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A Collaborative Approach to Reviewing HIV/AIDS Strategies

Introduction

On April 18, 2002, the Administrator approved the Agency's HIV/AIDS operational plan, "Stepping Up the War against AIDS." That plan:

- increases the number of HIV/AIDS priority countries
- increases the share of the Agency's HIV/AIDS resources going to the field
- strengthens technical capacity of regional field offices
- asks that all field missions review and update their strategic plans through joint programming with the regional bureau, GH and PPC to ensure that the plans meet technical standards and have clearly identified and measurable impacts
- provides GH with approval authority over the technical content of mission HIV/AIDS strategies and plans, consistent with the regional bureau overall approval of the country strategy
- charges GH and PPC to sign off on all mission HIV/AIDS budgets in consultation with the regional bureaus
- charges GH with monitoring the status of the pandemic and with evaluating the progress and impact of our programs at both the country and regional levels at least every two years
- authorizes a biennial process to review country priority status (e.g., intensive focus, rapid scale-up), to confirm that HIV/AIDS strategies remain valid, as well as to ensure that programs are on track to achieve expected results, and
- asks missions to carry out improved monitoring and evaluation and to report data to GH as outlined in the HIV/AIDS M&E cable (02 State 046436)

Implementing the Administrator's decisions will require an extra effort by both field missions and USAID/W. All missions (including both bilateral missions and regional offices) planning or carrying out HIV/AIDS activities at a level of \$1 million per year or more need to submit for technical approval a document describing their HIV/AIDS strategy. This is a new requirement that is incorporated into the automated directives system (ADS 201.3.4.5).

The GH Office of HIV/AIDS (OHA), with regional bureaus, will work closely with missions in conceptualizing their strategies and will provide technical assistance or identify technical resources. Regional offices also will assist bilateral missions in strategy development, particularly basic countries. OHA also is willing to review and comment on concept papers and draft strategies at any stage.

GH/OHA will manage and chair the technical reviews of all HIV/AIDS strategies, which will involve technical representatives from the respective regional bureau, PPC and other bureaus as appropriate. For new country strategies, two parallel and related approvals are required. GH approves the technical content of the HIV/AIDS strategic component, and the regional bureau, in consultation with PPC and the relevant pillar bureau(s), approves the overall country strategy.

Targets, directives and strategic directions

In USAID's Expanded Response to the Global HIV/AIDS Pandemic, the Agency committed to working towards the following shared international targets by 2007:

- reduce HIV prevalence rates among those 15-24 years of age by 50% in high-prevalence countries
- maintain prevalence below 1% among 15-49 year olds in low-prevalence countries
- ensure that at least 25% of HIV/AIDS-infected mothers in high-prevalence countries have access to antiretroviral prophylaxis to reduce HIV transmission to their infants
- provide basic care and psychosocial support services to at least 25% of HIV-infected persons, and
- provide community-support services to at least 25% of children affected by AIDS in high-prevalence countries

Based on discussions with White House and congressional stakeholders, in the future USAID increasingly will be expected to support programs for orphans and other vulnerable children (OVC), prevent mother-to-child transmission (including the President Bush's International Mother and Child Prevention Initiative) and bring programs to scale. With partners, missions should work to achieve national-level impact.

Missions need to program strategically, based on sound epidemiologic principles and the evidence-base of what works (and does not) in various circumstances. Mission HIV/AIDS programs do not need to address every area. For example, while all missions in high-prevalence countries need to strongly consider preventing mother-to-child transmission (PMTCT) and OVC in their programs (consistent with programmatic opportunities and other-partner activities), missions in low-prevalence countries, with few individuals infected or affected, may not wish to consider programming in these areas. Of course, country programs also depend on the activities of other partners, including the Global Fund to Fight AIDS, Tuberculosis and Malaria.

USAID's strategy is to support those programs that can save the most lives and mitigate the most suffering. This means that prevention remains the foundation of our programs. In countries with high HIV prevalence, in addition to preventing new infections, USAID needs to provide care and treatment for those infected and address the needs of children and families affected by AIDS. These activities are interrelated. For example, voluntary HIV counseling and testing contributes to both prevention and care. Participation by people living with HIV/AIDS (PLWHA) can help personalize the epidemic and reduce

stigma. In countries with low prevalence, the emphasis primarily is on surveillance and prevention in populations with high-risk behavior.

