of commerce or national business coalitions on AIDS may also have valuable information.

◇ Academic studies and other research

Research institutions might have conducted studies that look at the outcome of specific projects. Other studies (many of which will have been reviewed by the situation analysis) may give more general information that can help in evaluating a response in a more general way. These studies can be accessed through medical databases. Press reports and those commissioned by donors, etc. in their own planning exercises can also provide helpful information.

III.2 Brief the response analysis team

At the start of the response analysis, the response analysis governing committee should brief the team. If the same team has already conducted the situation analysis, this task will be easy, since it will already be familiar with many of the people, institutions, and sources of information available in the HIV field.

The most important part of the briefing will be designating the major areas for enquiry—generally those identified as priority areas in the situation analysis. These should be discussed in detail even if the team analysing the response is the same as that conducting the situation analysis. By the end of the briefing, the team should have clearly in mind the social, cultural, economic, and political factors that influence and are influenced by the response in priority areas. Team members should be able to identify the obstacles to progress in reducing HIV and its impact in those areas, and the opportunities for improving the situation.

III.3 Gather information from documents, interviews, and field research

Sources of information have already been described. The main questions to be answered are discussed hereafter.

Guided by the conclusions of the situation analysis, the response analysis team should begin their work by making an inventory of the major programmes and initiatives in the country. This may include programmes executed by:

- government bodies, both federal and regional;
- academic institutions;
- community-based organizations;
- NGOs;
- private companies;
- international organizations; and
- the media.

The inventory should include details of what the programme or initiative aims to do (its objectives) and what it actually does (its activities). If an existing assessment of the initiative includes a performance evaluation that judges the extent to which the activities produce the stated objectives, its conclusions should be noted in the inventory.

Where gaps exist, and where reviews or evaluations are incomplete, the response analysis team will have to carry out its own evaluation of programmes and initiatives in priority areas. Several extremely comprehensive manuals for response review and evaluation are available from UNAIDS and other sources. Since each country will have different needs in reviewing their response for the purposes of strategic planning, and in order to keep the current guide manageable, the technical details of the review and evaluation process are not repeated in this volume. The bibliography gives details of how to obtain relevant manuals.



In addition, the UNAIDS Best Practice series describes benchmarks against which performance can be checked in a number of areas likely to be focus areas for a response analysis.

Even where comprehensive evaluations are available, they may not provide all the information needed for analysis. In other words, they may show that an initiative has not produced the expected result, but may not contain all the information to answer questions about why it has failed. Interviews, site visits and other field research may therefore be necessary in investigating the reasons behind a programme's strengths and weaknesses.

• The main questions to be answered

- a) What is the situation?
- b) What is being done to respond to HIV?
- c) Is the national response relevant to the current situation?
- d) Is the response working in priority areas?
- e) Why is a response working or not working?

III.3. a) What is the situation?

The response analysis takes as its starting point the current HIV situation. The process of analysis should be preceded by a clear statement of the situation analysis conclusions, detailing the priority areas for action, together with the obstacles that may make it difficult to change the situation and the opportunities that may help provoke a change.

III.3. b) What is being done to respond to HIV?

Although national responses to AIDS are different in each country, most of them include some or all of the following focus areas:

- caring for people living with HIV/AIDS;
- mitigating the impact on people infected and affected by HIV/AIDS;
- reducing the vulnerability of specific population groups;
- promoting safer sexual behaviour for the general public and specific population groups;
- promoting and distributing condoms;
- preventing and controlling STDs;
- providing safe blood supply;
- promoting safer drug injection behaviour;
- considering human rights and HIV/AIDS.

This list is not intended to be exhaustive or applicable to all circumstances. The focus areas are simply a means to group similar interventions together for easier comparison and analysis.

• ***Caring for people living with HIV/AIDS***

Care is an essential and growing component of the response. As more people become infected with HIV and as more people develop AIDS and the accompanying opportunistic infections, care will become an ever-increasing part of efforts to limit the impact of the epidemic.

The needs of persons living with HIV/AIDS, their families, and communities are diverse and complex. Key elements in comprehensive care for persons living with HIV/AIDS and their families typically consist of:

- ◇ *Clinical management:* Early diagnosis, rational treatment, and follow-up care of illnesses related to HIV infection.
- ◇ *Nursing care:* Care to promote and maintain hygiene and nutrition, provide palliative care, educate individuals and families on AIDS prevention and care, and practise infection control by observing universal precautions.
- ◇ *Counselling:* Psychosocial support, including stress and anxiety reduction, promoting positive living and helping individuals make informed decisions about HIV testing, planning for the future, and behaviour change aimed at preventing transmission, involving sexual partner(s) in such decisions.
- ◇ *Social support:* funding for support groups. information and referral to support groups, welfare services, and legal advice for individuals and families, including surviving family members.

• ***Mitigating the impact on people infected and affected by HIV/AIDS***

In the second decade of the epidemic, it has become clear that the consequences of AIDS reach far beyond the health sector. In many societies, HIV and AIDS have substantial economic and social impact on individuals, on families, and households, on communities and groups and on society as a whole.

Interventions can be carried out at various levels, including that of the individual (differentiating between children, women, men, grandparents or extended family members—all of whom experience the impact very differently), the household and the community. Key elements in this focus area include:

- ◇ credit programmes to mitigate the effects of HIV/AIDS on households through the credits to maintain levels of household expenditure, school attendance, etc.;
- ◇ benefit packages to mitigate the impact of HIV/AIDS on families and children, targeted at children and families, including the provision of food (at school), school vouchers, and school uniforms;
- ◇ legal reform or aid for vulnerable groups such as the widows and children of men who have died from HIV/AIDS, who often risk losing property or autonomy due to existing inheritance laws or traditions;
- ◇ workplace interventions to maximize continued labour force participation;
- ◇ home-based care to households to enhance quality of life of people living with HIV/AIDS; and

- ◇ community-based self-help groups to support individuals and families, to ensure the continued participation of children in school, to maintain household expenditure patterns, and to promote saving.

