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WORLD BANK

EFFECTIVE PARTNERSHIPS ACHIEVE RESULTS

Client-focused ASAP Program Emphasizes Strategic Planning; Delivers Impressive Results across the Region

by
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National AIDS Strategy Frameworks have become a mainstay of AIDS responses in countries affected by the epidemic. Faced with the challenge of responding to the changing epidemic in a context of growing needs and limited resources, governments have turned to evidence-informed AIDS strategies as a tool for designing their national responses. National HIV/AIDS strategies must be carefully crafted, not only continuing a general focus on prevention and treatment, but also targeting narrower interventions as the epidemic evolves within regions or smaller at-risk groups in each country.

However, there has been limited perceived capacity in the Latin America and Caribbean

region (LAC) to undertake effective planning for and management of national strategic responses. In spite of a general consensus regarding the critical importance of strategic planning for public institutions, the complexity of the HIV/AIDS challenge has often overwhelmed planning and management resources.

The AIDS Strategy and Action Plan (ASAP) program was established in 2005 as a mechanism to address the concern that most countries across the globe did not have sufficient capacity to plan for and manage their national HIV/AIDS strategic responses.¹

Within LAC, this concern was well-founded. In 2008, the Global Fund's Round 8² rejected nearly all

¹ As one of the ten cosponsoring agencies that makes up the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Bank has been given lead responsibility for coordinating the support to national partners in the area of strategic and action planning. The Global Task Team on Aid Coordination and Effectiveness established the ASAP program. ASAP, as an interagency mechanism created by the UN-AIDS partnership, is a service of UNAIDS which is led and managed by the World Bank Global HIV/AIDS Program (GHAP).

² The Global Fund to Fight AIDS, Tuberculosis and Malaria, commonly known as the "Global Fund", was established in 2002. It is the largest international funder of programs to combat malaria and tuberculosis, and provides 20% of all international funding to combat HIV/AIDS. Grant applications are accepted from countries in defined cycles called "Rounds".

country-level proposals from Latin America, citing limited evidence and the lack of coherence between the epidemic and the proposed strategies. Strategic planning weaknesses, such as inadequate workplans, lack of prioritization or inappropriate approaches, were specifically noted in the Global Fund rejections.

This note describes ASAP's strategic planning activities in LAC, and summarizes the reasons why the program succeeded and how ASAP's approach may be applicable in areas beyond HIV/AIDS to health and other sectors and countries. This is one example of "managed demand."

ASAP's focus on strategic planning achieved impressive results in a short timeframe.

ASAP's goal in Latin America between January 2008 to December 2009 was to assist at least eight countries in the development of national HIV / AIDS strategy plans which would a) be informed by evidence; b) be focused on results; and c) contain full and realistic cost estimates. This goal was exceeded before the deadline: by June 2009 the ASAP program had assisted nine countries in the region to produce all or part of a national strategy, and many were using information gathered or generated during the ASAP process to make policy decisions.



More importantly, by June 2009 ASAP client countries were also learning to manage strategic planning processes on their own.

Some of these processes had not been undertaken previously in certain countries, such as quantitative targeting, prioritization of programs, rationalization of indicators and costing of planned activities.

How did ASAP achieve such impressive results?

ASAP provides technical guidance which is comprised of a combination of knowledge transfer, collaborative participation and quality assurance with a multidisciplinary approach. Unlike other forms of technical assistance, ASAP support is designed to be **comprehensive**, covering all key aspects of strategic planning, and is provided over a period of several months by a **committed team of specialists** who worked closely with the national HIV/AIDS Program team and UNAIDS. This approach generated a strong synergy effect, allowing for constant interaction concerning the interventions, the results to be achieved, and the allocation of resources. In the end, the overall result was rated much more highly than the individual components of the process.

