

Sustainability Analysis of HIV/AIDS Programs

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In collaboration with:

- | Aga Khan Foundation | Bitrán y Asociados
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Health Systems 20/20

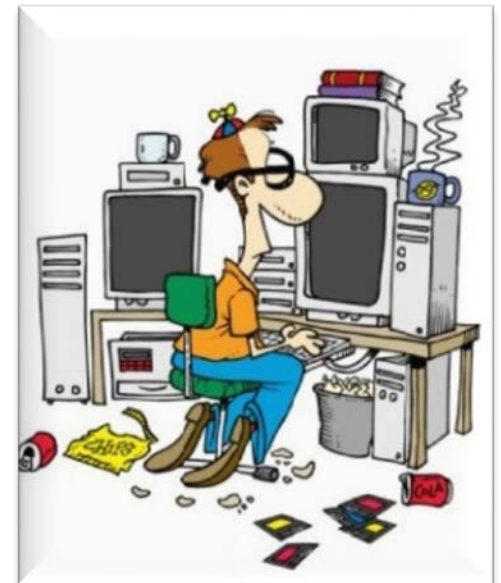
- Health Systems 20/20 is a USAID funded global project working to strengthen four pillars of health systems:
 - Financing
 - Governance
 - Human Resources
 - Information Systems
- Health Systems 20/20 developed the HIV/AIDS Program Sustainability Analysis Tool (HAPSAT) in 2008

HAPSAT is ...

- Sustainability study/tool
 - Focuses on country ownership
- Provides evidence for decision-making and target setting
 - Analyzes multiple scenarios based on stakeholder inputs
- Comprehensive and flexible costing approach
 - Harmonized with other costing approaches: CDC, Spectrum

Development of HAPSAT: 2008

- HAPSAT: HIV/AIDS Programs Sustainability Analysis Tool
- In 2007/08 Health Systems 20/20 developed the Excel-based HAPSAT to estimate gaps between countries available human and financial resources, and what is needed to implement HIV programs at the national level
- Donor support for HIV programs was still ramping up
- Priority was **scale-up** across the board from donors to countries to programs



Development of HAPSAT-Plus: 2010

- In 2010, paradigm changed significantly and donor support is referred to as constant but likely to fall soon



- Priority is **sustainability**, particularly at country and program levels
- HAPSAT has been adapted to address concerns of current context and key players

What is the HAPSAT-Plus?

Programmatic Area	Service Delivery Area	Activity	ARV Regimen Selection
Medical Prevention	PMTCT	PMTCT Treatment	PMTCT Regimen (1 delivery)
Medical Prevention	Testing and Counseling	HIV Testing	n/a
Support PLWH	Care and support for the chronically ill		
TB/HIV	TB/HIV collaborative activities		
Treatment	OI Prophylaxis and Treatment		
Treatment	OI Prophylaxis and Treatment		
Treatment	Antiretroviral Treatment (ART)		
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Behavioral Prevention	Prevention of sexual and other risk pre		



Comparison of HAPSAT and HAPSAT-Plus Scopes

- Original HAPSAT:
 - Assessing current funding resources
 - Assessing current financial and human resources required to maintain and scale-up HIV services
 - Gap analysis
 - Resource generation/innovative financing (optional)
- The plus in HAPSAT-Plus:
 - Customized analysis according to stakeholder priorities
 - Simplified, flexible, user-friendly software with:
 - Triangulation of costing
 - Target setting for multiple scenarios

HAPSAT-Plus Process

Scoping & Planning	Data Collection	Analysis & Writing	Report Revision	Results to Action	Dissemination
<ul style="list-style-type: none">• Scope of Work• Preparation Research• Logistics	<ul style="list-style-type: none">• Key Informant interviews• Stakeholder Engagement workshop• Data collection• Build capacity	<ul style="list-style-type: none">• Analyze stakeholder issues• Analyze clinical and non-clinical based data• Review HAPSAT software results• First Draft	<ul style="list-style-type: none">• HIV program reviews report• USAID reviews report• Second Draft	<ul style="list-style-type: none">• Results to Action workshop• Action planning	<ul style="list-style-type: none">• Final report• Dissemination

Stakeholder Engagement



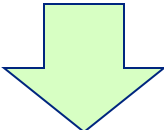
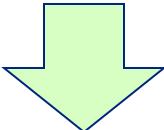
Work Plan

