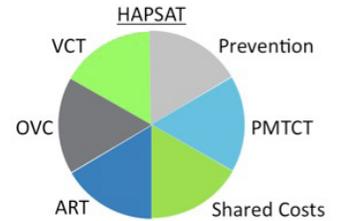




HIV/AIDS Program Sustainability Analysis Tool-HAPSAT 2.0: Software for a Sustainable Country HIV Program



Health System 20/20's 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 need for HIV services using the financial and human resources available to provide those services.

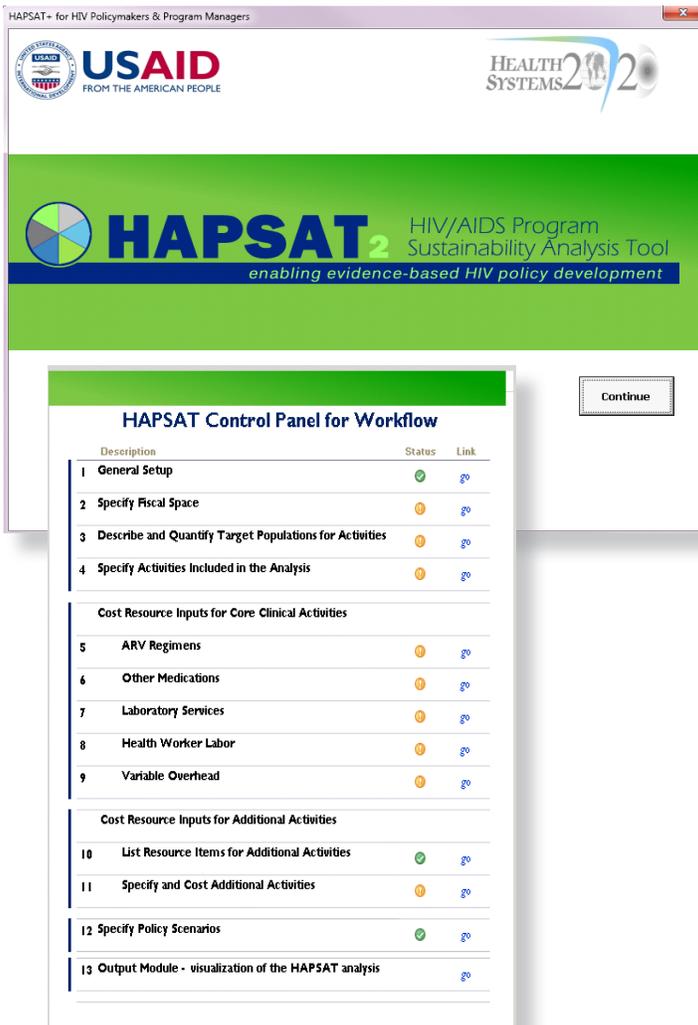
WHAT IS HAPSAT?

The HIV/AIDS Program Sustainability Analysis Tool (HAPSAT), designed by Health System 20/20, has been updated into **HAPSAT-Plus**, a methodology that uses a structured country stakeholder process to analyze and compare the feasibility of various policy scenarios for an HIV program, and to address program sustainability concerns in light of the flat-lining of global HIV funding.

HAPSAT 2.0 is the software that enables countries to implement HAPSAT-Plus. HAPSAT synthesizes data from many sources into a coherent and comprehensive framework that enables country health policymakers, health economists, and health managers to understand the feasibility of establishing, expanding, and sustaining an HIV program.

The software can be used to identify resource gaps and ways to improve HIV program effectiveness, and set ambitious yet achievable program targets, essential for program with performance-based targets.

HAPSAT findings and recommendations have been used for informing the development of long-term national HIV program strategies, operational work plans, and funding proposals.



Brief



WHAT'S NEW IN HAPSAT 2.0?

HAPSAT 2.0 does more, and is easier to use. It enhances the original HAPSAT software with new and unique features:

- **Meets countries' needs to set and cost targets for a wide range of AIDS services.** These include antiretroviral treatment (ART), prevention of mother-to-child transmission (PMTCT), counseling and testing, HIV care and support, management of sexually transmitted diseases, nutrition for orphans and vulnerable children, and others.
- **Simplifies the HAPSAT process.** The focus on target setting eliminates the more complex parts of the software and makes the tool more accessible to users. This is crucial for training on the tool.
- **Compares different HIV policy scenarios.** HAPSAT 2.0 allows users to consider multiple policy scenarios: universal access, scale-up based on past performance, maintenance of current level of coverage, or other country-customized policy scenarios.
- **Makes the costing of HIV services more robust.** HAPSAT 2.0 formulates unit costs of nonclinical HIV services, using both top-down and bottom-up approaches. This “triangulation” produces enhanced unit cost estimates. (The box to the right discusses HAPSAT costing methodologies in more detail).
- **Adjusts the software to human resources data.** The worksheet for capturing these data has been simplified and now harmonizes with the HAPSAT facility questionnaire.
- **Enables easy data entry from epidemiological tools and studies** such as from UNAIDS's Mode of Transmission studies. This provides estimates on the disease burden and target populations, so the user does not need to replicate complex epidemiological analysis.