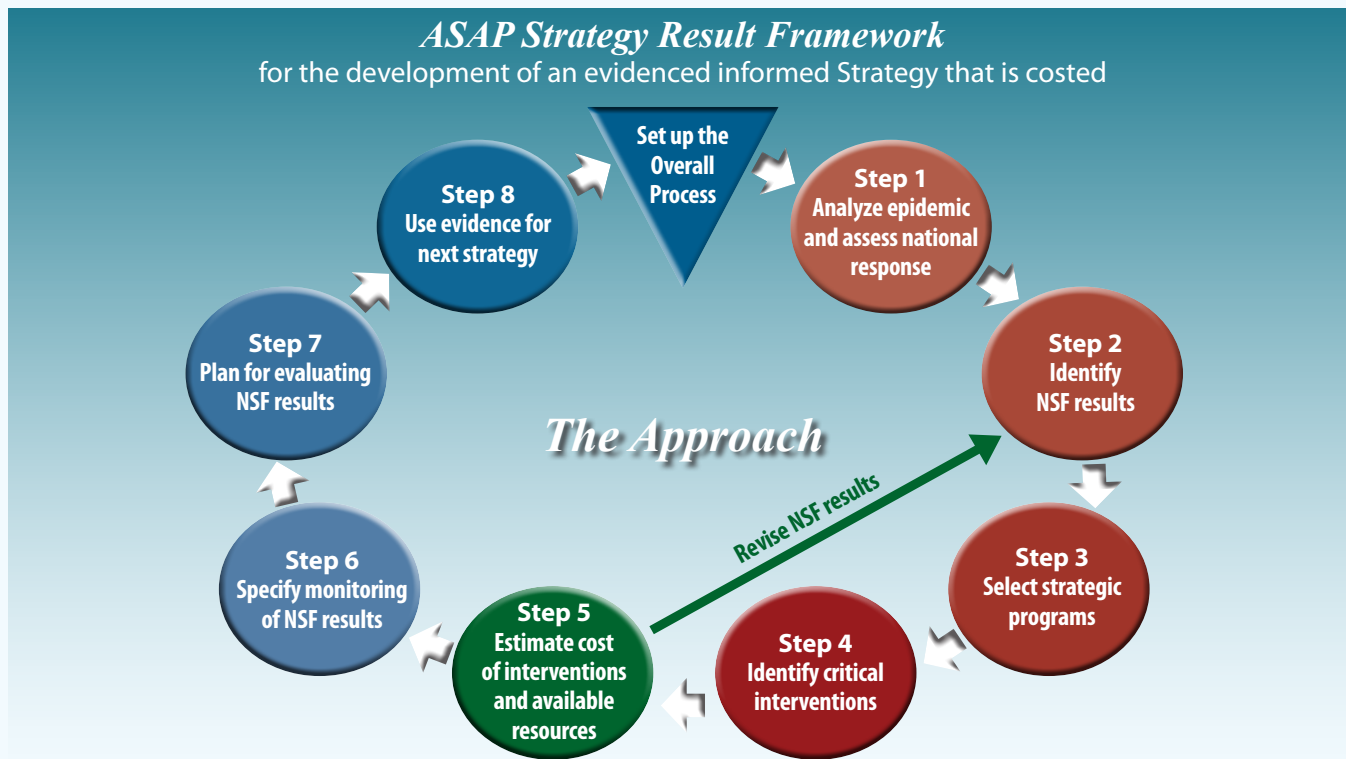
In addition, **seven key aspects** of the ASAP program contributed to its success:

1 ASAP kept the focus on the needs of each country.

ASAP support and knowledge transfer was guided by a single strategic approach, yet ASAP adapted its activities to the priorities identified by national authorities and stakeholders. The form, number and intensity of ASAP activities varied according to what each client required and were not determined in advance.

2 ASAP developed and applied a conceptual/operational framework.

To guide the substantive work of strategic planning, ASAP adapted the **Strategy Results Cycle** developed



Source: Rodriguez-García, R., and Kusek, J. World Bank, 2007 *Note that “NSF” refers to National Strategy Framework

by the World Bank’s Global HIV/AIDS Program (GHAP) and published as a handbook.³ The Strategy Results Cycle adheres to the Three Ones principle: that every country’s AIDS response should have only one strategy, one monitoring and evaluation system and one coordinating authority. ASAP adapted the Strategy Results Cycle by emphasizing the consultations with stakeholders, including engagement of civil society, and using the Cycle to both guide the planning process and shape the strategy document.