ACTION	TIMELINE	ACTION LEADER
Assess suitability of clinic hours to make it adaptable to the needs of the patients	2 months	NAPS - Care & treatment
Assess the discrepancy between the public & private clinic - appointments	3 months	NAPS - CAT
Sensitization of Staff on appointment system /patients.	4 Months	NAPS/GHARP
Merge VCT & PMTCT (testing)	4 months	NAPS /PMTCT/
Assessment of Counselors/kiters across programs for capacity building	5 months	VCT/ART-MS
Capacity building - cross training	10 months	NAPS/ART/MS/ES
Renegotiation of contracts /JP	12 months	NAPS/MS/ES
Restructuring of Reporting mechanism to accommodate the changes	12 months	

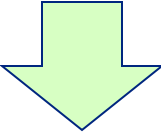
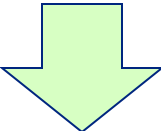
Stakeholder Engagement

- **Stakeholder Engagement Workshop:** Identification of sustainability issues and prioritization by stakeholders
- **Results to Action Workshop:** Validating the findings, taking forward approved recommendations, creating action plans

Stakeholder Process in Sierra Leone

- Stakeholders' priority: Need to train M&E officers
- 
- HAPSAT team's solution: Need to strengthen data quality, supervision → m-health supportive supervision
- 
- Stakeholders' decision: Excel-based supportive supervision

Stakeholder Process in Guyana

- Stakeholders' priority: Lack of HRH
- 
- HAPSAT team solution: Quantifying HRH need
- 
- Stakeholders' decision: HRH need for HIV services is small →
 - Establish appointment system
 - Review number of HIV counselors

Stakeholder Process in Guyana, cont.: Sample Action Plan from Results to Action Workshop

Expanding Clinic Opening Hours to Better Utilize HRH

Action	Timeline	Lead
Assesses suitability of clinic hours to make it adaptable to the needs of the patients	2 months	NAPS/ Care and treatment coordinator
Assess the disparity between the public and private clinics appointment	3 months	NAPS/ Care and treatment coordinator
Training of staff and patients on appointment system	4 months	NAPS/GHARP

HAPSAT-Plus Tool

- Purpose

- Program sustainability analysis of financial and human resources

- Key Features

- Setting programmatic targets of clinical *and* non-clinical HIV activities based on different scale-up scenarios and costing them
- Enhanced bottom-up and top-down costing of non-clinical HIV activities
- Comparison of different policy scenarios
- Customized to obtain data from Spectrum and from UNAIDS's Mode of Transmission studies
- Harmonized with PEPFAR and Global Fund categorization of HIV services

→ Can be downloaded for free from: www.hs2020.org/hapsat

Programmatic Areas in HAPSAT

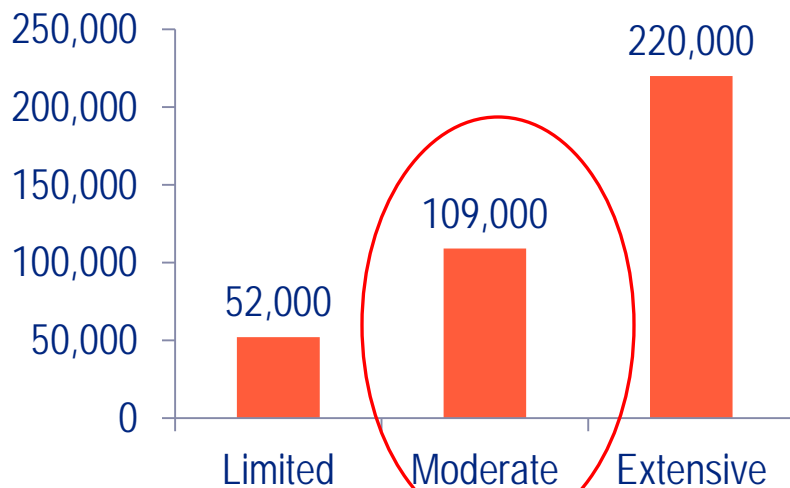
- TREATMENT
 - ART
- CARE
 - VCT
 - Pre-ART monitoring, OI p&t, home-based care, palliative care
 - Testing & DOTS for TB-HIV co-infection
- PREVENTION
 - PMTCT
 - Behavior Change Prevention/ABC
- MITIGATION
 - OVC
 - Economic and social support programs for PLWHA
- SHARED COSTS
 - Health systems & SI , M&S grouped together as cross-cutting *shared costs and overheads*