In all countries, improving national surveillance, increasing the capacity of health systems and working in partnership with host-country colleagues and other partners are essential program elements.

In all cases, HIV/AIDS program decisions need to be based on the principle of “direct impact” and “optimal use of funds.” “Direct impact” means that the results of an activity can be measured directly and linked to the achievement of the Agency objective, in this case, HIV transmission and the impact of the HIV/AIDS pandemic reduced. “Optimal use of funds” means ensuring that those activities that are the most effective and efficient in achieving these results receive priority for funding.¹

According to USAID’s Expanded Response to the Global HIV/AIDS Pandemic:

- **Rapid scale-up countries** are receiving a major increase in resources to achieve significant measurable impact *within one-to-two years*. USAID will work with other donors to ensure that significant increases in program coverage and intensity occur within this timeframe.
- Increased resources for **intensive-focus countries** are expected to reduce prevalence (or keep prevalence low in low-prevalence countries), to reduce HIV transmission from mother to infant and to increase support services for people (including children) living with and affected by AIDS *within three-to-five years*. In high-prevalence countries, USAID will work with other donors toward the goal of ensuring that no less than 80% of the **targeted population** is provided a comprehensive package of prevention and care services within 3-to-5 years. In low-prevalence and concentrated-epidemic countries, USAID will *work with other donors* toward providing a comprehensive package of prevention activities to no less than 80% of the **targeted most-at-risk population** within 3-to-5 years.
- In **basic countries**, resources will be used to maintain technical assistance (e.g., to track the epidemic, support policy dialogue), training and commodity support and to help encourage other sources of funding to move countries towards the 2007 goals.

With increased resources, **regional offices** will be accorded the *same priority as intensive-focus countries*, and they will be expected to contribute to the 2007 targets. Appropriate program elements, feasible achievements and timeframes at the regional level will need to be determined on a region-specific basis.

¹ See the FY 2002 Update, “Guidance on the Definition and Use of the Child Survival and Health Programs Fund,” May 1, 2002, pp 5-6.

Who needs an HIV/AIDS strategy?

- All missions (including regional offices) proposing and/or receiving \$1 million or more per year in HIV/AIDS funding² beginning in FY 2002.

These missions will need to submit an HIV/AIDS strategy for technical review and approval by the end of FY 2003.

If missions with less than \$1 million per year in HIV/AIDS funding desire to submit their strategy for technical review and approval, they may do so.

What should a USAID HIV/AIDS strategy include?

A mission HIV/AIDS strategy needs to address four primary questions.

- **What is the situation?** What is the status of the epidemic? What factors are influencing its growth (or decline)? Who and where are the critical populations to reach with prevention, PMTCT, treatment, care and/or support activities? How many are affected? What are key policy, cultural, gender-based and institutional supports or constraints to progress in addressing the epidemic? What is the vulnerability to conflict? What prior assistance (nature and amount) has USAID provided? What have been the lessons learned from this or other related assistance? What have been the impact/results of prior USAID assistance? Who are USAID's main partners and what are they doing? Is there a national HIV/AIDS strategy? Is it adequate? What is the government's commitment to addressing HIV/AIDS and how is this demonstrated? Does the country have sufficient capacity to respond to the epidemic? Is there a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and/or a World Bank Multi-Country HIV/AIDS Program (MAP)? Does USAID play a role in the Global Fund country coordination mechanism? What coverage to date have USAID and its partners achieved with prevention and, where appropriate, PMTCT, treatment, care and support (including for orphans and vulnerable children)?
- **What is the mission's strategy?** What is the mission's objective? What lower-level results are essential to the achievement of this objective (results framework)? What are the major interventions that the mission intends to support? In countries with generalized epidemics, do these include the full prevention-to-care continuum of interventions? How are key policy, cultural and institutional constraints addressed? Do the interventions include activities directed at the most at-risk populations, youth, HIV-positive pregnant women and/or orphans and vulnerable children? How is stigma addressed? Are the interventions proposed based on best available evidence? Are people living with HIV/AIDS as well as the most at-risk populations involved in the design and implementation of the program? How are the different needs, perspectives and experiences of men and women addressed? How does the mission

