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Strategies that Work

Exploring the impact of Health Systems 20/20 worldwide

Building Sustainability into HIV/AIDS Programs

REALITIES OF THE HIV/AIDS FUNDING CLIMATE

Over the last decade, international donors have made a concerted effort to address the HIV/AIDS epidemic. Institutions such as the President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), and the World Bank ramped up their funding to fight the epidemic. Many hard-hit countries have also found ways to contribute their own scarce resources to address the crisis. As a result, there has been an extraordinary global scale-up of HIV/AIDS prevention, treatment, and care services. Recently, however, growth in HIV/AIDS funding levels has slowed, and 2010 saw donor governments, for the first time, decrease financing for HIV/AIDS. Despite international commitment to achieving ambitious HIV-related goals by 2015, there is no indication that funding will increase any time soon, especially in the current global economic climate.

This reality poses particular challenges for low-income countries, which receive the bulk of their HIV/AIDS resources from international donors. How can these countries maintain their HIV/AIDS programs in this time of belt-tightening? Will they have to scale down activities, compromise quality, or eliminate services? Or is there a way to maintain or even expand high quality and coverage programs in the context of increasingly limited resources? Are there new or alternative methods of raising resources for HIV/AIDS programs? The first step in answering these questions is to evaluate HIV/AIDS program needs, look at available funding, and assess various ways to maximize efficiency.



“The HAPSAT taught us how to complete target and cost projections for clinically based interventions and prevention activities. It was a very good approach and we were able to adjust targets and indicators for the Global Fund grant and for the national strategic plan. The National AIDS Secretariat is using targets for strategic planning and was able to come up with unit costs for the different interventions. We didn't have that in the past.”

Dr. Hangadoumbo Saidou, National AIDS Secretariat, Sierra Leone

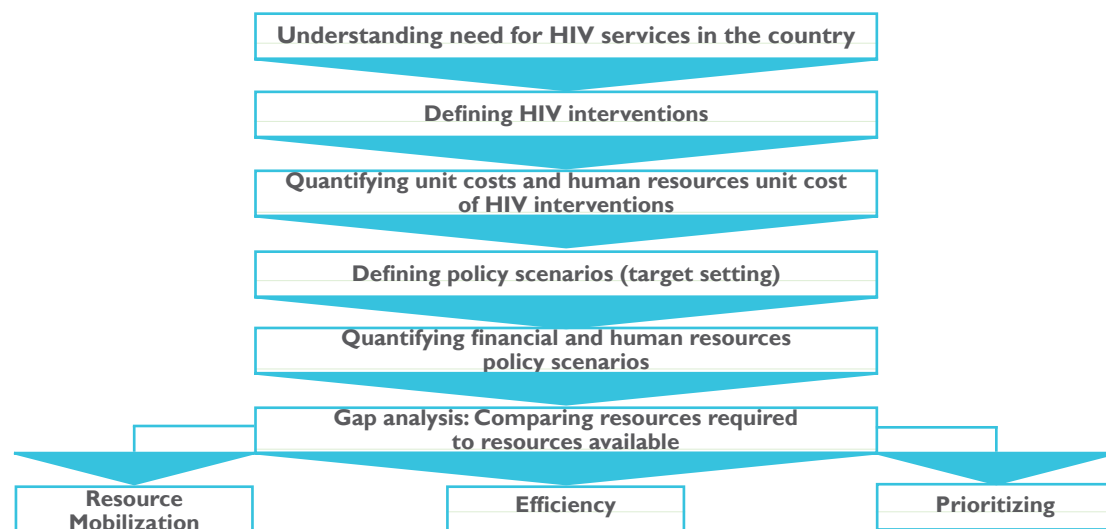
WHAT IS THE HIV/AIDS PROGRAM SUSTAINABILITY TOOL?