• **Reducing vulnerability of specific population groups**

Most HIV infections are the result of sexual activity and injecting drug use, which are deeply personal behaviours. The early response to the epidemic was to attempt to influence those behaviours; it was believed that if people knew how dangerous their behaviour was, and if basic services such as condom distribution and STD treatment were made available, they would change that behaviour.

However risk behaviours are themselves shaped by a much larger and more nebulous set of determinants. Economic conditions, the structure of society and cultural norms can influence and even dictate how people behave in different circumstances. Helping people reduce their risk of infection with HIV requires addressing those factors that make people more vulnerable.

Key interventions in this area may include:

- ◇ Legal review and reform aimed at changing laws and government policies that make it difficult for vulnerable groups to protect themselves. For instance, laws which make sex work illegal, especially if applied aggressively by police, may discourage sex workers from seeking help;
- ◇ HIV/AIDS education campaigns in schools and workplaces;
- ◇ better accessibility to education for youth, especially for girls;
- ◇ military programmes undertaken by the armed forces and targeted specifically to their personnel, who are both a highly vulnerable population and an excellent audience for HIV/AIDS prevention and education campaigns; and
- ◇ prison programmes undertaken by the correctional and/or justice systems for persons in jail or prison



*Perhaps more than in any other focus area, this is where a multi-sectoral approach—one which recognizes the comparative advantages of different sectors of society—is essential to an effective, expanded response. For more information on reduction of vulnerability and on the key elements listed above, see UNAIDS Best Practice Technical Updates on *The driving forces behind HIV infection and AIDS*, *Community Mobilization*, *AIDS and the Military* and *Prisons and AIDS*.*

• **Promoting safer sexual behaviours**

The majority of HIV infections are transmitted sexually, hence preventing sexual transmission is crucial for an effective national response to HIV/AIDS. Promoting safer sexual behaviour is often the most visible part of responses to AIDS, implemented by both government organizations and NGOs. Key interventions generally include:

- ◇ mass media campaigns that are directed at the general population;
- ◇ education campaigns directed to specific population groups, such as men who have sex with men, or commercial sex workers and their clients;
- ◇ school-based education that promotes safer sexual behaviours to young people;
- ◇ HIV and STD prevention programmes for young people out of school;
- ◇ workplace-based education programmes; and
- ◇ community-based prevention activities.

HIV and STD prevention for young people in school

There are more than 1 billion adolescents in the world today and their number in developing countries will increase by 20% over the next 15 years. Investing substantially in them now is one of the most effective ways to curb the overall HIV epidemic, most importantly by promoting effective school programmes, complemented by preventive interventions in the community and through the media.

Key elements in this focus area generally include:

- ◇ Advocacy and consensus-building among the various stakeholders, such as politicians, religious leaders, parents, teachers, and teachers' associations. Many of these have greatly differing views and can veto or sabotage interventions unless they are consulted or included in decision-making from the beginning.
- ◇ Research: understanding different groups of young people and their patterns of behaviour (sexual, social, economic, etc.) are essential to effective curriculum and programme design.
- ◇ In-school education programmes: the goal of such programmes is not just to increase students' knowledge but to have them adopt safe(r) behaviours related to sexual practices and injecting drug use.
- ◇ Outreach to young people not in school: large numbers of teenagers are not in school for a variety of reasons, and many of them are highly vulnerable to HIV/AIDS.
- ◇ Teaching media literacy: mass media may be providing messages that conflict with those that HIV/AIDS programming seeks to inculcate in young people. Young people need to be equipped with the skills to "decode" media messages and make their own choices.

• Promoting and distributing condoms

At present condoms—both the traditional “male” condom and the recently developed “female” condom—are the only barrier method known to prevent the transmission of HIV during penetrative sexual intercourse with an infected partner. Encouraging and

supporting the use of good quality condoms is a basic strategy for all HIV prevention programmes.

Successful and effective condom programmes ensure that condoms are available and affordable to users. To increase condom use among individuals at risk of HIV and STD infection, a series of interrelated activities must be undertaken in a coordinated way. Key elements of condom programmes to be considered include:

- ◇ research to determine condom usage patterns in different population groups; identify obstacles to condom use; obstacles to the promotion and sale of condoms etc.
- ◇ promotion to create and increase the demand for condoms.
- ◇ distribution: ensuring an adequate and constant supply of good quality condoms in the country in general and to targeted groups in particular.



*The female condom does not replace the male condom or any other form of protection, but increases the options available in the fight against STDs, including HIV. Testing in various parts of the world suggests that when it is made available to women, the female condom reduces further the number of unprotected sex acts and the transmission of STDs. For more information on the female condom, see UNAIDS Best Practice document, *The female condom and AIDS.*”*

• **Preventing and controlling STDs**

Sexually transmissible diseases (STDs) are a major public health problem in most parts of the world, with over 250 million infections occurring annually. Besides being a significant cause of ill health, STDs (ulcerative and non-ulcerative) have also been shown to substantially increase the risk of sexual transmission of HIV. Consequently, control and prevention of STDs is now recognized as an effective intervention to reduce HIV transmission and an essential component of any national AIDS response.

The key elements of STD programming include:

- ◇ Prevention: education on safer sex behaviour; promotion of health care seeking behaviour; condom promotion and distribution.
- ◇ Case management: integration of STD care in basic health care and family planning services; accessible, acceptable, and effective STD services; syndromic management.
- ◇ Partner management: a holistic approach to the care and counselling of sexual partners—whether infected or uninfected—of persons diagnosed with an STD.
- ◇ Reaching vulnerable groups: these include young people, commercial sex workers, military personnel, and occupational groups such as long-distance truck drivers.