3 ASAP created effective working partnerships.

The ASAP program developed three levels of working partnerships that facilitated its strategic planning focus. First, partnerships were created

within the Bank, linking technical staff in the Global HIV/AIDS Program/HDN with specialists in the LAC Region of the Bank. Second, a strong alliance was developed between the World Bank and the UNAIDS Regional Support Team for Latin America. UNAIDS country teams facilitated communication among national authorities, stakeholders and other UN partners, ensuring the inclusion of the ASAP exercise in the country planning cycle. Finally, partnerships between WB/UNAIDS and national governments ensured that the ASAP process placed the client at the center and in the lead role in the planning process. ASAP also established relationships with key development partners in the region⁴, built on the work they had done, and incorporated specific contributions made by each of them into the national strategies.

³ Rodriguez-García, R. and Kusek, J., Planning and Managing for HIV/AIDS Results- A Handbook, The Global HIV/AIDS Program, World Bank, 2007

⁴ The main development partners in LAC include the **World Bank** (two major projects in Brazil and a sub-regional project in Central America), the **Global Fund** (a large component of external HIV/AIDS funding in the region), the **U.S. Center for Disease Control** and **USAID** (very active in Central America primarily through their Policy Project), the **International Centre for Technical Cooperation (ICTC: UNAIDS-Brazilian initiative)**, **GTZ** (support to the ICTC), **SIDA and other bilateral partners** (active in specific countries), **PAHO** (a key player in the region, leading efforts for epidemiological surveillance in the health sector), and **PEPFAR** (beginning support for sub-regional compacts).

4 ASAP started with one country, analyzed the results, and then adapted and scaled up the model.

Honduras was the first country in Latin America (and one of the first in the world) to request ASAP support. Honduras requested targeted support in preparing the five-year National HIV/AIDS Strategy Plan for 2008-2012, which was set to be released in the Fall of 2007. As a result of the collaboration between national leaders and ASAP, the Honduran government successfully adopted the new national HIV/AIDS Strategy Plan by the planned deadline (December 2007)⁵. ASAP then carefully examined its successes and challenges in Honduras before expanding the program to Argentina, Bolivia, Ecuador, El Salvador, Guatemala, Panama, Paraguay and Peru.



5 ASAP developed innovative tools based on key findings from assessment of eight countries.

In late 2008, ASAP conducted rapid readiness

assessments in eight countries to determine the level of readiness for ASAP's technical support.

A wide variety of national situations were revealed. Seven of the eight countries had strategic plans, but evidence was limited and baselines were often lacking. Often, the strategic objectives and proposed interventions in existing plans were general and not results-oriented. Only three countries had costed their plans, and just one country had a national-level M&E system. In many countries, national HIV/AIDS leadership was vaguely defined, overlapping or otherwise in disarray. In addition, the ASAP team realized that countries were facing many challenges in keeping up with the HIV and AIDS commitments made by national officials both domestically and internationally. In order to address these issues, ASAP developed the following two new tools:

- (i) the **panoramic view of national commitments** ("*Vista Panorámica*"); and
- (ii) the **critical path** ("*Ruta Crítica*"), a **roadmap for action**.

During the process of developing the *Ruta Crítica*, the ASAP team guided the discussion with stakeholders on building evidence, developing a budgeted results-oriented framework for strategic planning, identifying information gaps, conducting baseline data mining, and using evidence for costing. A step-by-step timeline approach to track the activities with clearly defined responsibilities (who does what) was agreed upon with the stakeholders. This process was coordinated and facilitated by UNAIDS Country Coordinators and M&E Advisors, and was highly participatory with robust civil society engagement.

Following this process, most countries selected to complete the three key products that are pillars of strategic planning and the national strategy document:

- (i) a **database** compiled from available data;

⁵ A publication on the analysis of the Honduras case is forthcoming. World Bank, 2009.

