

**Workshop Report**

**FIRST ASIA REGIONAL TRAINING WORKSHOP  
ON COSTED NATIONAL STRATEGIC PLANS, 15 – 26  
SEPTEMBER  
BANGKOK, THAILAND**

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## **LIST OF ABBREVIATIONS**

ADB	ASIAN DEVELOPMENT BANK
AEM	ASIAN EPIDEMIC MODEL
AFE	AIDS FINANCING AND ECONOMIC UNIT
AIDS	ACQUIRED IMMUNO DEFICIENCY SYNDROME
ASAP	AIDS STRATEGY AND ACTION PLAN
ASEAN	ASSOCIATION OF SOUTHEAST ASIAN NATIONS
CDC	CENTER FOR DISEASES CONTROL
CSG	CORE STRATEGY GROUP
EPP	ESTIMATION AND PROJECTION PACKAGE
ETRG	ECONOMIC AND TECHNICAL REFERENCE GROUP
FETP	FIELD EPIDEMIOLOGY TRAINING PROGRAM
GRN	GLOBAL RESOURCE NEEDS
HIV	HUMAN IMMUNODEFICIENCY VIRUS
HSRI	HEALTH SYSTEM RESEARCH INSTITUTE
IDU	INJECTING DRUG USER
INPUT	INPUT COSTING SPREADSHEET
INSP	INSTITUTO NACIONAL DE SALUD PÚBLICA CUERNAVACA
MARPS	MOST AT RISK POPULATIONS
MDG	MILLENIUM DEVELOPMENT GOALS
MSM	MEN HAVING SEX WITH MEN
NACO	NATIONAL AIDS CONTROL ORGANIZATION
NSP	NATIONAL STRATEGIC PLAN
PEMA	PARTNERSHIP FOR EPIDEMIC ANALYSIS
RNM	RESOURCE NEEDS MODEL
SHAG	SEXUAL HETEROGENEITY GAME
SHARP	STANDARD HALT AND REVERSE PACKAGE
SIDA	SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
SW	SEX WORKERS
TA	TECHNICAL ASSISTANCE
TAG	TECHNICAL ADVISORY GROUP
TSF SEAP	TECHNICAL SUPPORT FACILITY FOR SOUTH EAST ASIA AND THE PACIFIC
UCLA	UNIVERSITY OF CALIFORNIA LOS ANGELES
UNAIDS	JOINT UNITED NATIONAL PROGRAM ON AIDS
UNDP	UNITED NATIONAL DEVELOPMENT PROGRAM
USAID	UNITED STATES AGENCY IN DEVELOPMENT
WB	THE WORLD BANK

## **EXECUTIVE SUMMARY**

Teams of officials covering different areas of expertise, including national AIDS program managers, epidemiologists, economists, practitioners and civil society from eighteen Asian countries<sup>1</sup> participated in the first training on costed National Strategic Plans (NSP) for Asia, held between 15 and 26 September in Bangkok, Thailand. This report describes the training goal, its objectives, background, preparations and participants, and summarizes the proceedings, discussions and outcomes.

During the last twenty years, resources for HIV in the Asia-Pacific region have dramatically increased although the coverage to services has remained limited. Increasing from less than 100 million per year in the late 1980's, it is estimated that an overall figure of \$1.2 billion is currently available for the HIV response. However, the services for HIV prevention during this time, have reached only 30% of the populations who need them.<sup>2</sup>

Most countries today do have NSPs, however, only a few are costed or can be considered to prioritize activities appropriately. Furthermore, the costed plans often lack operational plans that map out activities with annual targets and estimation of human and financial resources required to effectively implement these plans. As a result, plans—which are already often under-resourced—are not focused on the interventions/activities that will have the greatest impact on the epidemic. In addition, most plans also lack quality and no standard specification for assessment of national strategic plans exists.

Asian Development Bank (ADB) and Joint United Nations Programme on HIV and AIDS Regional Support Team for Asia Pacific (UNAIDS RST-AP), under its 'Evidence for Advocacy' project, and in collaboration with the AIDS Strategy and Action Plan (ASAP) Consortium (led by UNAIDS-Geneva, the World Bank and INSP-Public Health Institute in Cuernavaca, Mexico), proposed the development of a set of tools relevant to Asia, and organized a regional training for selected nationals from each country on the steps to develop prioritized costed plans. The trained persons would then follow up development or improvement of costed national plans in their own countries. The regional training would be followed by country-specific technical assistance to reinforce and further improve and validate the costed plans developed at the workshop. A harmonization process would be in place before the training to ensure standardization of tools so that technical assistance services, including ASAP and Technical Support Facility for South East Asia and the Pacific (TSF) would reinforce these same principles and tools in their work in countries.

The goal of the regional training was to help countries implement effective national response through the creation of prioritized and evidence-based NSPs that are accompanied by

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<sup>1</sup> The 18 countries mentioned above include: Afghanistan, Bangladesh, Bhutan, Maldives, Cambodia, India, Indonesia, Laos PDR, Malaysia, Mongolia, Myanmar, Nepal, Pakistan, the Philippines, Sri Lanka, Thailand, Timor- Leste and Vietnam.

<sup>2</sup> Source: Stover, J and Fahnestock M (2006). Coverage of Selected Services for HIV/AIDS Prevention, Care and Treatment in Low- and Middle-Income Countries in 2005, Washington, DC, Constella Futures, POLICY Project.

necessary operational, human resource and management plans, which include estimation of costs and measurable targets for monitoring and evaluation.