Health Systems 20/20 created the HIV/AIDS Program Sustainability Analysis Tool (HAPSAT) in 2007 to assist governments and donors in developing strong but realistic HIV/AIDS policies and implementation plans. HAPSAT develops a gap analysis. Using a computer-based model, the approach examines and compares the feasibility of different program options. It estimates the financial and human resources required to sustain or scale up a comprehensive portfolio of quality HIV/AIDS services. HAPSAT then develops recommendations to minimize the gaps between resources needed and funds available. HAPSAT 2.0 is a software that lets a country create, cost, and compare evidence-based HIV program options, and then choose the option that best meets its population's needs for HIV services using the available financial and human resources (see Figure 1).

HAPSAT is a stakeholder-driven process. It begins through collaboration with a country's national AIDS coordination body. At an initial one-day workshop, participants select potential interventions to be costed, then they vote to establish preliminary priorities. Is it more important, for example, to focus on medical interventions such as antiretroviral therapy (ART), or should funds be allocated first to prevention efforts such as awareness campaigns or condom distribution? While the response will aim to include both, the funding allocation will differ based on the prioritization. This will ultimately determine the extent to which each intervention will be scaled up.

Once priorities are defined, the stakeholders and the HAPSAT team work together to establish recommendations and identify the resources needed to carry out the proposed interventions. Having stakeholders heavily involved is essential to success. Stakeholder participation ensures that HAPSAT methods and processes are transparent and well understood. It increases the probability that the analysis accurately reflects a country's issues, and it results in feasible, realistic recommendations.

FIGURE 1. HAPSAT 2.0 WORKFLOW

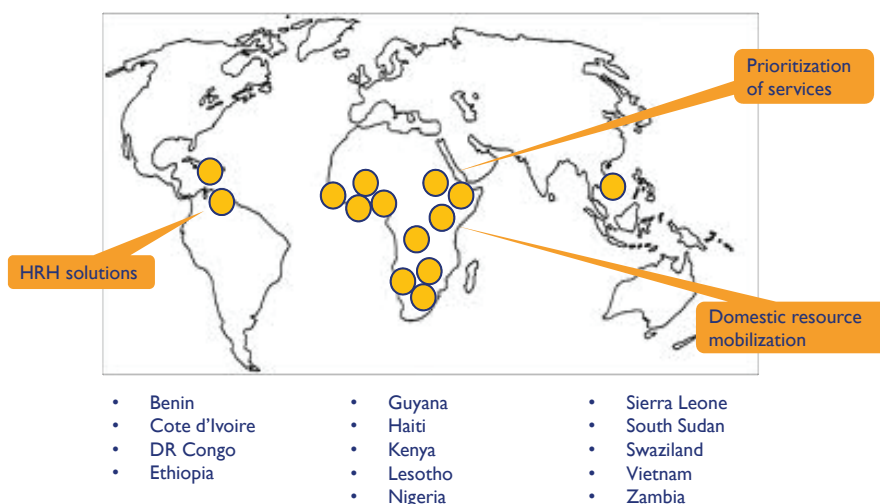


Most importantly, intensive stakeholder involvement increases the likelihood that policymakers will actually implement the recommendations, thus helping their HIV/AIDS programs become more sustainable.

HOW IS HAPSAT HAVING AN IMPACT?

HAPSAT has already been applied in 14 countries (see Figure 2). Various parts of the HAPSAT approach have been customized to serve individual country needs and purposes. In Zambia, for example, HAPSAT was used to inform a successful application to the Global Fund. In Nigeria, it led the government to commit to an increased budget allocation for HIV/AIDS interventions, and in Côte d'Ivoire, it identified inefficiencies and helped maximize treatment funds. HAPSAT's findings and recommendations vary widely from one country to the next, as seen in Guyana, Sierra Leone, and Kenya.

FIGURE 2. HAPSAT EXPERIENCE



GUYANA: MAXIMIZING HUMAN RESOURCES FOR HEALTH

Guyana has been successful in achieving high levels of coverage for many key HIV/AIDS services, including ART, prevention of mother-to-child transmission (PMTCT), and blood screening. Now, however, funding uncertainties and human resources problems are threatening to disrupt these programs. In 2010, Guyana received substantial HIV/AIDS funding from PEPFAR, the Global Fund, and the World Bank. Both PEPFAR and the World Bank have been scaling down their investments, and by 2015 Guyana will have to rely primarily on its own government resources to fund HIV/AIDS initiatives. The country's challenge now is to identify and establish long-term solutions that will put HIV/AIDS programs on the path to sustainability.