• ***Providing safe blood supply***

HIV transmission through blood transfusions has been substantially reduced or eliminated in most countries. Theoretically, transmission of HIV through transfusion of blood or blood products became the most easily preventable route of infection with the virus. Unfortunately, HIV transmission through blood still occurs in many developing countries. Blood safety programmes include the following key elements:

- ◇ Ensuring supply through blood donation. The cornerstone of a safe blood supply is voluntary, non-remunerated, regular donations from low-risk populations.
- ◇ Ensuring safety of the supply through blood screening. The effectiveness and credibility of the blood transfusion system depends largely on continuous screening of all blood donations and products for HIV and other infectious agents.
- ◇ Reducing unnecessary blood transfusions, which not only diminishes the potential for transmission of HIV and other blood-borne infectious agents, but reduces the costs of ensuring a safe blood supply.

• ***Promoting safer drug injection behaviour***

The risk of infection with HIV through injecting drug use has been known since the early days of the HIV epidemic. However, HIV prevention for injecting drug users (IDUs) has been and continues to be plagued in virtually every country by the fact that injecting drug use is illegal and by the stigmatization of IDUs.

Key elements in reducing HIV transmission through injecting drug use include:

- ◇ harm reduction: distribution of clean needles and syringes and/or bleach for cleaning injection equipment;
- ◇ peer counselling: programmes that teach persons from the IDU milieu to counsel drug users in their own environment and in their own language.
- ◇ drug substitution: methadone programmes are used in a variety of jurisdictions as a way of getting IDUs away from illegal substances and into a controlled, curative programme.
- ◇ advocacy and legal reform.

• ***Considering human rights and HIV/AIDS***

Respect for human rights and non-discrimination are fundamental elements in a supportive legal and policy environment for implementing the national AIDS strategy. Experience in a variety of settings suggests that coercive and punitive measures, such as mandatory testing, detention, and lack of confidentiality are counter-productive and impede efforts to prevent HIV infection and provide care.

In broad terms, a national response can be assessed at a very basic level by checking whether it features a small number of basic elements, which include:

- ◇ Inclusion of guiding principles on human rights in the national strategy and its components

- ◇ Access to information, education and services for all members of society
- ◇ Informed consent for HIV testing
- ◇ Confidentiality on HIV status
- ◇ Non-discrimination against people with HIV infection
- ◇ Participation of people with HIV infection in all aspects of normal life
- ◇ Freedom of expression and association around HIV-related policy and legal issues.

The situation assessment will already have discussed the general approach towards human rights issues taken by government and other national institutions, as well as the broader human rights conditions in the country. During the review of the national response, a more detailed assessment can be made of the extent to which principles of human rights and non-discrimination are present in the national strategy and its component programmes.



*UNAIDS firmly believes that a human rights-based and ethical approach to HIV/AIDS is an essential foundation for an effective national response. We therefore recommend that every effort be made to include human rights as a focus area in the response review. For more information on human rights as it applies to the epidemic, see UNAIDS Best Practice document *Human rights, ethics, law and HIV/AIDS*.”*

III.3. c) Is the national response relevant to the current situation?

The team analysing the response should start by comparing the response with the national situation as identified in the situation analysis and answer two essential questions:

- In which priority areas of the current situation is the response insufficient or non-existent?

When comparing the national response with the current situation, the response analysis team should look for areas identified as important in determining the spread and impact of HIV in the country but to which there is no response, or where the response is clearly insufficient, and try to determine why there has been no response.

- Which parts of the national response are irrelevant or inappropriate?

In most countries in the world, development priorities such as education and primary health care must compete with each other for resources. An effective national response to HIV is one that uses scarce resources most judiciously. That means there is little room for responses that are not relevant to the specific HIV/AIDS situation of the country.

HIV evolves in a changing social landscape, and the spread and impact of the disease as well as the response to it are likely to change that landscape even further. So even responses that were once relevant to the country's situation may become redundant or irrelevant over time. In countries where laws discriminate against groups with risk behaviour and so decrease their access to information and services and increase their

vulnerability, an early response to the HIV epidemic may be to change discriminatory laws. Changing laws can involve a huge effort to mobilize public opinion and change the political climate. But once new anti-discrimination laws are passed, the energy and money spent lobbying for change can be diverted to other priorities.

III.3. d) Is the response working in priority areas?

Most of the remainder of the analysis will focus on areas defined as priorities for action. For each priority area, the team should examine key responses. The extent of this work will obviously depend on the complexity of the response. If there are only a few initiatives in the field in question, they can be examined in some detail. If there are a large number of similar initiatives, the team may select one or two “landmark” projects to look at in greater detail. It may be especially helpful to compare initiatives with similar aims but different outcomes, since the difference between them may determine why some projects are more successful than others.

In examining responses, team members must constantly refer to the background situation. An initiative may meet all of its objectives, but if it is not relevant to the factors that determine the spread or impact of HIV in that priority area, it is of limited use in the national response. It is only when the relevance of a response has been established that the next question may be asked:

- Is there evidence that the response has made an impact on the situation?

The programme and project evaluations that have been collected or conducted in the course of the response analysis should answer this question. The response analysis team should note whether the initiative has achieved its objectives. Often, however, the objectives of an intervention will be stated in broad terms, such as "Reduce the transmission of the HIV..." or "Induce behaviour change among...". In such cases, one will need to use either proxy measures, or intermediate objectives. If the intervention has built-in indicators with specific targets, the work of the evaluators will of course be much easier. The major focus of interest, however, remains whether the initiative has succeeded in changing the situation that puts people at risk of infection or suffering caused by HIV.

The response analysis team should look not just for the impact predicted in the planning of an initiative. Frequently, a programme or project can have an unforeseen positive or negative impact. The ability to recognize a positive but unforeseen impact and integrate it into future plans is essential to the art of strategic planning.

III.3. e) Why is a response working or not working?

Once a response has been found relevant, and has been evaluated as effective or not, it is important to discover why it has been working or not working. Reasons for success or failure may be found through answering the following questions:

Does the response take into account potential obstacles?