In terms of the objectives, the training aimed to develop and strengthen participants' knowledge and skills to:

- Prioritize most at risk populations (generally in Asia these are female sex workers (SW) and their clients, injecting drug users (IDU), men who have sex with men (MSM)) for prevention by source of most new infections.
- Prioritize sub-regions within countries or other 'hot spots' that should be priority regions for scaling-up prevention, treatment and impact mitigation services.
- Make the participants familiar with different prevention interventions and help identify the most appropriate intervention suited to the priority population with the necessary best practice elements and quality standards.
- Identify the elements of the scaling-up process to reach necessary geographic and population coverage (e.g., peer outreach, commodities and services, policy structures, and enabling environment, including gender and cross-border issues).
- Calculate the unit cost and estimate financial resources required for implementing the strategic and operational plans.
- Interpret and utilize strategic information useful for developing a scaled-up plan and for program planning (e.g., source of new infections, disease burden, geographic hot spots, size estimation of most at risk populations, resource needs, resource allocation, etc.).
- Develop and cost an operational plan that includes management, investment in capital and human resource plans, and medium-term plan for potential sources of funding, to ensure financial sustainability and effective linkages with the national budgets (health, education, etc.).
- Assess and evaluate data collection and strategic information currently available and standardize quality of data collection and surveillance.

The first phase of the training on costed NSPs was spent on learning how to prioritize population groups and geographic zones in Asian epidemics through use of appropriate tools, identify what interventions are best suited for Asia with specifications of activities, elements, their quality standards, human resource requirements and their corresponding unit cost; estimate total resource need for the country, optimize resource allocation utilizing cost-effectiveness analysis of different interventions in Asia, and effectively conduct monitoring and evaluation for mid-course correction at the project and national levels. At the end of each major session or unit, participants were asked to work in country groups to assess their own epidemic situation and the response. Then, in the second phase of the training, participants completed an 'Asian NSP-template' for their own country, which built upon their previous assessments and suggested improvements on the existing plan based on the lessons learned and issues discussed in the first phase.

In the mornings, plenary presentations were made by resource persons and facilitators. During the afternoons, each country team discussed further and worked together based on the information and examples presented during the morning sessions and filled in the country specific templates that identified specific activities that would strengthen strategic costing and management of their programs. On the final day, in addition to presenting the completed

country templates, each country also presented their follow-up actions to be implemented in country.

Skills building sessions were offered in the evenings to provide an opportunity for hands-on exposure to specific tools, including AEM and AEM-policy analysis tool, INPUT, ArcView, the Resource Needs Model (RNM) and Millennium Development Goals (MDG) Costing tool.

All in all, it was a very intensive two week period wherein the participants and the resource people all worked towards achieving the following outcomes:

- Each country team was able to utilize a specific set of tools and apply knowledge to review their existing NSPs and revise them by developing strategic, evidence-based, prioritized plans.
- This plan was accompanied by cost supported operational plan that included plans for scaling up best practice interventions and long-term investment in management, capital, infrastructure and human resources.
- Each of the eighteen countries developed a specific follow-up action plan to strengthen their HIV and AIDS programs with strategic information and costing with technical support from TSF and UNAIDS.

Daily anonymous evaluations by participants were overall very positive, with especially high ratings for the technical presentations and skills building activities. High scores were also given to the relevance and usefulness of the workshop. There was a strong consensus that their expectations and the workshop objectives had been met. Suggestions for improvements included allowing more time for countries to share experiences, and including more skills building sessions in the future. In addition, an independent evaluation was carried out by The University of California, Los Angeles (UCLA) in collaboration with the Field Epidemiology Training Program (FETP) of Thailand. The external evaluators found that the workshop was quite successful, meeting most of the objectives set forward.

## **1. INTRODUCTION**

Teams of officials covering different areas of expertise, including national AIDS program managers, epidemiologists, economists, practitioners and civil society from eighteen Asian countries participated in the First Asia Regional Training Workshop on Costed National Strategic Plans, held in the two week period between 15 and 26 September in Bangkok, Thailand. The workshop trained a core group of national program managers or key policy people in the necessary capacity to drive a national process of evidence-based national strategic plans; as well as technical experts in the areas of HIV economics, epidemiology, and practical implementation. This report describes the workshop purpose, objectives, background, preparations and participants, and summarizes the proceedings, discussions and outcomes.

## **2. BACKGROUND**

During the last twenty years, resources for HIV in the Asia-Pacific region have dramatically increased although the coverage to services has remained limited. It is estimated that an overall figure of \$1.2 billion per year is currently available for the HIV response – increasing from less than 100 million per year in the late 1980's.<sup>3</sup> However, HIV related services have reached only 30% of the populations who need them.<sup>4</sup> Most countries today do have NSPs. However, only a few have targets or have prioritized populations, geographic areas or activities and their associated costs. Furthermore, the costed plans often lack operational plans that map out activities with annual targets and estimation of human and financial resources required to effectively implement these plans. As a result, plans are often under-resourced to begin with. In addition, most plans also lack quality and no standard specification for assessment of national strategic plans exists.

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<sup>3</sup> Redefining AIDS in Asia: Crafting an effective response, 2008

<sup>4</sup> Source: Stover, J and Fahnestock M (2006). Coverage of Selected Services for HIV/AIDS Prevention, Care and Treatment in Low- and Middle-Income Countries in 2005, Washington, DC, Constella Futures, POLICY Project.



Some examples of the weakness in the current NSPs:

Lack of costed plans: A 14-country survey of national responses reported that while all countries have NSPs, only six of them were costed.<sup>5</sup>

Inappropriate prioritization: in 2004<sup>6</sup>, the Royal Thai Government budgeted only 15% of resources for prevention while level of HIV continues to remain high for MSM and IDU populations.

Lack of comprehensive plans with estimates of human resource needs and a management plan: With strong political commitment and legal support, the Chinese Government set an ambitious target to quickly scale-up harm reduction programs for injecting drug users throughout the country. Achieving national scale-up has been delayed, however, because the process lacked planning for and anticipation of the projected costs and human resources required to achieve the goal.

Lack of quality criteria: There are no set standards for quality specifications of different interventions to guide current intervention efforts at a country level. As a result, the minimum intervention required<sup>7</sup> for harm reduction, in terms of drug substitution and needle exchange programs, is only met by four countries in the region

These examples demonstrate clearly that many current plans are not strategic; information and evidence are not utilized for policy and planning, and most importantly the plans are not budgeted, there is a lack of necessary criteria for evaluation and assessment.

