Sustainability Analysis of HIV/AIDS Programs

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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?

<table>
<thead>
<tr>
<th>Programmatic Area</th>
<th>Service Delivery Area</th>
<th>Activity</th>
<th>ARV Regimen Selection</th>
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</thead>
<tbody>
<tr>
<td>Medical Prevention</td>
<td>PMTCT</td>
<td>PMTCT Treatment</td>
<td>PMTCT Regimen (1 delivery)</td>
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<tr>
<td>Medical Prevention</td>
<td>Testing and Counseling</td>
<td>HIV Testing</td>
<td>n/a</td>
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<tr>
<td>Support PLWH</td>
<td>TB/HIV collaborative activities</td>
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<td>Treatment</td>
<td>OI Prophylaxis and Treatment</td>
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<td>Antiretroviral Treatment (ART)</td>
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<td>Treatment</td>
<td>Prevention of sexual and other risk prevention</td>
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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
- **Scope of Work**
- **Preparation Research**
- **Logistics**

## Data Collection
- Key Informant interviews
- Stakeholder Engagement workshop
- Data collection
- Build capacity

## Analysis & Writing
- Analyze stakeholder issues
- Analyze clinical and non-clinical based data
- Review HAPSAT software results
- First Draft

## Report Revision
- HIV program reviews report
- USAID reviews report
- Second Draft

## Results to Action
- Results to Action workshop
- Action planning

## Dissemination
- Final report
- Dissemination
Stakeholder Engagement
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
Expanding Clinic Opening Hours to Better Utilize HRH

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<tr>
<th>Action</th>
<th>Timeline</th>
<th>Lead</th>
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<tr>
<td>Assesses suitability of clinic hours to make it adaptable to the needs of the patients</td>
<td>2 months</td>
<td>NAPS/ Care and treatment coordinator</td>
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<tr>
<td>Assess the disparity between the public and private clinics appointment</td>
<td>3 months</td>
<td>NAPS/ Care and treatment coordinator</td>
</tr>
<tr>
<td>Training of staff and patients on appointment system</td>
<td>4 months</td>
<td>NAPS/GHARP</td>
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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
- CARE
- PREVENTION
- MITIGATION
- SHARED COSTS

- ART
- VCT
- Pre-ART monitoring, OI p&t, home-based care, palliative care
- Testing & DOTS for TB-HIV co-infection
- PMTCT
- Behavior Change Prevention/ABC
- OVC
- Economic and social support programs for PLWHA

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
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

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<th>Cost per exposure</th>
<th>Context</th>
<th>Priority</th>
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<tr>
<td>Radio ads and talkshows</td>
<td>US$ 0.003</td>
<td>Major information source for southern Sudanese</td>
<td>High</td>
</tr>
<tr>
<td>Billboards</td>
<td>US$ 0.05</td>
<td>Low literacy levels limits its use, potentially useful in urban areas</td>
<td>Low</td>
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Target setting

Reaching universal coverage requires efforts beyond apparent capacity.

Both are costed for stakeholders to decide on their scale-up.

Number of people on ART: past performance

Projected scale-up based on past performance (proxy to capacity)

Scale-up towards universal access

Both are costed for stakeholders to decide on their scale-up.
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

HRH solutions

- Sierra Leone
- Nigeria
- Ethiopia
- Cote d'Ivoire
- Haiti
- Guyana
- DR Congo
- Zambia
- Southern Sudan
- Kenya
- Vietnam

Domestic resource mobilization
Successful Global Fund proposal
Thank you

For more information…

General contact email: hapsat@abtassoc.com

Website: www.healthsystems2020.org