² The source/type of funds is irrelevant to the need for an HIV/AIDS strategy.

strategy respond to Agency directives and strategic directions? How do the strategy and the planned assistance relate to the stage of the epidemic, other-partner activities (including GFATM grants), the national strategy, cross-border or multi-country concerns, USAID's activities in other sectors and prior USAID experience? How does the mission plan to implement its strategy? How will the program strengthen national capacity to respond to the epidemic? Is there flexibility to respond to new information as the state-of-the-art evolves? How will essential commodity needs (condoms, test kits, drugs, etc.) be met?

- **What will be the result?** What is the nature and magnitude of the change that the mission, with its partners, expects to achieve by the end of the strategy? How will this be measured? What are the key indicators and targets? Where appropriate, are USAID standard indicators used? Are the targets consistent with prior assistance and/or the proposed funding? Will the strategy (mission and partner assistance) achieve national-level impacts or coverage by reaching a significant proportion of the key populations? How will the mission (and its partners) contribute to the achievement of the Expanded Response international targets (in reducing/maintaining prevalence, PMTCT, access to care and support)? Are the planned investments (USAID and partner) in surveillance, behavior surveys, and monitoring and evaluation sufficient to manage, track and report adequately on the epidemic and the program? Will the mission be able to comply with new Agency HIV/AIDS reporting requirements?

Note: a few missions can reduce or maintain low national HIV prevalence. Most missions with in-country partners can achieve measurable changes in critical high-risk behaviors (number of partners, age at first sex or condom use at last risky sex) nationally or among critical at-risk populations.³ Many in high-prevalence countries can also achieve important, measurable increases in access to PMTCT, treatment, and care and support (including for orphans and vulnerable children). Even with committed, strong partners, missions in the countries with very large affected populations may not be able to achieve results at the national level. In such cases, they may still be accomplishing a great deal if they can achieve results at a state or provincial level. Choosing the geographic and population base and the level of results requires careful consideration and needs to be clearly articulated. While it may be appropriate to target *activities* to geographic areas, particularly high-transmission areas, missions should avoid *results* that are defined in terms of “project areas.”

- **What are the resource levels?** What are the actual or planned program funding and staffing levels? Are there operating-expense (OE) constraints? Optional: if

³ Achieving national impact or coverage does not necessitate covering every community or individual. In countries where the epidemic is still low-level or concentrated, it should be possible to achieve national-level impact in slowing or lowering prevalence by focusing on key at-risk populations such as sex workers, their clients, men who have sex with men and/or injecting drug users. These populations may be concentrated in specific cities or other limited geographic areas. In such focused, targeted strategies, missions need to describe the target population and estimate the proportion they expect to reach through the strategy.

additional resources were available, how would these impact on the strategy, program coverage and the expected results?

These questions will form the basis for Washington review and technical approval. USAID/Washington encourages missions to develop 15-to-35 page strategies plus any needed annexes. Missions may submit longer strategies if needed to tell their story. An illustrative table of contents is provided in Annex 1.

How can USAID/W help?

To facilitate strategy technical approval, USAID/W will provide technical suggestions and comments on concept papers and draft strategies at any stage in the strategy-development process at the mission's request. The GH Office of HIV/AIDS, in collaboration with the respective regional bureau, other GH offices and/or PPC can provide technical assistance to missions for HIV/AIDS strategy design in the form that best suits the mission. USAID/W can:

- provide direct in-country technical assistance for strategy analysis and development, including, as appropriate, PMTCT, OVC, care, treatment and support
- provide in-country contractor/cooperating agency support or identify mechanisms by which missions can procure needed TA
- respond to technical questions
- provide relevant materials related to technical and/or strategic issues, and
- carry out a USAID/W limited technical review of a concept paper or draft strategy with recommendations for further strategic development

GH/OHA will work closely with missions to identify and facilitate appropriate TA. Since OHA staff and resources are limited, rapid scale-up countries, intensive-focus countries and regional offices will have priority for direct USAID/W TA as well as for USAID/W-funded assistance from GH cooperating agencies. Regional offices also will play an important role in supporting strategy development, particularly for basic countries. As resources permit, USAID/W will provide assistance to basic countries on a case-by-case basis.