Thus there was the need for setting standards for national plans, and describing the quality criteria for interventions. Developing the capacity for generating such plans has never been so urgent, as increasing donor-funds are being made available for scaled-up responses and in particular, the Global Fund has made a recent decision to fund NSPs, with replenishments of the fund on a year to year basis.

There have been several attempts to respond to the situation described above:

2.1) A collaborative proposal was developed between Joint United Nations Programme on HIV and AIDS Regional Support Team for Asia Pacific (UNAIDS RST-AP) and the Asian Development Bank (ADB) in 2006 to specifically address this issue. This initiative proposed development of a set of tools that are relevant to the region, and planned to offer a regional training to selected nationals from each country on steps of development of prioritized costed plans which can be assessed against a common set of quality standards. The trained persons would be expected to follow up development or improvement of costed national plans in their own countries. The regional training would be followed by country-specific technical assistance to reinforce and further improve and validate the costed plans developed in the workshop. A harmonization process was proposed before the training to ensure standardization of tools so that technical assistance services, including AIDS Strategy and

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<sup>5</sup> Redefining AIDS in Asia: Crafting an effective response, 2008

<sup>6</sup> Source : Izazola J A ( 2006 ) : Presentation at the Economic Technical Reference Group Meeting , KL, UNAIDS Bangkok

<sup>7</sup> Report of the Commission on AIDS in Asia (2008): Redefining AIDS in Asia: Crafting an Effective Response , New Delhi : Oxford University Press

Action Plan (ASAP) and Technical Support Facility for South East Asia and the Pacific (TSF) would reinforce these same principles and tools in their work in countries.

2.2) The UNAIDS-ADB work plan has also created other training opportunities of through the creation of Data hub, Economic Technical Reference Group (ETRG), and Learning Site on high-risk group interventions, which will provide opportunities for training of epidemiologists, economists and practitioners of prevention programs for high risk groups, respectively.

2.3) ASAP funds technical and financial assistance and capacity building to countries in designing, costing and implementing AIDS strategies and action plans. This collaborative work of the UNAIDS Secretariat and Co-sponsors, which is hosted by the World Bank (WB), has created several tools and training modules that help countries design strategic plans that are well-prioritized, evidence-based, and results-focused. ASAP's capacity building effort was out-sourced to Instituto Nacional de Salud Pública Cuernavaca (INSP) of Mexico and the WB Institute in 2007. The INSP in turn has involved the Mahidol School of Public Health to take a lead in the regional training

2.4) UNAIDS Secretariat plans to assist countries in developing costed plans by end of 2008 as a part of achieving Universal Access targets and estimating resource need. UNDP Regional Center in Colombo has also been supporting countries in the region in MDG costing, including for AIDS programs. In addition, the TSF has been created to address the need to provide consulting services in various areas of technical need in the region, including technical assistance to countries who request support in developing and costing their national strategic plans.

2.5) UNAIDS in several countries has recruited monitoring and evaluation staff who are ready to offer technical support to the countries in development of NSPs and UNAIDS country offices are to serve as a facilitators of technical support requests on the development of costed national strategic plans for universal access.

2.6) United States Agency for International Development (USAID) has supported training on costing national strategic plans for Association of Southeast Asian Nations (ASEAN) countries.

2.7) UNAIDS Secretariat (Geneva) has initiated training on National AIDS Spending Assessment for the region.

2.8) Two rounds of resource need estimations have been conducted in the region, through collaboration among UNAIDS, ADB and USAID.

The UNAIDS/ADB proposed capacity building plan, therefore, would have to try to synchronize these efforts and ensure that the same set of tools and standards are used for training and capacity building in the HIV-planning processes in Asia. It is also important to ensure that all the providers of training and capacity building efforts coordinate between themselves in order to deliver one harmonized plan at both the regional and country-level.

In an effort to achieve such harmonization, the 'Evidence-based Advocacy for Action' project (funded by ADB through a grant from Swedish International Development Cooperation Agency (SIDA)) called a meeting of major stakeholders involved in such activities in September 2007. At this meeting it was agreed that efforts must be made to reduce duplication of work, and to ensure that all work on design and costing of national strategic plans in the

region are founded on the same basic principles and reflect the patterns and realities of the HIV epidemics in Asia. All participants recognized the need to coordinate work to ensure a unified response and to minimize duplication, and it was agreed that UNAIDS RST-AP, through its Evidence-based Advocacy for Action project, would take the lead in such work.

The outcome of the meeting resulted in several decisions. First, that all technical assistance and capacity-building efforts related to costing of national strategic plans in the Asia-Pacific region should be shared through a centralized – possibly web-based – system. It was suggested that such a system could be housed and maintained by the TSF in Kuala Lumpur, Malaysia. Second, a regional workshop was proposed to take place within the first-half of 2008, to train national experts and specialists in the design and costing of national strategic plans for the region.

In order to coordinate, synchronize and harmonize the principles and tools to use for the national strategic planning process, it was proposed that a Core Strategy Group (CSG) consisting of members of the partner organizations be constituted with the aim of coordinating these initiatives. To ensure the technical soundness and quality of the workshop training materials, a Training Advisory Group (TAG) of technical experts in the region was also proposed to closely monitor and guide such work, and endorse one standardized set of tools and core elements to be contained in the national strategic plans to be promoted by the CSG for use by all agencies providing technical support for costing of national strategic plans in the region. (ToRs of the TAG and CSG are included in Annex A)

### **3. REGIONAL TRAINING WORKSHOP**

The purpose of the regional training workshop which was ultimately held from 15-26 September, 2008 was to ensure that national program managers and HIV specialists (including communities and civil society) understand and can use a package of tools for developing prioritized NSPs and can cost implementable operational plans for a scaled-up response in their own countries, as well as to assist their peers in other countries in similar planning processes.