The team analysing the background situation to HIV in the country will, in identifying priority areas, also have found potential obstacles to an effective response. The team analysing the response should examine whether a given initiative has taken these obstacles into account, and, if so, whether the obstacle was overcome.

Other obstacles arising in initiative design and implementation are related to:

- Acceptability of the response to all key groups

An initiative may have failed because it did not consider the interests of all the groups who could help it succeed or cause it to fail. Acceptability encompasses issues of ethics and of compatibility with national and international principles. Groups whose interests may affect the outcome of an initiative include:

- ◇ the community it was intended to help;
- ◇ politicians;
- ◇ important funding institutions;
- ◇ other groups involved in the response in the same area;
- ◇ the administration;
- ◇ religious or cultural leaders; and
- ◇ powerful business interests.

- Technological soundness of the response

Although great progress has been made in understanding what does and does not work in slowing the spread of HIV and reducing its impact, the development community is still on a learning curve. It is through innovation that new technologies are tested and shown to succeed. But it is inevitable that some of these innovative approaches fail. The response analysis team should examine whether the response makes use of all the technologies that are known to succeed in the field.



The UNAIDS Best Practice collection provide details of the most successful technologies in a number of fields. The Technical Update series is regularly revised to take into account the latest developments and successes.

- Affordability and sustainability of the response

Many initiatives fail because their resources are, from the start, insufficient to allow them to reach a critical mass that would ensure success. Others run out of resources because external funding has dried up and because project managers have been unable to replace external funding with locally renewable capital.

The response analysis team should examine the supply of and demand for resources, bearing in mind that a shortage of any of the following could cause an initiative to fail:

- ◇ institutional capacity;
- ◇ knowledge and skills;

- ◇ goods and services;
- ◇ people; and
- ◇ funding (**Module 4: Resource Mobilization** provides more detail.)

This process of questioning interest groups, technology, and resources will be familiar from the situation analysis process described in **Module 1**. It will surface again in **Module 3: Strategic Plan Formulation**, where proposed strategies are critically analysed.

The most successful responses are those that consider potential obstacles, but then go further to take advantage of all possible opportunities. So the next question in examining responses is:

Does the response take advantage of possible opportunities?

The situation analysis should identify opportunities for broadening the response to HIV and lifting its burden on affected communities. But these opportunities may go unexploited. This is especially the case where there is an opportunity for attacking the very roots of the situations that make people vulnerable to HIV and its impact. Such opportunities, which typically involve long-term changes to relations between the sexes, to the distribution of wealth in a society, or to cultural norms, often fall through the net of responses understandably designed to produce quick results to an urgent situation.

For example, the situation analysis may have identified migration in search of work as a major factor breaking apart traditional social structures and promoting risk behaviour. It may also have recorded that business leaders are increasingly worried about the economic impact of HIV on their workforce. Does the response in the field of migration include efforts by companies to make migration “safer” by building housing for married couples rather than for single young men?

III.4 Analysis

The response analysis team will by now have an idea of what the response is, how it relates to the current situation, how successful it is in priority areas and the reasons for its success or failure. The process of analysis itself will try to summarize the information in a way that is useful to planners. One of those ways is to begin with a general “lessons learned” section, and to follow it by grouping actual programmes and initiatives into categories that can be used in the next round of planning.

Lessons learned

In investigating why a certain response has succeeded or failed, the response analysis team will have built up a picture of aspects of programme design and implementation that work particularly well in the country situation. They will also have a “danger list” of aspects that have caused programmes to fail. These may be grouped together into

categories that can help planners of future strategies map out successful paths and avoid known pitfalls. For instance, several initiatives in different priority areas may have failed or performed poorly because of opposition from religious leaders,. Planners of future initiatives will therefore know that building support among religious leaders will be an important step in a successful national strategy.

Besides presenting their analysis in terms of general strengths and danger areas, the response analysis team can classify actual programmes and projects into groups that can be used directly in strategic plan formulation. This process will be discussed further in **Module 3: Strategic Plan Formulation**.

What is working and needs to be continued?

Programmes and projects identified in the initial analysis as answering the needs of the situation and effectively contributing to a reduction in the spread and impact of HIV can be grouped under this heading. Some will be in areas no longer identified as priorities for the country, e.g. blood safety, because the past success of functioning programmes has reduced the importance of the area as a priority for action.

What is working and can be expanded?

Many initiatives judged to make a difference to situations that create vulnerability to HIV and its impact may still not be working to their full potential. Some initiatives that started small are successful enough to be expanded to other population groups or geographic areas. Successful pilot projects may eventually be mainstreamed into the national plan, as part of a routine programme. While analysing how relevant a response is to the situation, the team may identify other groups or areas that could benefit from the initiative. And in asking whether all the opportunities identified in the situation analysis have been acted upon, the team may identify unexploited opportunities that would increase the effectiveness of the action.

Example: Expanding the syndromic treatment of STDs in Zimbabwe

Faced with very high levels of STDs and extremely limited laboratory capacity, programme managers in Zimbabwe's capital Harare decided some years ago to try a new approach. Beginning with the symptoms of various STDs, they worked back to group pathogens together, recommending treatments based on those groups. A nurse looking at a given symptom would know without a lab test that it was caused by, say, one of three pathogens and would prescribe drugs for all three. In this way, syndromic treatment of STDs was born.

The experimental approach developed in Harare was shown in trials to cut HIV as well as STDs –the approach could be expanded. This required another round of strategic thinking: in Zimbabwe, sexual diseases had always been treated at highly stigmatized STD clinics, which were avoided by many people needing treatment. After syndromic treatment of STDs was shown to be effective, programme managers were able to integrate the simple diagnosis and treatment procedures into the training and work of non-specialized nurses at ordinary health clinics. This integration saved

money and increased reach. The syndromic treatment of STDs until recently an experimental initiative is now integrated into the regular health delivery services in Zimbabwe.

What is not working and needs a new, more strategic approach?