The sooner OHA becomes involved in the strategic-planning process, the sooner potential outstanding issues or problems can be resolved and the more helpful and responsive OHA can be to a mission's design and program needs.

OHA will manage the limited USAID/W reviews of concept papers and drafts, in collaboration with the respective regional bureau and PPC. These reviews are optional but encouraged, particularly for rapid scale-up and intensive-focus countries as well as regional-office programs. The aim in reviewing concept papers and drafts is to surface issues, make recommendations and identify technical-assistance needs in order to facilitate collaborative strategy development, review and approval. These preliminary reviews should speed the process and improve the strategy. Concept papers and drafts

should be sent both to the country desk officer and to the OHA Strategic Planning, Evaluation and Monitoring Division (Harriett Destler and Glenn Post).

How and when should a final strategy be submitted?

All missions need to submit the final version of their strategy for technical review and approval. This could be in the form of:

- an annex to a new overall country (or regional office) strategic plan (CSP) submitted to USAID/W for review or
- a stand-alone document, to be considered a supplement to an existing CSP

The new Agency requirement is that all missions with annual HIV/AIDS funding of \$1 million or more will need to submit an HIV/AIDS strategy for technical review and approval. Normally, an HIV/AIDS strategy submitted as an annex to the CSP would cover the same timeframe as the CSP; a stand-alone HIV/AIDS strategy generally should extend till the end of the CSP period. Note: rapid scale-up, intensive-focus and regional missions developing new strategies are urged to consider making HIV/AIDS a strategic objective rather than a component of an integrated or umbrella SO.

The requirements for submitting an HIV/AIDS strategy vary according to the status of the country strategic plan and the country HIV/AIDS program. Missions whose CSPs are scheduled to end by March 2004 can submit their HIV/AIDS strategy with their new CSP. For other missions, a stand-alone strategy that addresses the four questions cited earlier will need to be submitted by the end of FY 2003, according to the following schedule:

Category/classification	HIV/AIDS Strategy Due
Rapid scale-up country	January 2003
Intensive-focus country	June 2003
Basic country	September 2003
Regional office	September 2003

Missions are encouraged to submit their strategies as early as feasible. If the due-date is problematic, missions should contact OHA. Missions should allow 4-5 weeks for comprehensive strategy reviews (including the review meeting and comments/recommendations/approval sent to mission).

Note: after the end of FY 2003, a mission will need to consult with OHA, PPC and the regional bureau prior to making a significant change in its existing HIV/AIDS strategy, such as a change in the strategic-objective intent, level of result or target population.

How is the strategy submitted, reviewed and approved?

Submitting the strategy

If the HIV/AIDS strategy is part of a new country strategy (i.e., HIV/AIDS strategy described in full in an annex), missions follow normal regional-bureau procedures for strategy submission and also send a copy of the HIV/AIDS strategy to the GH/OHA Strategic Planning, Evaluation and Reporting Division (Harriett Destler and Glenn Post).

If the HIV/AIDS strategy is a stand-alone document, missions submit it both to their country desk officer and to the GH/OHA (Harriett Destler and Glenn Post).

In either case – whether an annex to a new country strategy or a stand-alone supplement to an already approved strategy – OHA will send the HIV/AIDS strategy to the regional-bureau PHN officer/HIV-AIDS advisor, PPC, the GH country coordinator/technical representative, the OHA regional coordinator(s) and the pertinent regional office.