This course was meant to provide a comprehensive overview and build skills and capacity for the complete national strategic planning process, from planning and prioritization, to costing and financing, to implementation. It involved training a team that covered all areas of expertise, including national AIDS program managers, epidemiologists, economists, practitioners and civil society, in an effort to design, cost and implement a more effective HIV response. The focus was on imparting a greater understanding of the process, evidence, analysis, and the tools required to create better national plans. It was not intended for the participants to understand the technical details of each tool. Instead, they were expected to recognize where and how these tools are useful, as well as how to seek out support and from whom in these areas as needed. At the end of the workshop each country team produced a sample NSP for their country that demonstrated clearly prioritized and costed interventions for implementation.

## 4. LEARNING OBJECTIVES

The objective of the learning imparted at the workshop was that, following the training, each participant should be able to use outputs of the recommended tools to develop a strategic, evidence-based and prioritized NSP, if such a plan did for their country, or could improve the quality of the existing plans by making them strategic, evidence based, prioritized, and costed them.

The ten essential core criteria of a NSP on HIV in Asia:

**One:** Does the plan include or identify a *measurable goal* of reversing and/or stabilizing HIV prevalence among all populations-at-risk (sex workers (SW), male clients of sex workers, injecting drug users (IDU), men who have sex with men (MSM))?

**Two:** Does the plan demonstrate *prioritization*? E.g.; does the plan ensure an appropriate balance between prevention, treatment and impact mitigation programs?

**Three:** Does the plan *quantify the estimated number in need* of prevention, treatment and impact mitigation services?

**Four:** Do the *prevention and care programs specify standards and evaluate success* based on *evidence*? Does each prevention program include target *coverage thresholds* and *quality standards* for each activity?

**Five:** Does the plan *quantify the estimated unit cost and total costs* of prevention, treatment and impact mitigation interventions that have been harmonized across different providers (NGOs, donors, and Government)?

**Six:** Is the plan *accompanied by an annual operational plan*? Does the operational plan identify inputs required and annual operational targets for process monitoring that cover the same span as the strategic plan? Does it explicitly indicate the long-term investment in human and physical capital, which are required for scaling-up of interventions?

**Seven:** Does the plan *identify human resource and infrastructure needed* for scaling-up, including associated cost?

**Eight:** Does the plan *identify mechanisms and personnel required for managing* and implementing the national program as well as identify measurable indicators and criteria for evaluating and ensuring quality control of implementation of the plan?

**Nine:** Does the plan also monitor the progress on regional and sub-national plans, to ensure that their plans and activities reflect a similar understanding of their epidemics, and outline costed, strategic items with annual operational targets and necessary human resource and capacity-building plans?

**Ten:** Does the plan explicitly *quantify the overall resource needs as well as clearly define expected location- and activity/intervention-specific allocation of resources to maximize effectiveness* by source of funding?

## **5. PARTICIPANTS**

Nominations were provided by national governments for country participants, based on criteria established and communicated earlier, in consultation with the UNAIDS Country Coordinator. Participation was conditional on: (a) commitment to the 2-week training workshop session; and (b) commitment to serve as a resource person and facilitator for two training workshops (one in their own country and another country in the same sub-region) (c) education and/or experience in the HIV-field and a willingness to learn and apply new tools essential to participation in the workshop. (d) Ability to work in English during the regional training.

A range of two to five participants was supported from each of 18 countries in Asia region. Their background was expected to cover three to four knowledge bases and skills sets: public health, program management, budget and financing, and on the ground implementation. At least one participant from each country was to be from a nongovernmental background belonging to a community organization or an academic institution. (see Annex B for complete list of participants)

## **6. TRAINERS/RESOURCE PERSONS**

Three sets of resource people were involved in the training. The first set of experts compiled the analysis tools available, with their training manuals and other reference materials, with a recommendation for one tool (or a mix of tools) that was to be used in the Asian setting, accompanied by an overarching note for country users on what to expect from the tool, how to get the results from experts in the countries and use it for planning. This group included experts in Epidemiology; Geographic Mapping; Intervention Specialists (in prevention for most at risk population groups (MARPs), Antiretroviral treatment and livelihood security programs); and Economists (estimation of unit costs, resource needs, resource utilization and cost effectiveness) and Program Managers. The second group of specialists assisted in developing a training manual and methodology with educational pedagogy. The third group of specialists served as facilitators and resource people during the training workshop drawing on important lessons from their practical experience in program design and planning. (See Annex C for complete list of trainers/ resource persons)

## **7. AGENDA AND FORMAT**

The workshop was a two-week residential course using a structured training module that was prepared for self instructional learning. (See Table 1 in pages 12-13 for the workshop agenda) In the first sessions, through lecture and presentation, trainers introduced the topic of the day and clarified any questions that participants had. This was followed by giving the participants the required group reading and exercises necessary for further conceptual clarity and understanding.

In order to develop their costed and revised NSPs, the country teams were provided with templates. Each day, the NSP templates were filled in by the country teams who worked in their small groups. At the end of the workshop, each country had two NSP templates; the first one reflected their current country status, whereas the second one suggested an improved national plan, which reflected their newly acquired knowledge and skills. Each day, the

country teams shared their completed templates with the trainers and facilitators as well as posted them in their respective country stalls for other country teams to see. In the final exercise, each country team was paired with another country and they did peer review of each other's templates and provided constructive comments. After the countries incorporated their peers' comments and suggestions, their final revised templates were posted on the designated country stalls where a team of facilitators visited and further commented on the output. Additionally, on the final day each country team presented activity plans they would conduct following the training. (See Annex D for country follow-up plan presentations).

Another key component of the workshop was the skills building workshops. These workshops were offered in the evenings and participants were exposed to the suggested Analysis Tool Box – Size Estimation methods, Estimation and Projection Package (EPP) and Spectrum, Asian Epidemic Model (AEM), ArcView, INPUT Costing Spreadsheet, Resource Needs Model (RNM), MDG Costing Tool, and AEM Policy Analysis & Cost Effectiveness Tools.