- (ii) a **results framework** using baselines from the database; and
- (iii) an estimation of **costs**.

In each country, UNAIDS Country Offices organized a seminar where ASAP introduced the modalities of support as well as the ASAP strategic planning approach. The Strategy Results Cycle was adopted or adapted as needed and the roadmap agreed with the national program and key actors through a process of collaborative consultations. ASAP's Self-Assessment Tool was used for the preparation of the strategy as a collective quality assurance mechanism.

6 ASAP established and carefully developed a strong team of consultants from the region.

The program created a unique team of consultants, selected because of their technical skills and national program experience, as well as recommendations by UNAIDS and others. ASAP trained this team in the program's approach, as well as in additional skills such as strategic planning, data compilation and results frameworks. While some consultants already had substantive regional experience prior to ASAP, others were national consultants that are now able to work regionally very effectively. This group has become a team of flexible technical experts *from the region, for the region*, and allows ASAP to be more flexible and responsive to country needs.

The ASAP team had a very light but well-defined structure. The Team Leader (Washington DC) was assisted by the consultants who resided largely in the region: a lead consultant (Haiti), regional consultants located in Central and South America (Panama, Guatemala, Bolivia and Peru), and other national consultants at country levels. The virtual team, operating from an "office in cyberspace", provided technical support to selected national programs, with strategic guidance from the Team Leader, technical supervision including quality reviews from the lead consultant, coordination from the UNAIDS Regional Support Team (Panama), and field support from the UNAIDS Country Coordinators, technical staff and M&E Advisors.

7 ASAP emphasized quality.

The World Bank and the UNAIDS Regional Support Team worked closely to ensure the content and timing of support. Their partnership aimed for providing the highest quality experience for the country partners, and focused on identifying potential bottlenecks and looking for early warning signs of problems. Lessons learned in one country were quickly incorporated into ongoing ASAP operations in other countries. For example, the rapid assessments were promptly followed by longer missions focused on knowledge transfer. In addition, periodic virtual and actual meetings between the UNAIDS Regional Support Team and the World Bank facilitated coordination, problem solving and quality assurance. The meetings helped to identify gaps in both information and the quality of studies consulted for the country databases.

What were the results of the ASAP process? Were there any key findings?

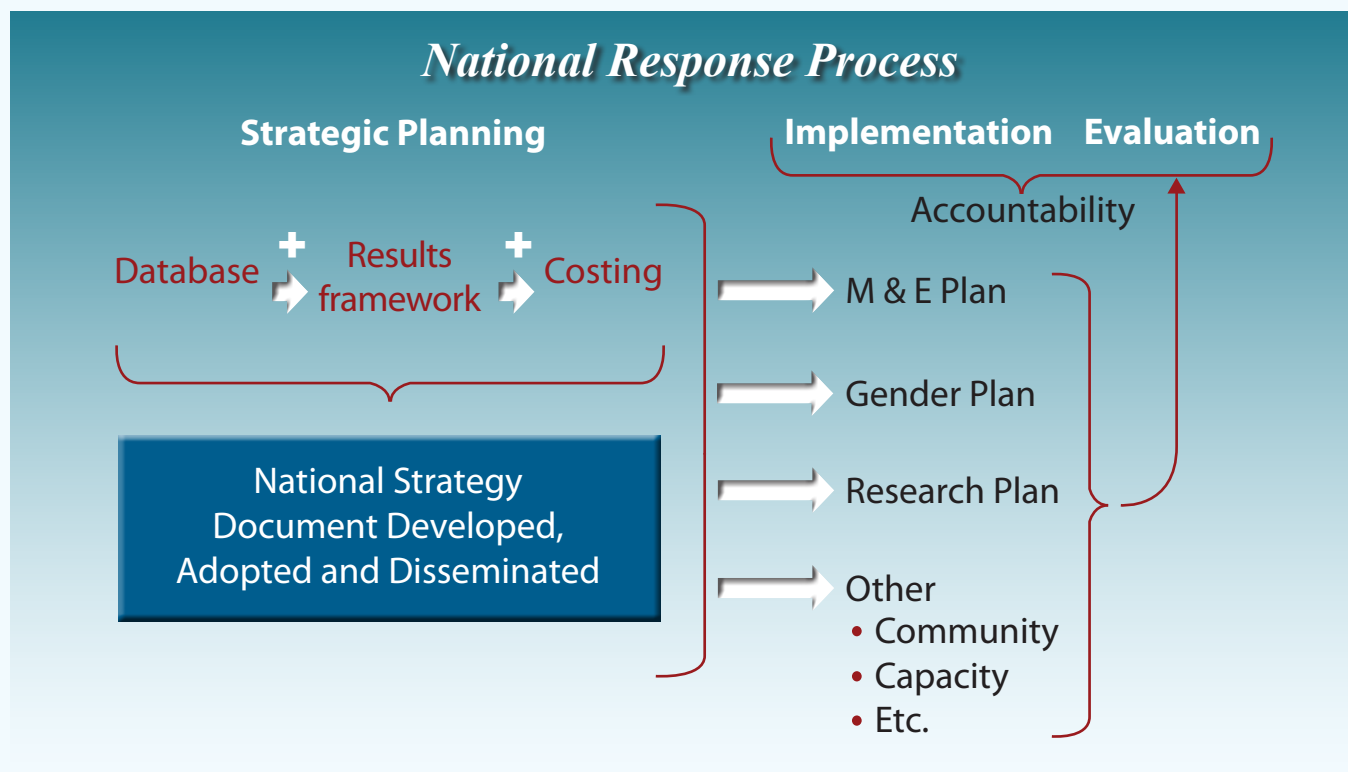
Results:

ASAP assisted countries in the development of **three main types of products:**

1 National products (in Spanish only) such as national strategies, costing reports, results frameworks, and databases;

2 Global public goods (in both Spanish and English) for broader use and aimed at imparting knowledge about the epidemic and the variety of responses through several tools (e.g., situation analyses, lessons learned and client feedback, stock-taking exercises and presentations in national, regional and international events); and

3 Templates and other tools (in Spanish only) to support national decision-making, such as a visual representation of the National Response Process that shows how the strategic planning process leads to the strategy document, followed by an emphasis on operational planning of specific programs to improve



strategy implementation and evaluation (see chart above).

Key findings:

- **There is a need for technical support to middle-income countries.**

As shown by the results that were achieved, there are valid reasons for providing technical support to middle-income and low-middle income countries. These countries have perhaps a greater need for such support than do low income countries, which often have greater access to grant financing for developing national AIDS strategies.

- **National leadership must be clearly defined.**

In the past, in some countries national responsibility for HIV/AIDS was spread among different agencies, or lacked focus or a defined role. Because the ASAP strategic planning process required a focal point and clear leadership, it became imperative that each country's national program director and staff were fully involved and in charge of the ASAP process. Based on

the experience in Honduras, ASAP recommended the establishment of a technical working group to ensure national ownership, consensus, and knowledge transfer and stakeholder involvement. In addition, a focal person was identified within the national AIDS program to supervise all technical work.

- **The participatory process is as important as the product.**

The technical support provided within the ASAP program was not aimed at producing the "perfect" National AIDS Strategies, but instead focused on producing the best strategy possible within each country's policy and social context. An improved national response, developed through participatory collaboration of all stakeholders (including civil society), facilitates discussion of concrete operational plans for narrowly targeted interventions, such as those for reaching vulnerable groups, addressing gender issues, as well as developing an M&E plan or research agenda. In this way, the evidence-informed and results-oriented national strategy can become the vehicle for improved implementation and achieving real results on the ground.

● **Fielding a “virtual office” of consultants across the region increases efficiency, but requires a different style of management.**

The ASAP - Latin America team's light structure and dispersed locations increased its ability to respond rapidly and to share knowledge, but also brought its own set of management challenges. Unlike teams that work from the same location, the ASAP team had to focus on issues unique to its scattered configuration, like keeping productivity and quality of work consistent; building trust and appreciation among team members; avoiding misunderstandings by always documenting and confirming discussions, conclusions, and next steps; and pushing responsibilities out to members in the field. In a configuration such as this, each consultant is his/her own boss, yet each works as part of the team to achieve common objectives. Periodic meetings of the consultants and the team leader aimed at identifying bottlenecks, solving problems, innovation and continuous quality improvement.