Guyanese stakeholders, including the National AIDS Program Secretariat, came to the HAPSAT process concerned about a lack of human resources to provide HIV/AIDS services. After estimating the number of health workers needed to deliver ART and HIV testing, and analyzing schedules and patterns in patient appointments, HAPSAT found that the shortage of human resources was actually less acute than previously thought. The overwork reported by staff was due to the fact that most patients were arriving at health centers in the morning, causing bottlenecks. HAPSAT stakeholders devised a plan to set up an appointment system that will spread the flow of clinic visits throughout the day. This solution will allow the same number

of patients to be seen by the same number of health workers in a much more efficient way. In addition, the number, distribution, and tasks of health workers providing HIV/TB services are being reexamined.

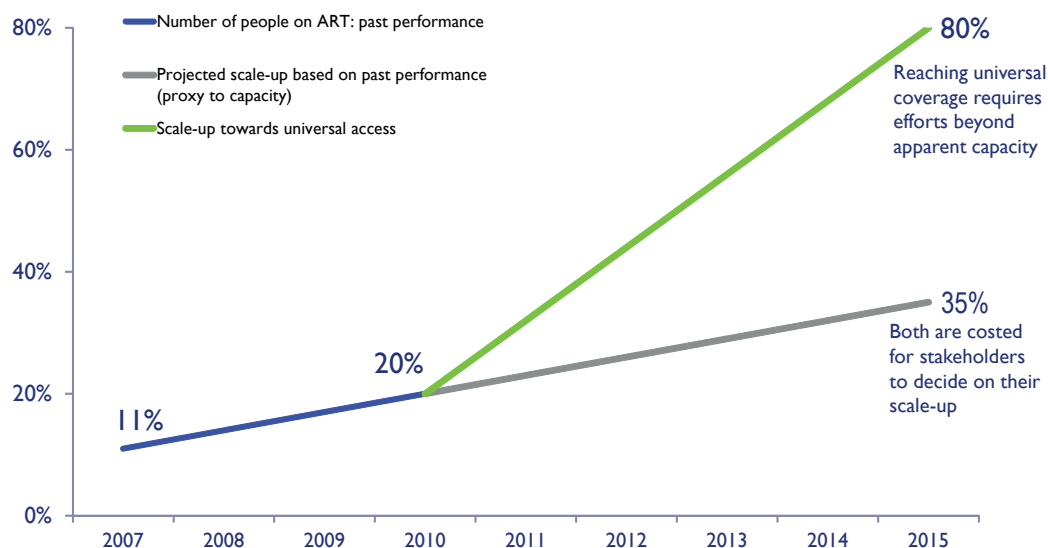
At a stakeholder meeting called to discuss Guyana's HAPSAT results, Minister of Health Dr. Leslie Ramsammy reiterated the government's commitment to reducing HIV/AIDS transmission and deaths. He issued a Call to Action, urging HIV/AIDS stakeholders to examine how existing programs could be scaled up and sustained for the long haul. Dr. Ramsammy declared "...we are indeed change agents. We are here to act; we are here to make a difference in people's lives. It means then delivering results."

SIERRA LEONE: IMPROVING THE QUALITY OF HIV/AIDS SERVICES

Sierra Leone has a generalized low-level HIV epidemic. Although a substantial scale-up of HIV/AIDS services has occurred in recent years, universal access to key services such as ART and PMTCT has yet to be achieved. The country's HIV/AIDS program is dependent primarily on financing from the Global Fund.

HAPSAT contributed to target-setting for the National AIDS Strategy and is expected to assist in the development of an effective country operating plan, national HIV/AIDS operational plan, monitoring and evaluation framework, and funding proposals. In particular, Sierra Leone has been preparing an application for phase two of its Global Fund grant – as part of this application, the HIV/AIDS program assessed its capacity, using the HAPSAT approach, by looking at past and current performance. See a generic example in Figure 3. The results were used to project future targets.