The response analysis will have identified not just the initiatives that are failing, but the reasons behind that failure. Having examined an initiative in the light of the obstacles suggested by the situation analysis, the response analysis team should be in a position to make suggestions for more successful strategies in the future.

What is not relevant to current needs and should be dropped?

Successful strategic planning depends on the ability to adapt and change plans in response to a changing situation and to emerging opportunities. If an initiative is irrelevant to the current situation, either because the situation has changed or because the situation was never properly considered when the action was designed, planners should be prepared to drop it and switch any resources thus saved to priority areas.

What has not been addressed at all?

The analysis will also have identified areas which are important in determining the spread and impact of HIV but to which there has been no response. In some countries, identifying gaps and analysing the reason that there has been no response will be among the most important parts of the response analysis. There is sometimes a reluctance to openly confront behaviours such as injecting drug use or prostitution. Other marginalized population groups such as street children may be ignored because their existence may imply shortcomings in economic policy, for instance. In giving reasons for the gaps, the response analysis team will point to first steps that must be taken to formulate a successful strategy in those areas.

Example *Response analysis for one focus area: reducing HIV transmission among young people*

a. What is the situation?

Refer to the situation analysis.

b. What is being done to respond to HIV?

The State-run media airs 30-second spots during prime time, paid for at discount rates by the health ministry. The spots give accurate information about modes of transmission, but are generally based on fear and use unattractive images. No television ads are currently planned specifically for young people. Radio spots aimed at young people air twice a week during a distance-learning programme. The campaign has not been evaluated but anecdotal evidence and press articles indicate teenagers consider the spots boring and condescending. The National Advertising Association estimates the audience for the distance-learning programme at 2,500 people, or less than 2% of the target audience of 13- to 24-year-olds.

A Dutch-funded NGO has produced comic books that include AIDS information. They budgeted for 3,000 copies. The comics were distributed free at football matches and supplies ran out before half time on the first day. Pirated copies are being traded in classrooms. A newspaper article about the comics quoted one mother as saying she borrowed her son's copy in secret "and learned a lot I didn't know".

The ministry of education is currently conducting a pilot project in four urban and four provincial secondary schools testing school visits by persons living with HIV/AIDS. Objective: to reduce popular misunderstanding of causes of HIV/AIDS and decrease discrimination against persons with HIV/AIDS. A manager of the project said she was surprised by the low turnout. After investigating, she found that parents were forbidding their children to go to school on the visit days because they were frightened they might contract AIDS.

The ministry of health is considering working with the national university to do a nationally representative household survey on HIV-related knowledge and attitudes. The one-year project with funding for five researchers, (partly funded by UNICEF) would be a follow-up to a WHO/GPA survey on sexual behaviour conducted in 1990. It would contain a special module for respondents under 25 years of age, assessing their attitudes to pre-marital sex.

The national Red Cross runs a voluntary testing and counselling service, but the annual report of the Red Cross states that only 6% of people using the service are under 25. An external programme review said that staff were demoralized and felt they lacked the training to deal with the special needs of adolescents.

c. Is the national response relevant to the current situation?

In which areas of the situation are responses insufficient or non-existent?

The situation analysis has identified out-of-school girls as highly vulnerable, but no initiatives address the needs of this group. It is not clear exactly why this is—may be simply because the need has never previously been identified.

There is no action taken to give young people access to condoms, a need defined as "crucial" in the situation analysis. There are several reasons for this. Adult opinion is generally opposed to an action many see as promoting promiscuity. In addition, adult double standards for young women and young men lead to their dismissing risk behaviour among young men rather than encouraging more responsible behaviour. Fearing that they will lose hard-won clients by offending public opinion, the senior decision-makers in the national family planning programme have opposed a plan to distribute condoms to single people. Although international condom manufacturers are interested in entering the market, current laws tax imported condoms at 300% to protect national production. The only national producer is owned by the president's brother-in-law.

Although a high proportion of young people have STDs and very few use national STD clinics, no initiatives currently aim to create adolescent-friendly STD treatment. This is principally because resources are extremely tight in all health services, and no private companies appear interested in STD services.

Which parts of the response are irrelevant?

All of the existing responses aim to meet needs defined in the situation analysis, and so are relevant to the situation. However, the media campaign may be inappropriate. While the media spots give information about HIV transmission, the situation analysis concludes that what young people need is information about risk behaviour.

d. Is the response working in priority areas?

Is the response in this area relevant and appropriate? See above.

Is there evidence that the response has made an impact on the situation?

None of the initiatives have been measured against specific objectives. The situation analysis describes continuing levels of sexual and activity and HIV and STD infection in young people. The planned national survey will allow policy-makers to compare knowledge, attitudes, and behaviour among young people today with that of young people in 1990. This might show some overall impact of the totality of the response with regard to young people.

e. Why is the response working or not working?

Does the response take into account potential obstacles?

•Acceptability of the response to all key groups

Clearly, some of the current initiatives are failing because they are not acceptable to all key groups. Neither the strong parental opposition faced by the ministry of education pilot projects, though predictable in the light of the situation analysis, nor the parents' double standards for their boys and girls were apparently considered in the project design. Opposition from parents seems to derive partly from an active and vocal opposition from religious leaders. Opposition from family planning agency bureaucrats is blocking the response in one area. Government information campaign messages are not acceptable to young people themselves, although the messages in the comic book initiative –pretested on young men –seemed to be acceptable not only to young men but to their parents. The services of both government STD clinics and the Red Cross counselling centres fail to appeal to young people.

•Technological soundness of the response

The radio spots campaign was poorly designed in that it did not research the listening patterns of its target market. Broadcasting to a tiny audience when a larger and more appropriate audience is readily available is a waste of resources.

•Affordability and sustainability of the response

Some initiatives are clearly constrained by lack of resources. The Red Cross counselling service is permanently stretched. Staff are already overworked and are unwelcoming to teenagers because they know counselling a young person may require extra time and patience. On top of that, few feel they are well trained enough in dealing with teens. The service provides each worker with one half-day refresher training a year during which many topics must be covered.