Examples of HAPSAT Recommendations

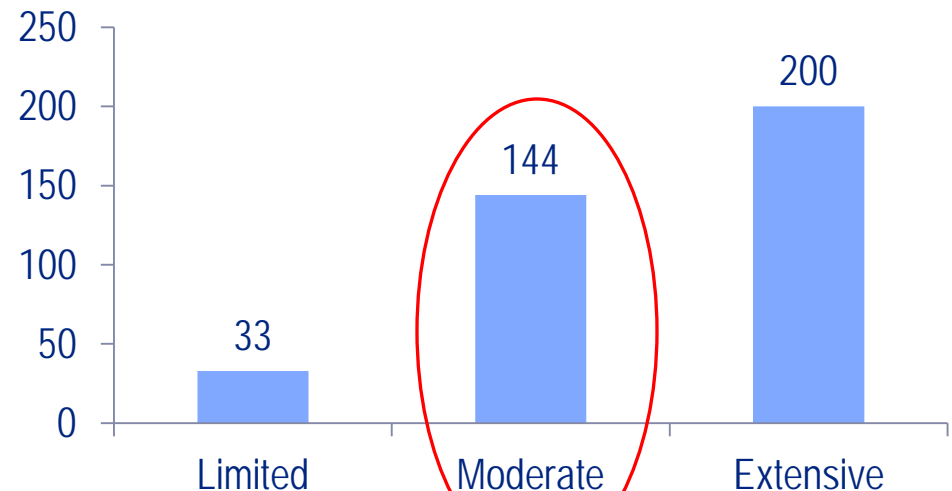
- Sustainability
- Efficiency
- Target setting
- Health systems strengthening

Sustainability: Decentralization of HIV treatment services in Kenya

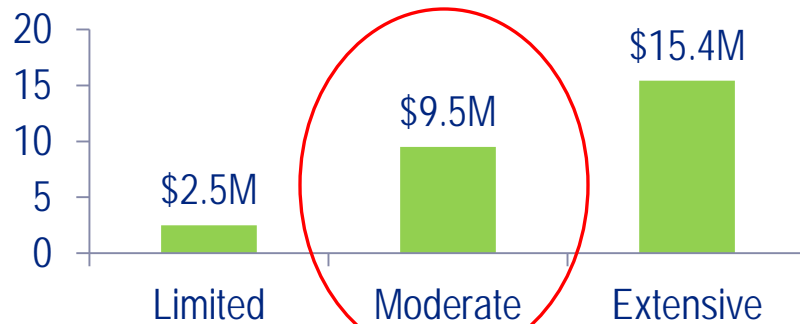
Additional ART patients



Additional nurses required



Funding required (millions US\$)