**Table 1: Workshop Agenda**

	Sept 14	Monday, Sept 15	Tuesday, Sept 16	Wednesday, Sept 17	Thursday, Sept 18	Friday, Sept 19
8:30		Late Registration	Housekeeping and recap	Housekeeping and recap	Housekeeping and recap	Housekeeping and recap
9:00		<b>1.1.</b> Welcome and Introduction of participants <b>1.2.</b> Outline of the workshop and objectives	<b>2.1.</b> Methods of prioritization for prevention, treatment and impact mitigation (Tim Brown)	<b>3.1.</b> Need for a Data Policy Unit (Swarup Sarkar) <b>3.2.</b> Prioritizing geographic units for response (Tobi Saidel)	<b>4.1.</b> The need for elements with quality specifications for prevention interventions (Swarup Sarkar / Abu Abdul-Quader)	<b>5.1.</b> Filling-in the NSP Template ( <b>WS4-WS5:</b> Identifying elements of the priority package, indicators for monitoring, and estimating unit cost and resource needs)
9:30	<b>1.3.</b> Why make plans strategic? (JVR Prasada Rao)					
10:15	Room set-up (mics, IT, internet, computers, LCD, country board, etc.)	Coffee Break	Coffee Break	Coffee Break	Coffee Break	Coffee Break
10:45		<b>1.4.</b> Evidence behind core criteria for strategic NSP in Asia (Tim Brown)	<b>2.2.</b> Group reading material, followed by an exercise on prioritization	<b>3.3.</b> Size estimation (Abu Abdul-Quader) <b>3.4.</b> Group work exercise on choosing the right method for size estimation	<b>4.2.</b> Identifying elements and quality specification for treatment and impact mitigation	<b>5.1.</b> Session continued
11:30						
12:00		Lunch	Lunch	Lunch	Lunch	Lunch
13:00		<b>1.5.</b> 'SHAG' game to demonstrate HIV transmission, followed by an exercise on transmission dynamics	<b>2.3.</b> Using maps for prioritization: country examples	<b>3.5.</b> Filling-in the NSP Template ( <b>WS2-WS3:</b> Design, reassess or revise their national strategic plans to prioritize geographic region and sub-population)	<b>4.3.</b> Group reading material, followed by an exercise on specifying the standard package for prevention, treatment and impact mitigation	<b>5.1.</b> Session continued
13:30						
14:00			<b>2.4.</b> Exercises on mapping priority geographic regions			<b>5.2.</b> Daily feedback from participants
14:30						
15:00		Coffee Break	Coffee Break	Coffee Break	Coffee Break	Coffee Break
15:40		Registration	Facilitators meeting	<b>1.5.</b> Introduction and 'How-to' use the Training Manual	<b>2.5.</b> Introduction go the NSP template and worksheet	<b>3.5.</b> Session continued
16:30	<b>1.6.</b> Group discussion about applying the 10 essential criteria in your country			<b>2.6.</b> Filling-in the NSP Template ( <b>WS1:</b> Goals and objectives of your national strategic plan)		
17:00						
17:30		Daily feedback from participants	Daily feedback from participants	Daily feedback from participants	Daily feedback from participants	
18:00	Welcome dinner	Facilitators meeting	Facilitators meeting	Facilitators meeting	Facilitators meeting	Facilitators meeting
Country board		General demographics, economics, etc.	Goals and Objectives of NSP	Prioritization by sub-population and geographic region		Interventions, elements, unit cost and resource need
Skills-building		<b>1.9.</b> Launch of Data Hub	<b>2.8.</b> Asian Epidemic Model + Spectrum	<b>3.7.</b> GIS-Mapping Tools / Sampling methodologies	<b>4.6.</b> INPUT + RNM	
Resource people		JVR Prasada Rao, Tim Brown, Geoff Manthey, Anita Alban, Tobi Saidel, Wiwat P., Abu Abdul-Quader, Prabhat Jha, Sukhontha Kongsin, Sukhum Jiamton, Amala Reddy, Swarup Sarkar, Ross McLeod	Tim Brown, Amala Reddy, Wiwat P., Kriengsak, Riaz Khan, Tobi Saidel, Abu Abdul-Quader, Geoff Manthey, Anita Alban, Prabhat Jha, Sukhontha Kongsin, Sukhum Jiamton, Amala Reddy, Swarup Sarkar, Ross McLeod	Tobi Saidel, Abu Abdul-Quader, Amala Reddy, Geoff Manthey, Anita Alban, Sukhontha Kongsin, Sukhum Jiamton, Amala Reddy, Swarup Sarkar, Ross McLeod	Swarup Sarkar, Abu Abdul-Quader, Oussama Tawil, Michael Hahn, Anita Alban, Geoff Manthey, Anita Alban, Sukhontha Kongsin, Sukhum Jiamton, Amala Reddy, Ross McLeod	Anita Alban, Michael Hahn, Robert Greener, Ross McLeod, Carlos Avila, Geoff Manthey, Oussama Tawil, Abu Abdul-Quader, Sukhontha Kongsin, Sukhum Jiamton, Amala Reddy, Swarup Sarkar, Sujatha Rao