- **Uses PEPFAR and Global Fund categorization of HIV services.** This simplifies data entry for HIV programs funded by these donors.

HAPSAT 2.0 Costing Methodologies

HAPSAT 2.0 enables the user to estimate unit costs of both clinical and nonclinical HIV services. For each service, the user defines the unit of service by which the program's output – service volume – can be measured and reported. For example, a unit of ART is one patient-year of treatment.

HAPSAT 2.0 uses two costing techniques:

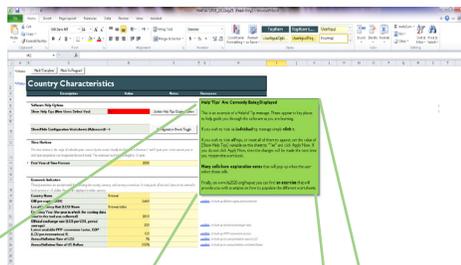
- **Bottom-up costing:** an ingredients approach that quantifies the level of inputs required to produce a service, and the cost of each input
- **Top-down costing:** a division of the budget for a given service, divided by the number of people reached by the service

Each methodology has advantages: Bottom-up costing is suitable for projections because it excludes already-invested capital costs and can be controlled for fixed versus variable costs. Top-down costing incorporates indirect costs, which may constitute a significant portion of total cost and are hard to quantify in a bottom-up costing. In HAPSAT, bottom-up costing is used for clinical services, while for nonclinical services, the tool offers both approaches to enable triangulation, and consequently, enhanced unit cost estimates.

WHO SHOULD USE HAPSAT 2.0?

HAPSAT 2.0 is useful to two groups: persons who produce and persons who use information for the formulation of HIV policy:

- **Producers:** The tool is populated by specialists from the monitoring and evaluation (M&E), strategic information, and finance departments of HIV programs, to formulate and cost different policy scenarios.
- **Users:** The specialists who produce the information, as well as policymakers, use tool output to examine different policy scenarios and select those that are ambitious, yet feasible and sustainable.



Help 'Tips' Are Currently Being Displayed

This is an example of a Helpful Tip message. These appear in key places to help guide you through the software as you are learning.

If you wish to hide an **individual** tip message simply **click** it.

If you wish to hide **all** tips, or reset all of them to appear, set the value of [Show Help Tips] variable on this sheet to "Yes" and click Apply Now. If you do not click Apply Now, then the changes will be made the next time you reopen the workbook.

Many cells have explanation notes that will pop-up when the user select these cells.

Finally, on www.hs2020.org/hapsat you can find an **exercise** that will provide you with examples on how to populate the different worksheets.

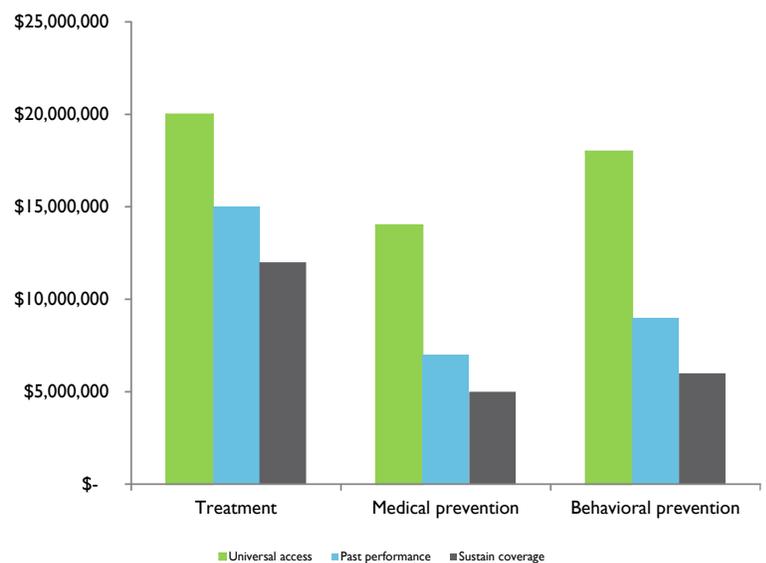
WHAT ARE THE STEPS IN PRODUCING A HAPSAT ANALYSIS?

