Strategic Planning and Priority Setting

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Learning Objectives

• To understand the key issues surrounding priority setting in Strategic Planning

• To identify some key steps in priority setting
• Can be controversial

• Is crucial because it determines how our National Programmes will spend limited resources as we scale up our efforts to achieve universal access
STRATEGY RESULTS CYCLE

Revise National HIV/AIDS Strategic Plan

- Analyze HIV/AIDS and National Response Data
- Identify Key National Outcomes & Priorities
- Select Principal Program Areas
- Select Interventions
- Resource Needs, Funding
- Implementation 
  & process monitoring
  (inputs, outputs)
- Evaluate Changes in Outcomes
STRATEGY RESULTS CYCLE

Evaluate Changes in Outcomes

Implementation & process monitoring (indicators, resource tracking)

Revise Strategic Plan

STRATEGIC PLAN & PRIORITIZATION

Select Interventions

Resource Needs, Funding

Select Principal Program Strategies

Identify Key National Outcomes & Priorities

Analyze HIV/AIDS and National Response Data

5
Bank review shows:
Evidence base and prioritization weakest
Management and costing also weak

Source: World Bank, 2005
How to prioritise?

- Leave it to the ‘market’
- Needs-based planning approach
- What makes the most sense
Need has many meanings?

<table>
<thead>
<tr>
<th>Ought to have</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must have, will die without, demand</td>
</tr>
</tbody>
</table>

Need = lack of something

Need = gradations of need (by person, over time)

Need = perceptions of need
Perceptions of need

- Community, PLHIV
- Professionals, civil servants, NGOs, FBOs
- Economist?

Demand & Ability to pay
Target groups

- Risk based, age, location

- Cost, feasibility & effectiveness of intervention
Why is it important to set priorities?

- Countries need to ensure that their resources are first spent on interventions that are likely to have the greatest impact, whether it be treatment, prevention or mitigation.
How to prioritise?

Choosing between competing interventions

Choosing between different ways of making intervention
“The complexities of HIV sometimes have led governments to attempt planning for all eventualities….A more strategic approach concentrates on planning in priority areas, through identifying the epidemic’s most important determinants.”

Source: UNAIDS, 2000
Priority-setting Process

“Designed to help us find the optimal and most viable fit between our available resources, comparative institutional strengths, and opportunities”

Source: APDIME
Competing interventions

One that provides most benefits

Different benefits & beneficiaries
Prioritisation

1. Must make a distinction between what can and cannot be achieved

2. Identify interventions/activities that require
   – urgent or special attention
   – most impact
   – Ignored/insufficient funding/ new developments

3. Identify thematic areas, subpopulations or vulnerable groups that should be prioritised
Factors to Consider in Prioritising Sub-populations

• Groups with risk-taking behavior (low condom use)

• Groups that are “most at risk” (IDUs, youth, MSM, CSWs)

• Geographic variations
Different ways of making interventions

? Most effective way
Cheapest? Quickest!

Identify options
Narrow down options
Measure against criteria
Ways to Prioritise

Wish List Approach
- Identify all possible interventions that might be supported
- Distribute resources evenly across interventions
- Let others make the priorities

Strategic Approach
- Determine criteria for prioritising
- Apply the criteria to possible interventions
- Fully fund high priority interventions first
Criteria

• how serious
• how widespread
• how important to community
• how suitable to intervention (feasible)
Criteria

- will intervention change course of epidemic
- how affordable
- do we have ‘political’ support
- is the intervention cost-effective
1. Will the intervention affect the course of the epidemic and/or significantly affect the lives of those already infected?

Challenge:
- Knowing which interventions are likely to have the greatest impact
Treatment Interventions and Their Likely Impact

High Impact Interventions
- HAART for PLHIVs (Hammer et al., 1996)
- Cotrimoxazole for PLHIVs (Anglaret et al., 1999)
- DOTS for TB and HIV/AIDS (Floyd et al., 1997)

Low/No Impact Interventions
- Pneumococcal vaccine (French et al., 2000)
- Isoniazid preventive therapy (Hawken et al, 1997)
2. Is the intervention affordable?