The comic book project, while very successful, was funded by a one-off grant. A trade in pirated copies indicates that people are willing to pay for user-friendly AIDS information—the cost of another print run may be covered by a small sale price.

Does the response take advantage of possible opportunities?

While the situation analysis identifies strong political support for AIDS education in the school curriculum, parents remain an obstacle. Teachers can strongly influence parents' attitudes, but the teachers union, known to be favourable to HIV prevention through schools, is not involved in the response. Teachers have not been involved with creating support among parents for more "healthy lifestyle" education that could include AIDS components. The fact that parents are reading comic books about AIDS indicates that many of their reservations about exposing their children to AIDS information may stem from ignorance and fear. Opportunities to increase support for youth programmes among parents have not been fully exploited.

The situation analysis identifies sports (and especially football) as an important avenue for communication with young men. One programme, the comic book initiative, has taken advantage of this; others have not. Radio spots aimed at young people would reach 86% of young urban men if aired during the Saturday football match, versus less than 2% of both sexes when aired during educational programmes. No initiative has involved sporting heroes in the national response.

Although private companies are increasingly interested in marketing their products to the youth market, no private sector companies are yet involved in the national response to preventing HIV among young people.

f. Analysis

•Lessons learned

Opposition from religious leaders and parents erodes political will to respond to the needs of young people in reducing vulnerability to HIV.

Several groups not currently involved in the response may prove to be powerful partners. Among them are teachers, private companies, and sports stars.

Initiatives that succeed with the young are those that make a special effort to respond to their needs for simple information and straightforward services delivered in an environment in which the young person is comfortable.

What is working and needs to be continued?

The research project, building on a previous household survey, is well designed and well funded and should be continued in order to build up a clearer picture of the attitudes and behaviours that make young men and women vulnerable to HIV.

•What is working and can be expanded?

The comic book initiative is clearly popular and may be expanded in three ways: firstly the existing comic book can be more widely distributed. Secondly, follow-up books can keep up the interest and provide more information. Thirdly, the series can be expanded to reach audiences other than young men at football matches. A series for young women might be distributed through hairdressers or markets, while a version for adults could help educate parents.

•What is not working and needs a new, more strategic approach?

The pilot project in schools is clearly not working, and it will not have any chance of success until actions are taken to increase the support of parents for exposure to HIV information in schools.

The Red Cross counselling service is necessary for teenagers (it is the only counselling service in the country). An effort should be made to build up the capacity of staff to help young people in a way that is understanding and welcoming.

The government information programme needs to reorient its messages away from scary information about AIDS and towards straightforward information about risk behaviour. Media should be more carefully selected so that the messages reach the greatest possible number of young people.

•What is not relevant to current needs and should be dropped?

No initiatives fall entirely into this category

•What has not been addressed at all?

There is an important need to reach young people who are not in school, particularly young women. The nation needs a strategy that would make condoms available to young people.

III.5 Producing the report

A response analysis report should present the conclusions of the analysis of the responses to HIV and AIDS in the country rather than just a description of the response itself. This analysis may be arranged in several ways. The box shows an outline of one option for a report, presenting major themes as outlined above.

Example of a report outline

Acknowledgements, table of contents, list of abbreviations, etc.

Executive summary

Introduction

Background to response analysis, rationale, description of study team, training, etc.

Research methods and approaches

Situational background

A brief description of the major features of the country's HIV/AIDS situation. Essentially, this section summarizes the results of the situation analysis and establishes the priority areas.

Broad description of the response

This section may give a general outline of the national response in very broad terms—history of commitment to a response, a brief summary of the major actors in the response.

Analysis of the response in key areas

The heart of the report: presentation of the key conclusions of the analysis phase of the exercise. These may be presented following the outline suggested above:

- ***Lessons learned***
 - ***Response categorized for planners***
 - ***Bibliography of major sources***
-

III.6 Circulate report for comment, finalize

Before submitting the finished report, the team will meet again with the National AIDS Programme manager and the National AIDS Committee in order to submit a draft of the report and present its findings.

A broad spectrum of people involved in the response may have been consulted during the response analysis. Key members of the communities involved should be given the chance to validate the report's findings. Their endorsement can contribute significantly to building support for following steps of the strategic planning process.

A timetable for providing commentary and producing the final report can be fixed when it is circulated. When comments have been returned, the final report should be produced and formally submitted to the National AIDS Programme manager.

Plans for dissemination of the report will vary from country to country. In some cases, the response analysis team will not be responsible, or even involved in dissemination of the report. In others they may be highly involved in activities such as press briefings, lectures and presentations to various groups involved in the HIV/AIDS response.



UNAIDS strongly recommends maximum openness in the dissemination of information about HIV/AIDS. This means making reports and research public in a variety of ways, from simple publications and media releases to public presentations and posting information on the Internet. Many countries have adopted this practice, and been rewarded—both by the general population and by a variety of target groups—with increased consciousness of the epidemic and understanding of what the national response is doing about it. Including high-profile individuals in the group disseminating information can help spread the message to a wider audience.

IV. Next step: towards the strategic plan formulation

The final conclusions of the response analysis, together with those of the situation analysis, will provide the basic building blocks for strategic plan formulation. This process, described in *Module 3: Strategic Plan Formulation*, synthesizes the conclusions of both parts of the analysis process. Planners will finalize their priority areas and seek to use the obstacles and opportunities identified in the situation analysis in planning strategies for those areas.

The lessons learned from the response analysis will help planners build on strengths of existing programmes and avoid the pitfalls that have in the past led to initiatives being less effective than is desirable in reducing vulnerability to HIV and its impact. The classification of existing responses will give planners clear indications of the work to be done in formulating a new strategic plan that addresses all the national priorities and involves a wide variety of groups from different social and economic sectors in an effective response to HIV.