FIGURE 3. TARGET SETTING



In the meantime, a number of HAPSAT recommendations are already being implemented, and information gathered through the HAPSAT process is being used in a variety of ways.

- *Integrating HIV/AIDS workers into the wider health system.* This ongoing initiative will reduce dependency on the Global Fund, since 35 percent of the Global Fund's grant to Sierra Leone is currently allocated for health workers' salaries.
- *Strengthening PMTCT treatment.* Efforts on this front are well underway, with support from UNICEF.
- *Providing health workers with clinical mentoring on the provision of HIV/AIDS services.* To improve the quality of services, a mentoring program has been established with assistance from a French nongovernmental organization, Solthis.
- *Improving supportive supervision.* In a further bid to improve performance, supportive supervision has been strengthened, and HIV/AIDS monitoring and evaluation officers are conducting joint supervision exercises with the National AIDS Secretariat, leveraging the secretariat's past experience.

KENYA: EXPLORING INNOVATIVE FINANCING MECHANISMS

Kenya has a mid-level HIV/AIDS epidemic coupled with low income levels. Nevertheless, the country has managed to achieve relatively high levels of ART coverage, thanks to support from international donors. The cost of maintaining this coverage, however, is steep – an estimated \$350 million in 2010–11 for ART, PMTCT, laboratory and diagnostic materials, opportunistic infection treatment, and nutrition. For the same period, an estimated \$300 million was available, most of which came from PEPFAR. As the Kenya HAPSAT report points out, levels of donor funding are likely to decrease over time, while the population requiring HIV/AIDS services will only continue to increase. The gap between funds needed and funds available, coupled with Kenya's overwhelming dependence on PEPFAR, highlights the need for alternative sources of HIV/AIDS financing.

Kenyan policymakers relied on HAPSAT to quantify these shortfalls in HIV/AIDS funding and also to identify options for closing the gap and decreasing dependence on foreign aid. Based on recommendations from a recent HAPSAT report, the Kenyan National AIDS Control Council (NACC) prepared a cabinet memorandum that proposed new ways to raise funds for



HIV/AIDS programming. Two strategies were proposed to address the funding gap – increasing efficiency and raising revenue. HAPSAT considered decentralization of treatment and care as a way to increase the overall efficiency of service delivery. ART, for example, could be provided at primary health centers for two-thirds the cost of providing the same service at secondary health centers.

The cabinet memorandum also proposed that Kenya establish a National AIDS Trust Fund to be used for prevention, treatment, and care. A modest levy on airline traffic, which would feed into this trust fund, was recommended as one source of raising domestic funds for HIV/AIDS programming. A sustainable, longer-term solution for increasing domestic investment in HIV/AIDS could include expansion of the National Health Insurance Scheme.

Although the cabinet memorandum was not ultimately approved, the HAPSAT started an important dialogue about how to finance HIV/AIDS programs over the long run. “By using HIV as an entry point to exploring sustainable financing, we have been able to get the country to look at the sustainable financing issue from the point of view of health delivery systems as a whole. A team is to be put together to come up with a comprehensive strategy that will be considered for implementation in the context of the 2013-14 budget framework,” said Regina Ombam, Head of Strategy for NACC.

BUILDING SUSTAINABILITY - WHAT WORKS?

Sustainability analysis is becoming a requirement in today’s resource-constrained environment. As countries struggle to provide HIV/AIDS services in a world where external funding is shrinking, they will need—more than ever—the kinds of analysis that HAPSAT can provide.

Health Systems 20/20 continuously adjusts HAPSAT to meet the evolving needs of policymakers. For example, following the increase in standardization of ART regimens, HAPSAT is focusing less on treatment and more on prioritization of behavioral interventions and HIV/AIDS support services. In addition, the HAPSAT tool itself has been simplified to make it more flexible and user-friendly.



Health Systems 20/20 has assessed lessons learned and identified the following five keys to success.