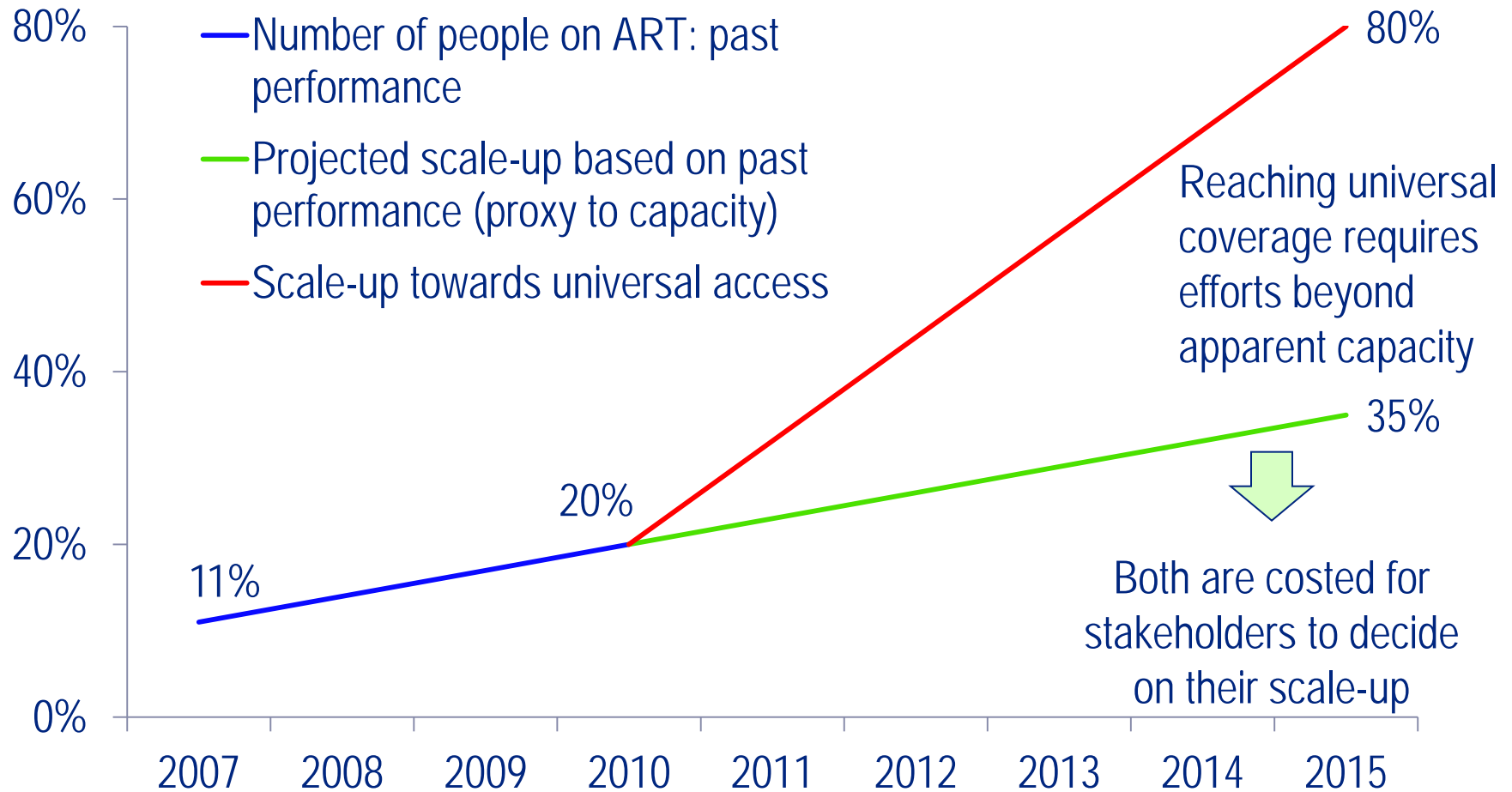


The 'moderate' scenario was preferred by the government: **ambitious, yet feasible** within three to five years timeframe

Efficiency: Billboard vs. radio for HIV awareness in Southern Sudan

	Cost per exposure	Context	Priority
Radio ads and talkshows	US\$ 0.003	Major information source for southern Sudanese	High
Billboards	US\$ 0.05	Low literacy levels limits its use, potentially useful in urban areas	Low

Target setting

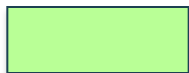


Health Systems Strengthening: FTE of Medical Doctors Required for pre-ART & ART

- Calculating FTE medical doctors required for delivering pre-ART and ART
 - Three patients per hour (18 per day)
 - 44 working weeks per year
 - ART patients visits on average 6 times a year
 - Visits evenly distributed during the working hours
- Need to integrate of ART clinics with less than 600 pre-ART and ART patients

HAPSAT and HAPSAT-Plus experience

- Conducted in 11 HAPSATs since 2008

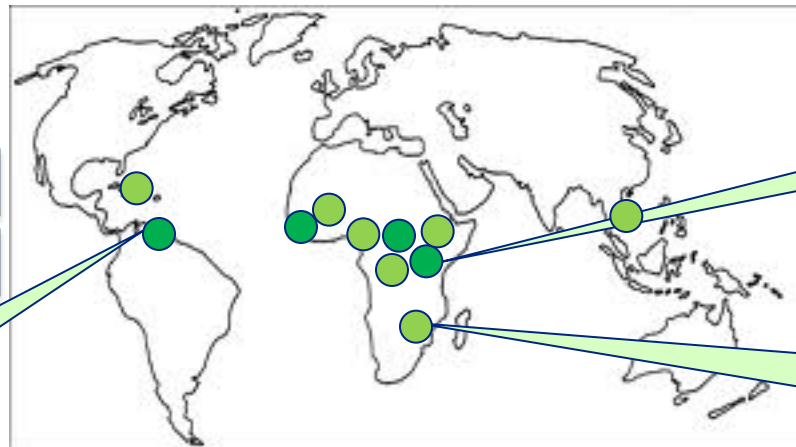


HAPSAT



HAPSAT-Plus

Sierra Leone Nigeria Ethiopia Cote d'Ivoire



Haiti

Guyana

Domestic resource mobilization

Kenya

Vietnam

HRH solutions

Successful Global Fund proposal

DR Congo

Zambia

Southern Sudan

Thank you

For more information...

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Website: www.healthsystems2020.org