V. Bibliography

Reviewing the national AIDS response (draft) - UNAIDS, Geneva, 1997

A draft document on response review prepared for a strategic planning workshop held in Namibia in early 1997. The document contains many appendices, each giving suggestions for review methods, questions and data sources on a number of important areas of programming such as the promotion of safer sexual behaviour, prevention among young people, condom promotion and distribution, management and prevention of STDs, blood safety, injecting drug use, and care for people living with HIV.

Evaluation of a national AIDS programme: a methods package

Global Programme on AIDS - World Health Organisation, Geneva, 1994

This volume, available from the UNAIDS information centre, provides detailed guidance on reviewing programmes aimed at preventing the spread of HIV. It contains question guides aimed at constructing performance indicators for a number of important areas of prevention, such as knowledge of preventive practices, condom availability and use, and STD case management.

HIV/AIDS and development assistance

L Fransen and A Whiteside (Eds) - European Commission, Brussels, 1996

Second generation national AIDS programme process: a facilitators guide

Global Programme on AIDS - World Health Organisation, Geneva, 1995

Rapid Assessment Procedures. Qualitative Methodologies for Planning and Evaluation of Health Related Programmes

N Scrimshaw and G Gleason (Eds) - International Nutrition Foundation for Developing Countries, Boston, 1992

A guide for evaluating AIDS prevention interventions

AIDSTECH - Family Health International, Washington DC, 1992

United Republic of Tanzania: AIDS assessment and planning study

The World Bank, Washington DC, 1992

Preventing AIDS: The Design of Effective Programs

R. O. Valdiserri – Rutgers University Press, 1989

The UNAIDS *Best Practice* Collection

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

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

The UNAIDS Epi Fact Sheet Series

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

The UNAIDS Country Profile Series

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

Module 3: Strategic Plan Formulation

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I. Introduction to strategic plan formulation

The strategic planning process encompasses the answer to three questions:

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

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

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

1.1 Why formulate a strategic plan?

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

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

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

1.2 Different options of strategic plans

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

A strategic plan may be conceived as a general framework for implementing the national response. Such a strategic framework sets fundamental principles, broad strategies, and the institutional framework, and is the basis for a subsequent formulation of more operational priority projects and programmes.

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

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

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

Example Philippines National HIV/AIDS Strategy

Guiding principles:

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

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

1.3 Using this module

As with the other modules in this series, this module describes a process which can be used by all persons involved in HIV/AIDS planning. Though it is aimed primarily at national planners, it may be used by anyone from the national programme manager to the director of a community organization. Indeed, the entire process may be undertaken at the national level, or planners at district or community level may also use this module to formulate their plans based on analyses conducted at a decentralized level. Each country must choose the combination of national and decentralized planning which best suits its needs. The advantages and disadvantages of central versus decentralized planning will be discussed in more detail later. The process of formulating a strategy described in this guide will not, however, differ radically regardless of the level at which planning is carried out.

1.4 Who will use the finished strategic plan?

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

II. Responsibilities

II.1 Overall responsibility

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

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

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

II.2 Strategic plan formulation team

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

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

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

careful selection among the potential participants from the stakeholders listed above.

- the team(s) that conducted the situation and response analyses should be able to make a valuable contribution to strategic plan formulation—the priorities and strategies chosen will depend very much on the results of their analyses.

Example: Members of a working group on youth

Representatives of:

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

II.3 Administration of strategic plan formulation

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

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

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

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

Option 1: National level planning

- *Identify clear responsibility and participation for plan formulation*
 - *Establish a workplan and budget*
 - ◊ *Disseminate conclusions of situation analysis and response review*
 - ◊ *First national workshop*
 - ◊ *Identify priority areas and objectives*
 - ◊ *Identify Chairperson for each priority area*
 - *Form priority area and management working groups*
 - ◊ *Develop strategies with potential programmes and initiatives in each area*
 - ◊ *Identify management, coordination and funding mechanisms*
 - *Second national workshop*
 - ◊ *Review and prioritize proposed strategies*
 - ◊ *Review management mechanisms*
 - ◊ *Agree on national strategic plan*
 - *Write up national strategic plan, circulate for comments, finalize*
 - *Submit to the responsible government authority for approval*
 - *Disseminate national strategic plan*
-

Option 2: National priorities, local strategies

- *Identify clear responsibility and participation for plan formulation*
 - *Disseminate conclusions of situation analysis and response review*
 - *National workshop*
 - ◊ *Identify priority areas and objectives*
 - *Write up national masterplan, including guiding principles and priority areas, and submit to the responsible government authority*
 - *First provincial workshop*
 - ◊ *Review provincial situation and response in priority areas*
 - ◊ *Identify working groups for each priority area*
 - ◊ *Working groups develop strategies in their area*
 - *Second provincial workshop*
 - ◊ *Review and prioritize proposed strategies for all areas*
 - ◊ *Identify management mechanisms*
 - *Write up strategic plan, circulate for comments, finalize*
 - *Disseminate provincially and submit to the responsible government authority*
-

Option three: Provinces set the agenda

- *Identify clear responsibility and participation for strategic plan at provincial level*
 - *Provinces undertake situation analysis and response review*
 - *Provincial workshops*
 - ◊ *Identify priority areas and objectives*
 - ◊ *Identify working groups for each priority area*
 - ◊ *Working groups develop strategies in their area*
 - *Provinces write up strategic plans*
 - *National workshop*
 - ◊ *Review provincial plans*
 - ◊ *Identify common priority areas*
 - ◊ *Identify national management and coordinating mechanisms*
 - *Write up national strategic plan, circulate for comments, finalize*
 - *Submit to the responsible government authority*
-

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

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

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

II.4 Scheduling of steps

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

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

III. Formulating a strategic plan

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

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

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

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

What is a strategy?

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

Example: *Multi-initiative strategy for increasing condom use*

- **Current Situation**

Condom use is virtually non-existent, and STDs common. A recent situation analysis has identified various obstacles to increased condom use, some of which are low availability, bad quality, fierce opposition by religious leaders, influencing the government.