**Challenges:**

- Should know the unit costs before implementing a programme
- Should have the required resources to implement a successful programme
## Cost of Different Interventions

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mass Media</td>
<td>$440,000/city/year</td>
</tr>
<tr>
<td>Voluntary counseling and testing</td>
<td>$11 - $29 per client</td>
</tr>
<tr>
<td>Triple combination therapy</td>
<td>$2,900 - $13,000 per patient per year</td>
</tr>
<tr>
<td>Home-based care</td>
<td>$16 - $42 per home care visit</td>
</tr>
<tr>
<td>CSW education</td>
<td>$33,500 - $72,500 per intervention</td>
</tr>
</tbody>
</table>

## Cost of Different Interventions

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<tr>
<td>School education</td>
<td>$1.39 per pupil per year of education</td>
</tr>
<tr>
<td>Blood safety</td>
<td>$0.017 - $0.042 per capita</td>
</tr>
<tr>
<td>STD treatment</td>
<td>$6 - $11 per episode treated</td>
</tr>
<tr>
<td>Condom social marketing</td>
<td>$0.07 - $0.19 per capita</td>
</tr>
</tbody>
</table>

Criteria 3:

3. Does the intervention have adequate political support?

Challenges:

– Is there political support to work with marginalised groups (MSM, CSW, ethnic groups etc)
– Long term commitment of policymakers
– Sustainability of the interventions
Criteria 4:

4. Is the Intervention cost-effective?

Challenge:

• Need to use the data
Cost-Effectiveness of AIDS Interventions in Africa

Cost per HIV Infection Averted

Source: Various economic analyses in Sub-Saharan Africa
Where should priorities be set?

- national
- district
- competing groups
Difficult Step… For Planners

• Tendency in HIV/AIDS strategic plans to simply list every key target population and say that they should all be prioritised

• But NSPs should provide a vision

• Cost-effectiveness data and our country’s epidemic pattern should be analysed to prioritise the interventions
Need information

- Forecasting
- Estimating
- Guesstimates
- Assumptions
- Multi-scenario planning (what if?)
Decision making process

- Economic appraisal
- Decision matrices (exercise)
- Value judgements

- Leadership
- Consensus
  - Delphi technique
Output from decision making

- clear set of interventions
- SMART (specific, measurable, appropriate, realistic, time-bound)
Tools used

• Economic Evaluation

– Cost-effectiveness is an economic tool for assessing which intervention is likely to produce the greatest impact for a fixed amount of money.

• Interventions are not equally cost-effective in all countries.
Tools used

• Forecasting tool

  – Resource Needs Model

  – Goals Model - allows users to assess the cost-effectiveness of various interventions and various resource allocation strategies
Country K’s 2004-2009 HIV/AIDS Strategic Plan

- Strategic Plan: 55 “priority interventions” costing $21 million over 5 years

- Top financed interventions:

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<th>Program</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Harm Reduction Programs</td>
<td>$4.9 million</td>
</tr>
<tr>
<td>Provision of ARTs</td>
<td>$1.5 million</td>
</tr>
<tr>
<td>Blood Safety</td>
<td>$1.2 million</td>
</tr>
<tr>
<td>CSW Programs</td>
<td>$1.0 million</td>
</tr>
<tr>
<td>MSM Programs</td>
<td>$0.7 million</td>
</tr>
<tr>
<td>Preventions programs in Prisons</td>
<td>$0.5 million</td>
</tr>
<tr>
<td>MTCT</td>
<td>$0.5 million</td>
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Factors Related to Priority Setting

1. Are priorities linked to data about the epidemic?
2. Are decisions evidence-based?
3. Are priorities linked to resource allocation?
4. Will the intervention affect the course of the epidemic and/or significantly affect the lives of those already infected?
5. Does the country know how current resources are being spent?
6. Are strategic planning and resource allocation decisions realistic and sustainable?
Are priorities linked to data about the epidemic?
HIV PREVALENCE, TRANSMISSION SOURCES AND FUNDING IN COUNTRY X

- **Injection Drug Users**
  - HIV prevalence: 46%
  - Transmission sources: 30%
  - Funding: 0%

- **Heterosexual**
  - HIV prevalence: 50%
  - Transmission sources: 30%
  - Funding: 5%

Legend:
- HIV prevalence
- Transmission sources
- Funding
Responding to a Changing Epidemic (Thailand)

Conclusion

• Importance of priority setting in planning (why, how and who)
• Criteria setting & use
• Will be elaborated on further through sessions on
  – Data inputs
  – Economic appraisal
  – Costing
  – Resource Allocation
  – GOALS