	Monday, Sept 22	Tuesday, Sept 23	Wednesday, Sept 24	Thursday, Sept 25	Friday, Sept 26	
8:30	Recap and Review	Recap and Review	Recap and Review		Recap and Review	
9:00	<b>6.1.</b> The "Three principles" of a scaled-up Response for prevention (Ashok Alexander)	<b>7.1.</b> Designing an operational plan for success (Brian Williams)	<b>7.4.</b> Session continued	<b>7.4.</b> Session continued	<b>8.1.</b> A synthesis of requests from the countries and a joint TA plan by the providers to address this request	
9:30						
10:00						
10:15	Coffee Break	Coffee Break	Coffee Break	Coffee Break	Coffee Break	
10:45	<b>6.1.</b> Scaling-up for Treatment and impact mitigation	<b>7.2.</b> Estimating total cost + human resource, management, and monitoring, including other line items	<b>7.4.</b> Session continued	<b>7.4.</b> Session continued	<b>8.2.</b> Other follow up plans announced: AEM, Spectrum, Input, AEM-Policy Tools	
11:00						
11:30	<b>6.2.</b> Exercise on identifying common minimum package					
12:00	Lunch	Lunch	Lunch	Lunch	Lunch	
13:00	<b>6.3.</b> Estimating additional need: human resource, management, monitoring and capacity building (Ashok Alexander / Wiput Phoolcharoen)	<b>7.3.</b> Introduction to the NSP "core components" – a template for participants to fill-in (Wiput Phoolcharoen)	<b>7.4.</b> Session continued	<b>7.4.</b> Session continued	<b>8.3.</b> Q + A	
13:30						
14:00	<b>6.4.</b> Using cost-effectiveness and principles of cost-sharing for prioritization (Ross McLeod)	<b>7.4.</b> Filling-in the NSP Template				
14:30						
15:15	Coffee Break	Coffee Break	Coffee Break	Coffee Break	Coffee Break	
15:45	<b>6.5.</b> Filling-in the NSP Template ( <b>WS6:</b> Human resource needs for management)	<b>7.4.</b> Session continued	<b>7.4.</b> Session continued	<b>7.7.</b> Ask countries to prepare 4 concrete follow-up actions (to present on Friday)	<b>9.</b> Wrap-up and closing	
16:00						
16:30						
17:00						
17:30	Daily feedback from participants	Daily feedback from participants	Daily feedback from participants	Overall feedback and review of the workshop from participants		
18:00			Facilitators meeting			
Country board	General demographics, economics, etc.	Resource availability and proposed allocation				
Skills	<b>6.6.</b> AEM Policy (for cost-effectiveness analysis)					
Resource people	Ashok Alexander, Wiput Phoolchareon, David Wilson, Sujatha Rao, JVR Prasada Rao, Robert Greener, Carlos Avila, Tony Lisle, Abu Abdul-Quader, Oussama Tawil, Sukhontha Kongsin, Sukhum Jiamton, Amala Reddy, Swarup Sarkar, Ross McLeod, Brian Williams	Ashok Alexander, Carlos Avila, Robert Greener, Sukhontha Kongsin, Ross McLeod, Sujatha Rao, Tony Lisle, Oussama Tawil, Abu Abdul-Quader, Sukhum Jiamton, Amala Reddy, Swarup Sarkar, Ross McLeod, Brian Williams, Wiput Phoolcharoen, Wiwat P.	Sujatha Rao, JVR Prasada Rao, David Wilson, Tony Lisle, Abu Abdul-Quader, Sukhontha Kongsin, Sukhum Jiamton, Amala Reddy, Swarup Sarkar, Ross McLeod, Brian Williams	JVR Prasada Rao, David Wilson, Wiput Phoolcharoen, Tony Lisle, Abu Abdul-Quader, Sukhontha Kongsin, Sukhum Jiamton, Amala Reddy, Swarup Sarkar, Ross McLeod, Brian Williams	JVR Prasada Rao, David Wilson, Wiput Phoolcharoen, Pradeep Kakkattil, Tony Bates, Tony Lisle, Abu Abdul-Quader, Sukhontha Kongsin, Sukhum Jiamton, Amala Reddy, Swarup Sarkar, Ross McLeod, Brian Williams	



## **8. WORKSHOP PROCEEDING**

The specific subjects covered for addressing each of the ten essential criteria are described below,

8.1) The first of the ten essential criteria was to explore whether the national plans included or identified a measurable goal of reversing and/or stabilizing HIV prevalence among all populations-at-risk. To cover this topic, several sessions were held. They included: “The Need for Strategic Plans: Gaps in the Current Response”, “The Shape of HIV in Asia: Implications for Policies and Programs”, Sexual Heterogeneity Game (‘SHAG’), and “Planning Effective Responses to Asian HIV Epidemics”. The Need for Strategic Plans: Gaps in the Current Response’ was an overview of the progress and gaps in national planning and response. ‘The Shape of HIV in Asia’ aimed to emphasize the patterns of HIV epidemics in Asia and how they are driven by most-at-risk populations (MARPS). ‘Planning Effective Responses’ presented evidence of the need for the 10 criteria. SHAG was a group activity that explained the higher risk of infection while engaging in risky behavior. In the end there was also a group discussion about applying the 10 essential criteria in the participants’ own country setting. Resource persons involved included JVR Prasada Rao, Tim Brown, Swarup Sarkar, and Prabhat Jha.

8.2) The second essential criterion was about methods of prioritization. Tim Brown from the East West Center in Hawaii led this session. He provided an overview of the trends and projections of the HIV epidemic in Asian countries using the AEM and Spectrum, which could be used for prioritization. In this presentation, a normative guideline was also suggested for countries with insufficient data to construct models.

The following were the highlights,

8.2.1) sources of new infections, according to sub-populations or mode of transmission

8.2.2) identification of geographic ‘hot spots’ with heightened rates of HIV prevalence or risk behaviors

8.2.3) estimates of people in need of treatment (both first- and second-line)

8.2.4) estimates of impact, in terms of widows, orphans and potential impacts on household income

This lecture was followed by group exercises and discussion questions.

Stories from Pakistan, Indonesia and India were shared to illustrate the benefits of geographic prioritization, and participants identified the typology of their countries in groups. They also worked in designing, reassessing and revising their national strategic plans to prioritize geographic regions and sub-populations. This discussion continued on Wednesday, when Tobi Saidel from Partnership for Epidemic Analysis (PEMA) presented conceptual framework and basis for assigning relative geographic prioritization. Her presentation was followed by an exercise using a case study with actual data, which illustrates how to utilize data at geographic sub-units and the need for greater data collection at these levels.

Related Skills-Building sessions were held over the next two days including AEM (Tuesday), GIS-Mapping Tool (ArcView, Wednesday) and Sampling methodologies (EARS, Wednesday). A separate skills building session on Spectrum was held in the second week of the training so as not to overlap it with other sessions.