- **Target situation**

One hundred percent condom use in all non-marital sexual encounters.

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

Step 1: *Various initiatives to build support for condom use among religious leaders*

Intermediate situation 1: Religious leaders agree not to oppose condom promotion, and to communicate this decision privately to senior government officials

Step 2: *Reverse ban on media discussion of condoms, through discussions with information ministry, etc.*

Intermediate situation 2: Condoms are promoted on TV without mentioning extramarital sex.

Step 3: Create distribution chain and marketing plan for condoms

Intermediate situation 3: Condoms widely available at easily accessible sales points.

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

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

The main steps in strategic plan formulation

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

III.1 Re-examine the national guiding principles

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

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

III.2 Confirm priority areas for a national response

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

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

- care for people living with HIV/AIDS;
- mitigating the impact on people infected and affected by HIV/AIDS;
- reducing the vulnerability of young people and other specific population groups;
- promoting safer sexual behaviour for young people, other specific population groups and for the general public;
- promoting and distributing condoms;
- preventing and controlling STDs;
- providing safe blood supply;
- promoting of safer drug injection behaviour;
- promoting a supportive ethical, legal, and human rights environment.

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

III.3 Set objectives in priority areas

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

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

III.4 Develop strategies to reach objectives in priority areas

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

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

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

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

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

Example: Turning an obstacle into an opportunity

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

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

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

III.5 Develop a strategic framework for the national response

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

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

III.6 Examine the strengths and weaknesses of proposed strategies

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

In this reality check, planners should examine the strategies principally for three criteria:

- a) acceptability;
- b) technical soundness; and
- c) feasibility and affordability.

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

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

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

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

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

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

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

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

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

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

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

III.7 Revise objectives and strategies where necessary

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

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

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

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

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

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

One of the key strengths of strategic planning is that it takes into account a changing situation. Failing strategies may be revised or abandoned, while initiatives that were not foreseen in the original plan but that seem to be working can be supported and expanded. This, however, would remain wishful thinking without:

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

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

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

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

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

III.8.b) Planning flexible management

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

III.8.c) Funding

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

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

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

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

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

1. Re-examine guiding principles

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

2. Confirm priority areas for a national response

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

The needs are:

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

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

3. Set objectives in priority areas

General objective:

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

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

(specific targets for the end of the planning period in brackets)

- *Planners know which young men and women are vulnerable to HIV and why (national and regional studies describe sexual behaviour and attitudes of young men and women).*

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

4. Identify strategies to achieve the objectives

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

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

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

Suggested strategy for key element 1:

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

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

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

Suggested strategy for key element 2:

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

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

- *To take advantage of the communication skills and situation-specific knowledge of young people:*
 - *involve a TV station in a “true stories” video series. Young people can enter a competition to tell HIV-related stories on air. Those with the best*

ideas will attend a three-day video-production workshop with a leading national film director. They will be lent a video-camera for a week to make their mini-documentaries, which will be aired on national TV. Approach Regent Enterprises (local distributors for Sony cameras and Fuji film) for donation of cameras and film. Approach New York-based film industry charity "Screen Cares" for cash funding.

ask teenagers in church groups to develop plays with an HIV theme, and to perform them at street festivals, in schools, at markets, and in food distribution centers.

- *train a group of young women to be "market sisters", telling young women who visit the market about responsible sex, employment opportunities, and teen-friendly services for HIV advice and contraception.*

Objective: Young people have access to condoms they want and can afford to use

(see example Multi-initiative strategy for increasing condom use, III)

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

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

Suggested strategy for key element 4:

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

5. Examine strengths and weaknesses of proposed strategies

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

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

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

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

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

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

Key element 4: *Counsellors are already overworked and underpaid, and many are demoralized by their work. Previous attempts to increase funds for this area have failed. Even if they could find the time to train to deal with young people, it is not clear that they would want to. Existing clients are likely to complain loudly if existing services are shut down once a week. The outreach work does not need to be done by*

trained counsellors—it can be done by a team of motivators developed by an organization of families living with HIV.

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

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

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

IV. Producing a strategic plan document

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

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

IV.1 Example: Outline of a strategic plan

Planning Process

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

Introduction

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

Strategic Framework

- Guiding principles
- Broad strategies
- Institutional framework

Priority Areas and Strategies

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

Management mechanisms

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

IV.2 Circulating the strategic plan

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

IV.3 Using the final strategic plan

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

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

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

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

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

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

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

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

VI. Bibliography

Formulacion de politicas de salud

OPS/PAHO Santiago, Chile, 1975

Logical Framework Approach: A flexible tool for participatory development

DANIDA - Copenhagen, 1996

HIV/AIDS and development assistance

Fransen and A Whiteside (Eds) - European Commission, Brussels, 1996

National Plan for Prevention and Alleviation of HIV/AIDS

National AIDS Committee, Bangkok

Planejamento et programacao em saude: um enfoque estrategico

F. Uribe, M. Testa and C. Mattos - Abraso, Rio de Janeiro, 1992

Philippine National HIV/AIDS Strategy

Philippine National AIDS Council, Manila

Tanzania: AIDS assessment and planning study

The World Bank - Washington DC, 1992

The UNAIDS Best Practice Collection

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

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

The UNAIDS Epi Fact Sheet Series

UNAIDS is working with national AIDS programmes and WHO to compile a series of fact sheets giving key epidemiological data on countries. These fact sheets include figures or estimates for HIV, AIDS, and STD prevalence, as well as AIDS case

reports. They also give socio-economic and health care indicators, which may help explain vulnerability to HIV. Finally, they give data on knowledge and risk behaviour. This data, crucial to any situation analysis, is being prepared for a large number of countries, and can be obtained from national AIDS programmes. UNAIDS country and regional offices as well as headquarters in Geneva can provide copies of the Epi fact sheets for other countries of interest.

The UNAIDS Country Profile Series

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