Review and approval

The GH Office of HIV/AIDS will manage and chair the technical reviews, with participation of the regional bureau, PPC, the GH country coordinator/technical representative and other bureaus as appropriate. For each country, OHA will designate a review coordinator (from OHA or the regional bureau) who will be responsible for coordinating the strategy-review process and keeping the mission informed. Bilateral and regional field mission participation in the review meeting is welcome, particularly if mission staff is in Washington. In some cases, it may be feasible for missions to participate by phone.

If the strategy was submitted as an annex to a new CSP, the following outcomes may occur:

- approved/no significant issues – OHA Director clears CSP reporting cable, which conveys technical approval of HIV/AIDS strategy
- approved/mission response needed – need for additional information/response/clarifications conveyed in CSP reporting cable; the HIV/AIDS strategy may be approved for technical content pending OHA-led review of mission response
- unresolved issues – issues conveyed in CSP reporting cable; the overall CSP may be approved with approval of HIV/AIDS portion conditional upon resubmission and OHA-led review and technical approval of the mission's revised HIV/AIDS strategy

If the HIV/AIDS strategy was submitted as a supplement to an already approved CSP, the following outcomes may occur:

- approved/no significant issues – OHA Director conveys technical approval of the strategy directly to the mission, the regional bureau and PPC

- approved/mission response needed – the strategy may be approved for technical content pending OHA-led review of the mission’s response to requested information/clarifications
- unresolved issues – OHA Director conveys issues and recommendations to the mission; the strategy may be approved for technical content after an OHA-led review of revised strategy

See Annex 2 for further details on the review process.

Biennial reviews

To implement the Administrator’s decisions, GH/OHA, with the regional bureau and PPC, will lead biennial reviews of all mission HIV/AIDS strategies beginning in FY 2005. Drawing upon information submitted by the missions in their annual reports, these reviews will be used to:

- confirm that the current strategy remains valid for the country situation or that it has been updated to respond to changing conditions,
- ensure that program implementation is on track and that the planned results will be achieved on schedule, and
- ensure that the latest lessons learned and Agency policies are incorporated

At the same time, the biennial reviews will examine country HIV/AIDS priority status (i.e., basic, intensive-focus or rapid scale-up) according to criteria⁴ specified in the HIV/AIDS operational plan. Changes in status may be made at that time.

Under special circumstances, such as a change in government or major policy change or initiative, country status may also be considered outside the normal cycle.

Annexes

Annex 1 provides an illustrative table of contents/outline for an HIV/AIDS strategy. Annex 2 provides details on the USAID/W review process for HIV/AIDS strategies.

⁴ Severity of the epidemic, magnitude of the epidemic, impact on economic and social sectors, risk of a rapid increase in prevalence, availability of other sources of funding, potential return on investment, enabling environment/policy milieu, security (country stability), U.S. foreign policy, changes in migration, changes in economic status.

ANNEX 1

ILLUSTRATIVE HIV/AIDS STRATEGY TABLE OF CONTENTS

- I. Country situation (background and problem analysis)**
 - a. Current status of the epidemic
 - b. Needs in prevention, care & support
 - c. Target populations
 - d. Supports/constraints (policy, cultural, gender-based, institutional/human resource)
 - e. Conflict vulnerability
 - f. Host country strategy, contributions and actions
 - g. Extent, lessons learned and results of prior USAID assistance
 - h. Main partners & their contributions
 - i. Current program coverage (USAID & partners)

- II. Mission Strategy (rationale, results framework and interventions)**
 - a. Objective (highest level intended result with partners)
 - b. Rationale (basis for selecting objective including country factors, USAID's prior experience, resources, comparative advantage and role in relation to the host country & other donors)
 - c. Key intermediate results
 - d. Critical assumptions
 - e. Special concerns (e.g., stigma, youth, involvement of PLWHA)
 - f. Major planned interventions and how these relate to (1) essential program needs (including commodities), (2) other USAID program activities, and (3) other-partner activities including those supported through the GFATM
 - g. Implementation modalities (planned use of bilateral and/or centrally managed contracts and grants)

- III. Results & reporting**
 - a. Magnitude and nature of expected results (USAID & partner)
 - b. Country reporting and performance indicators & targets
 - c. Contribution to international and expanded response goals
 - d. Planned surveillance, surveys and other M&E activities