8.3) The third session discussed the next criterion about quantifying the number in need of services, and also aimed to reiterate the need for more organized collection, synthesis and analysis of demographic, behavioral, biological and epidemiological data. Abu Abdul-Quader from the Center for Diseases Control (CDC) talked about population size estimation. The country groups also worked on a group exercise that compared different methods for size estimation. Different methods for size estimation were covered such as capture-recapture, census/enumeration, multiplier, and snowball/nomination. Because epidemic models are the main method to estimate treatment needs, these were covered in the previous session and are not repeated here.

In response to participants' questions, Swarup Sarkar gave a brief presentation to clarify the classifications presented in this workshop, and how they are used to develop different aspects of prioritization. While stating that classifications are not conflicting with one another, he said that they are used for different purposes. For example, early-expanding-declining' classification is based on timing and used for population prioritization, while the 'risk/disease burden' classification is used for geographic prioritization.

8.4) The next session topic was looking at whether or not the intervention programs included standard of best practice elements with minimum benchmarks based on evidence. The session not only presented evidence for elements of intervention and their quality standards, but also discussed the importance of defining activities and implications of poorly-defined intervention packages. For this, Swarup Sarkar presented these elements as part of a Standard Halt and Reverse Package (SHARP). To reinforce this concept, country groups worked on their country templates.

8.5) The training moved on to look at economic aspects of their plans, which included estimation of unit costs, resource needs and gaps, and projections of socioeconomic impacts. Following a technical presentation on 'Costing HIV strategic Plans in Asia,' presented by Anita Alban, country teams prioritized interventions according to cost-effectiveness and other criteria, calculated unit costs using the INPUT tool, estimated total resource needs and identified gaps as well as areas to focus further mobilization efforts, including funds available domestically in different departments or ministries. Estimates of unit cost and overall resource needs -- as the fifth essential criterion -- also covered several other areas, including Economic Impact and Mitigation in Asia presented by Robert Greener from UNAIDS, Estimating Resource Availability and Gap presented by Ross McLeod from ADB and Resource Tracking and Future Needs presented and facilitated by Carlos Avila from UNAIDS and Kazuyuki Uji from UNDP. There was also a country specific group exercise on identifying elements of the priority package, indicators for monitoring, and estimating unit cost and resource needs. In terms of the Skills Building session, the participants were exposed to the INPUT, ASAP Costing Tool and the Normative Standards.

8.6) The opening session on the first day of the following week focused on practical planning and management. Because these presentations were primarily based on country experiences, several criteria were covered in this session, including: designing a plan for scaling-up; assessing and planning for human resource needs; effectively planning and implementing a local response in decentralized structures; and coordination and harmonization across partners and stakeholders.

In this session, Ms. Sujatha Rao, Director-General of the National AIDS Control Organization (NACO), talked about India's experience in bringing programs to scale. In her

presentation, she highlighted key points, aligned with the previously-identified criteria for validation:

(i) Choosing the right approach to scaling-up is crucial: the traditional paradigm of gradually replicating successful pilot projects to reach desired coverage has shown no success; in fact, both Thailand and India have demonstrated the rapidity of impact when the whole country or sub-region.

(ii) Defining the proposed outputs and suggested inputs required (also called ‘operational guidelines’ or ‘defining the product’), which form the basis of quality assessment.

(iii) Estimating and planning the scale-up of human resources, to meet the estimated additional needs in delivering a scaled-up response.

These concepts were reiterated by Aparajita Ramakrishnan, from the Avahan program (a part of the Bill and Melinda Gates Foundation), who presented a summary and review of Avahan’s experience in providing scaled-up prevention. Her “Recipe for Scale” reiterated the main points presented by Ms. Rao, namely: (1) Same product: defining what to scale; (2) standard supervision: developing common guidelines and using them as the standard for quality control; and (3) scale simultaneously throughout the country, and build quality over time.

India provides an example of how to manage and implement a scaled-up response in large countries with relatively strong centralized governments. In a separate presentation, Wiput Phoolcharoen of Health Systems Research Institute (HSRI) presented his experience from Chonburi province in Thailand, in initiating and mobilizing plans and resources for HIV at the provincial level. The presentation highlighted the need for technical capacity and scientific evidence to serve as a basis for policy and program design. He also reinforced the importance of a Data Policy Unit (in this case, called the AIDS Strategic Information Center) to collect, synthesize and utilize data for program design.

8.7) With an overall estimate of total resources – financial, human and infrastructural – needed to successfully implement the response, it is important to reassess the available strategies or interventions, and prioritize according to the country priorities. For this, Sukhontha Kongsin from Mahidol University and the ASAP Consortium presented a brief introduction to economic evaluation as one method for prototyping. This was followed by ADB Consultant Ross McLeod who presented some of the salient technical details of “Cost Effectiveness and Cost-Sharing for Priority Setting”. This was followed by country group-work, on human resources planning. In terms of the tools, there was AEM Policy Worksheet & Resource Needs Model and MDG-Costing Tool.

8.8) After identifying an effective strategy, the final step in planning is to formulate the operational plan, including the 2-3 year business plan. This plan will lay out the specific responsibilities and budget allocations for programming the response. There were two main presenters for this topic. Ms. Sujatha Rao spoke about her experiences from India in the overall process of preparing a national plan for HIV/AIDS. Brian Williams from UNAIDS also presented Operation Plan development in Myanmar as a case study example of how to move from strategic plans and country priorities to a business plan.

8.9) With the completion of operational planning, the technical content of the workshop had concluded as countries were tasked with assessing their own country data and environments, in order to outline the key priorities and strategies, and specific action points to

suggest upon their return home. This work was guided by a ‘country template’ which required the participants to suggest planning decisions or revisions, and provide the evidence to back such decisions. The ‘country template’ was introduced and outlined in detail through a joint presentation by their creators – Swarup Sarkar and Wiput Phoolcharoen.