● **Working within a country's Ministry of Health brings benefits and challenges.**

In contrast to other regions (e.g. sub-Saharan Africa), HIV/AIDS Programs in Latin America, although multi-sectoral, are usually programs within the Ministry of Health. This structure can be beneficial, since HIV/AIDS leadership would have direct access to policymakers like cabinet members and other high-ranking officials. On the other hand, having HIV/AIDS programs within the government may pose challenges for civil society organizations and NGOs who may find it difficult to partner with a government agency, or harder to have a voice in policy.

***Will ASAP's focus on strategic planning have a long-term impact?
Can it be replicated?***

Although it is too early to tell if ASAP's strategic planning work will dramatically change the trajectory of HIV/AIDS in the region, some promising results in country-level planning and management

are already emerging. First, a number of countries are using the data and have requested further assistance in undertaking even more sophisticated analyses for decision-making, implying that the focus on evidence-gathering and analysis has been useful. In addition, a survey of ASAP participants in Honduras revealed that a high percentage believed that the ASAP process had led to the setting of important new priorities and had provided practical information that led to the identification of new, targeted interventions informed by the evidence on the epidemic. Participants also rated highly the participatory approach and the capacity building that was achieved. ASAP's emphasis on evidence and data also means that financial resources can be more efficiently used. In countries such as Honduras, Guatemala, El Salvador, and Panama, the compilation of data allowed a more detailed understanding of the sources of each country's epidemic, which supported a corresponding realignment of scarce budgetary resources. ASAP support is helping countries recognize the importance of an investigation agenda that is focused on eliminating critical gaps in knowledge. Finally, in a regional meeting of UNAIDS staff and co-sponsors held in September 2009, country coordinators unanimously identified the work of ASAP as producing the most tangible results in the region.

ASAP's approach may be well-suited for application in areas beyond HIV/AIDS such as health or other sectors. Each country's revised AIDS response was developed by carrying out a thorough analysis of the previous strategy, developing an evidence base, and using the evidence for prioritizing interventions while relying on partnerships and a broad participation of national leadership and other stakeholders to ensure country ownership. Those are characteristics that many countries want to achieve but find extremely difficult to accomplish.

ASAP's approach to strategic planning benefits all stakeholders by filling critical gaps

1. ASAP provides a systematic cycle of strategic planning by addressing the following questions:

- a. Is there evidence?
- b. Is there a results framework?
- c. Is the results framework costed?
- d. Is there a plan to monitor the results and evaluate the response?
- e. Does the strategy adjust as new evidence feeds into the system?

2. ASAP facilitates the in-country documentation of evidence, sorted by indicators and by population, in order to answer some key questions:

- a. Do countries know the current details and trends of their epidemic?
- b. Are countries reporting UNGASS indicators?
- c. Are stakeholders coordinating research and contributing in revealing trends?
- d. Are countries focusing their strategy on populations most affected?

3. ASAP provides a core tool (the Strategy Results Cycle) that systematically guides National HIV/AIDS Programs in the identification of the following critical elements of strategic planning:

- a. Results to be achieved
- b. Direct effects of the results
- c. Indicators to be tracked
- d. Key actors that must be involved
- e. Critical actions to be implemented to reach expected results
- f. Action plans to ensure deployment

4. By engaging national stakeholders in leading the strategy process for sustained planning, ASAP addresses the following questions:

- a. Are national stakeholders engaged the process?
- b. Are national consultants developing skills to sustain the program?
- c. Are the main actors engaged?
- d. Are Civil Society Organizations (CSO) consulted and involved? Do they have a voice?

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"En breve" is a regular series of notes highlighting recent lessons emerging from the operational and analytical program of the World Bank's Latin America and the Caribbean Region. The series is produced by the LCR Knowledge & Learning team.



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