- IV. Resources**
 - a. Expected levels of program funding, staff and OE
 - b. Results with higher levels of support

Annexes:

- I.** Relevant sections of PMP
- II.** Map

ANNEX 2

USAID/W Technical Review Process for HIV/AIDS Strategies

Submitting the strategy to USAID/W

GH/OHA will manage and chair comprehensive technical reviews of HIV/AIDS strategies. If the HIV/AIDS strategy is part of a new country strategy (i.e., an annex), missions follow normal regional-bureau procedures for strategy submission and also send a copy of the HIV/AIDS strategy to OHA (Harriett Destler and Glenn Post). If the strategy is the HIV/AIDS portion (a supplement) of an already approved country strategy, the mission transmits the strategy to OHA, the pertinent regional office and the country desk officer. The desk officer will send the strategy to the regional-bureau program/DP office (to determine if the HIV/AIDS strategy is in compliance with the approved country strategy, other bureau guidance, etc.).

Reviewing the strategy

In any case, country desk officers and regional bureau program offices (e.g., AFR/DP, LAC/SPO) will have the opportunity to participate in the reviews. All technical reviews will include input from OHA staff and the GH country coordinator/technical representative as well as from PPC technical staff, the regional bureau and other bureaus as appropriate. Mission participation (including participation by the pertinent regional office for bilateral missions) is welcome.

Once the strategy arrives in USAID/W, OHA will designate a review coordinator (from OHA or the regional bureau) who will coordinate the strategy review for the particular country or regional office. The coordinator will be responsible for:

- circulating the strategy (to all OHA divisions, regional bureau, PPC, GH country coordinator/technical representative)
- soliciting comments/issues
- preparing the discussion paper for the review (based on the four critical questions that need to be addressed in an HIV/AIDS strategy), and
- keeping the mission informed of the process.

The discussion paper, which will serve as the basis for the USAID/W technical review, will include issues (major limitations that need to be resolved before strategy approval), concerns (technical points that the mission should consider in finalizing and implementing its strategy) and clarifications (areas where more information is needed). The OHA Director or other senior OHA staff will chair the review meeting.

At the meeting, all the issues and key concerns will be discussed. If these can be resolved, the strategy can be recommended for approval. If unresolved issues remain, depending on their significance, the mission will be asked to address these either through responding to questions or by revising and resubmitting its strategy. Other concerns and

clarifications may be further discussed at the review meeting or in smaller technical meetings. These may result in additional recommendations or suggestions for the mission

After the meeting, the review coordinator will draft a meeting summary, indicating unresolved issues and concerns, clarifications that merit inclusion in the record as well as any necessary actions.

Strategy submitted as an annex to a new CSP

For a strategy submitted as an annex to a new CSP, the results of the technical review will be conveyed in the CSP reporting cable, which will be cleared by the OHA Director as well as the regional-bureau HIV/AIDS advisor and PPC. The cable will advise that the HIV/AIDS strategy:

- has been approved
- has been approved pending further information/response to questions, or
- has not yet been approved for technical content. The mission will need to address significant unresolved issues and resubmit its revised strategy for technical review. The overall CSP may be approved conditional upon technical approval of the mission's revised HIV/AIDS strategy.

Strategy submitted as a supplement to an existing CSP

For a strategy submitted as a supplement to an existing CSP, the OHA Director, in consultation with the regional-bureau HIV/AIDS advisor and PPC, will advise the mission directly (as well as the regional bureau, regional office and PPC) that their strategy:

- has been approved
- has been approved pending further information/response to questions, or
- has not yet been approved for technical content. The mission will need to address significant unresolved issues and resubmit it revised strategy for technical review and approval.

In any case, the OHA Director will include the recommendations, suggestions and questions arising from the review meeting.

Disagreement

If during the technical review of an HIV/AIDS strategy, there is disagreement between representatives of different bureaus or between missions and the USAID/W bureaus, the issues will be forwarded to the GH Assistant Administrator and the other concerned bureau assistant administrator(s) for resolution.