The tool has five sections, which ask the user to do the following:

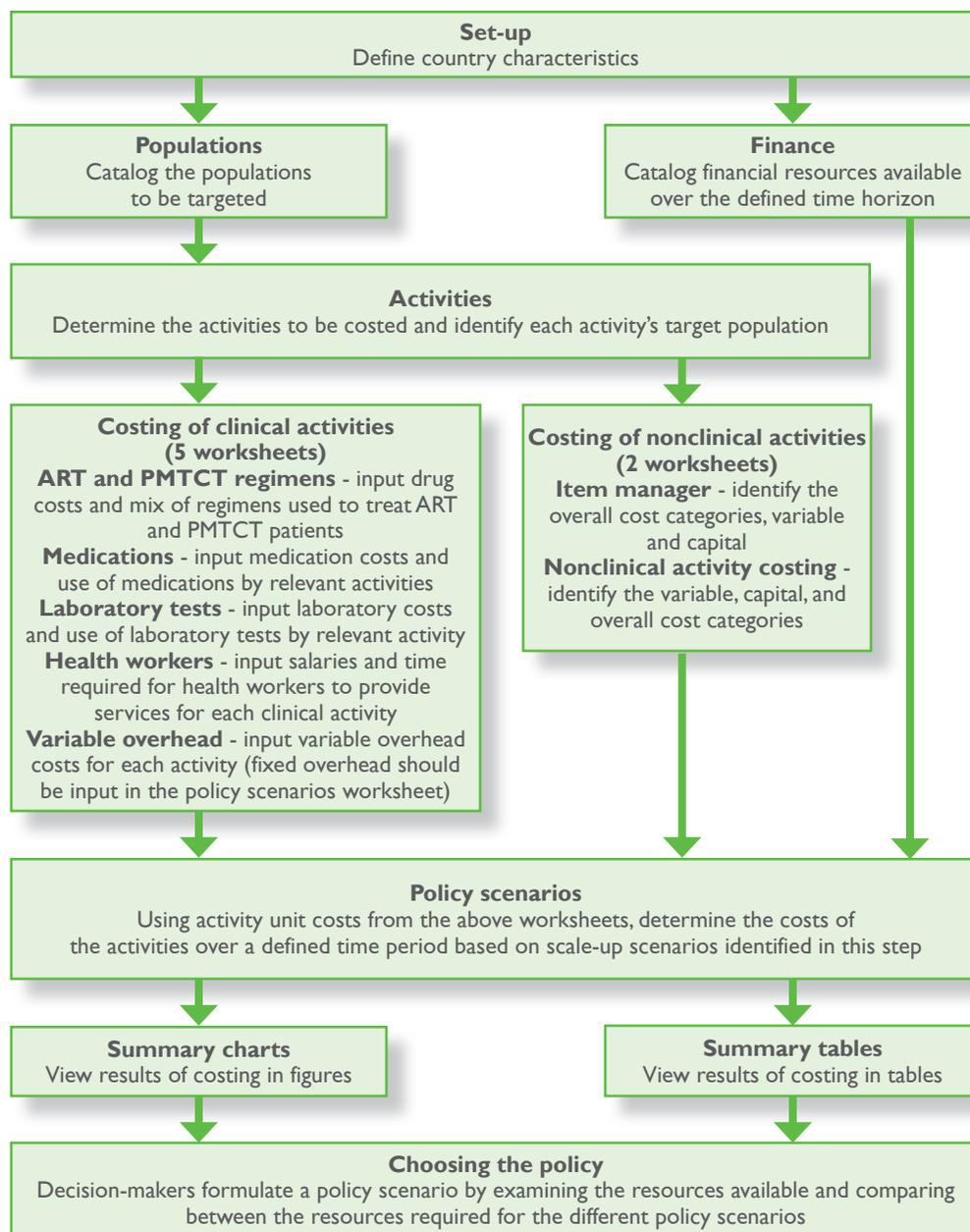
- **Specify information** about the population, HIV program, and financial and human resources available
- **Enter costing data for HIV clinical services**, which has refined unit costing modules for generating unit cost estimates
- **Enter costing data for all other HIV services**; it also has refined unit costing modules
- **Determine policy scenarios** to analyze for a specified time period
- **Explore the model's output**, creating tables and figures to gain insight on a policy's cost drivers and output

Once the HAPSAT software is populated, decision-makers can formulate a policy scenario by examining the resources available and comparing the resources required for the different policy scenarios.

COMPARISON OF DIFFERENT POLICY SCENARIOS



The figure illustrates the HAPSAT workflow.



WHERE TO OBTAIN THE TOOL?

HAPSAT 2.0 and exercise to learn can be downloaded for free from www.hs2020.org/hapsat. For further information, please visit www.hs2020.org/hapsat or email hapsat@abtassoc.com

Health Systems 20/20 is a five-year (2006-2011) cooperative agreement (No. GHS-A-00-06-00010-00) funded by the U.S. Agency for International Development (USAID). The project uses an integrated approach to address the financing, governance, operational, and capacity constraints in a health system that impede access to and use of life-saving priority health services.

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