1. Prioritize interventions. This is a vital first step in effectively allocating limited resources; it is more and more important as donor funds decline. Countries must choose which activities are most essential and most feasible.
2. Set ambitious yet feasible targets. It is often hard to establish realistic targets and select interventions that will help achieve those targets. Countries sometimes set over-ambitious targets in an effort to justify more resources; other times, they set under-ambitious targets to ensure they can be met. The process can be further complicated by a lack of data, which hinders efforts to create bold but achievable targets.
3. Seek efficiencies, especially through integration. It is important to make efficient use of existing resources and to seek efficiencies by integrating HIV/AIDS services into the wider health and social systems. For example, integrating laboratory services for HIV with those for other diseases (as was done in Sierra Leone) can reduce overhead costs, as can establishing a central warehousing system for storing HIV/AIDS and other medical commodities, as was done in Guyana.
4. Find innovative ways to mobilize resources. There are many strategies, such as increasing government budgetary allocations or introducing special taxes. Program costs can also be shared with consumers, with a safety net in place to protect those unable to pay user fees. Private sector partnerships for delivering HIV/AIDS services are an additional option.
5. Plan wisely for the use of donor funds. HAPSAT generally recommends using donor grants for capital expenditures rather than for recurring expenses such as health workers' salaries. This helps avoid deterioration in services when funding decreases—if salaries have to be cut, for example, because a donor grant was reduced, disgruntled workers may quit or their motivation might decline.



Health Systems 20/20 continues to foster local ownership and build countries' capacity to use HAPSAT on their own. As the development paradigm shifts and country ownership is encouraged, local stakeholders should be able to conduct analysis and plan sustainable HIV/AIDS programs themselves. To do this, Health Systems 20/20 is training local implementers on the revised HAPSAT software, focusing particularly on target setting. HAPSAT training has taken place at two regional research institutions: the Health Economics and HIV/AIDS Research Division (HEARD) of the University of KwaZulu Natal in South Africa and the Institut de Santé et Développement (ISED) of the University of Cheikh Anta Diop in Senegal. Both institutions are now leading HAPSAT processes themselves, with support from Health Systems 20/20: HEARD in Lesotho and Swaziland, and ISED in Benin. In addition, the experience and expertise gathered through HAPSAT is being used to disseminate knowledge on costing and sustainability analysis. Health Systems 20/20 is assembling lessons learned from the sustainability analysis that will be widely disseminated for use by policymakers.

Looking Ahead

At this time of global economic uncertainty, health systems should be even more efficient and, increasingly, are asked to provide more services with fewer resources. To meet these challenges and build sustainability, Health Systems 20/20 collaborates with our partners to assess their health system, identify its strengths and weaknesses, and then choose the most effective strategies and tools to build a more effective health care delivery system.

We recognize that each country's story is unique. Our staff combines expertise and flexibility to craft solutions that strengthen individual health systems and eliminate barriers to the use of priority health services, such as for HIV/AIDS, tuberculosis, reproductive health, and maternal and child health care.

Strengthening health systems is a process, not an outcome. Since 2006, Health Systems 20/20 has worked hand-in-hand with our partners in 50 countries to cultivate and grow the next generation of health leaders. While each country will progress at its own pace, depending on its health care needs, resources, and leadership, our goal remains the same everywhere – healthier men, women, and children.

About the Better Health Systems: Strategies that Work Series

The Better Health Systems briefs explore Health Systems' 20/20 strategies and tools, why they work, and how they contribute to better health systems. Collectively, the series will distill valuable lessons learned in an effort to share the project's wisdom with our partners and colleagues. For more information, please visit www.healthsystems2020.org.

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About Health Systems 20/20

Health Systems 20/20 is USAID's flagship project for strengthening health systems worldwide. By supporting countries to improve their health financing, governance, operations, and institutional capacities, Health Systems 20/20 helps eliminate barriers to the delivery and use of priority health care, such as HIV/AIDS services, tuberculosis treatment, reproductive health services, and maternal and child health care.

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