As a key partner in the workshop and stakeholder in the implementation of the workshop goals at country level, Jim Rock from TSF provided a brief overview of how to access TA and acquire financial support for follow-up activities to the workshop. This presentation was also an opportunity to highlight the key function of TSF in terms of follow-up technical assistance, as well as an opportunity for participants to enter the roster as TSF consultants in this area of costing of national plans.

To reinforce some of the principles of the Asian epidemics and the need for evidence-based planning, David Wilson from the WB gave a presentation on “Understanding and Addressing Our Last 1,000 Infections with Proven Approaches”. This presentation provided an overall summary of the main concepts discussed throughout the workshop and reinvigorated many participants to continue the work on their templates.

The country groups continued to work on their templates with table-by-table facilitation by the resource persons. They also did peer review, i.e., shared their templates with another country and helped each other revise the templates further. In the end, their work was put up on the country boards and the resource persons and the rest of the participants walked around reviewing and commenting on the work of the countries.

## **9. COUNTRY PRESENTATIONS**

Based on the guideline provided by the facilitators, the country teams prepared PowerPoint presentations outlining the current HIV planning cycle in the respective countries, the next available entry point for revising or restructuring the National HIV Plans, the support that they needed in order to advocate for and to carry out the said revisions, the specific Technical Assistance (TA) needs and the skills required. The suggested presentation guideline also asked the countries to outline 3-5 key pieces of planning work that they would do in the next 12 months and define as much as possible the responsible institutions that would do the work of following up and taking forward the NSP processes. These presentations (See annex D for detailed slides of country follow up plans) listed opportunities for integrating the workshop learning to the country planning and implementation processes.

## **10. POST WORKSHOP FOLLOW UP ACTIVITIES**

A follow up plan was developed to assist the national initiatives by the participants at the country level to integrate the learning from the workshop in the ongoing planning cycles. It was decided that all the countries that participated in the workshop will be supported at the country level to follow up their work at the workshop through a participatory and country-led process through a variety of technical assistance processes.

The main process for country level support would be demand driven wherein countries could directly request for TSF or ASAP support to improve upon the current National plans. These two agencies have already earmarked resources for the above countries. UNAIDS RST pledged an additional amount of 200,000 USD to provide seed money for the follow up work at country level. Further, an agreement was reached between the global technical assistance

providers (UNAIDS, UNDP, ASAP initiative of UNAIDS Geneva and the WB) to harmonize their country plans through TSF. The countries are of course free to request TA from other donors. The workshop sponsors also agreed to finalize a common set of costing tools to be developed jointly by ADB, UNAIDS, ASAP and UNDP. UNDP has agreed to fund the further finalization of these tools. A final last meeting of the CSG and TAG would be held after the workshop to provide final guidance to the stakeholders based on the final evaluation report. In addition, participants agreed that each country group would designate a focal person who is responsible for follow-up and providing feedback to UNAIDS.

## **11. OUTPUT**

The output of the workshop may be summarized as follows:

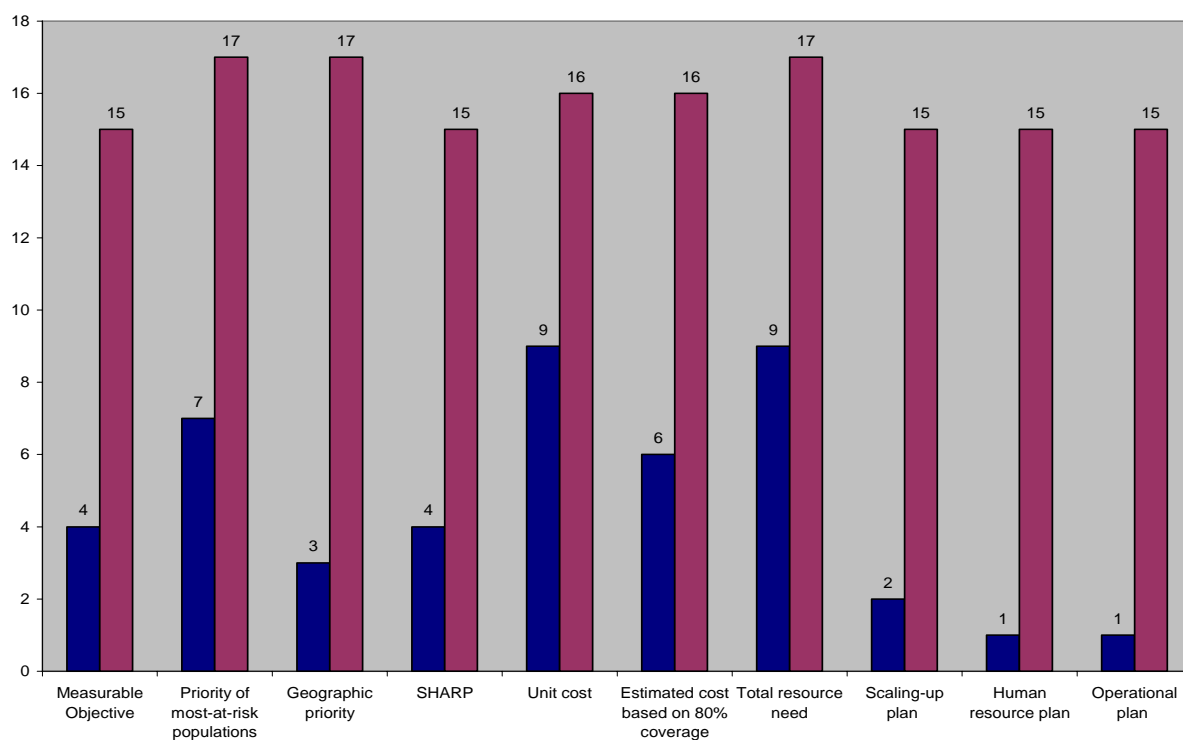
- Each country reviewed their National Strategy Plan (NSP) and developed preliminary revised and prioritized NSPs and cost-supported Operational Plans (OP).
- Participants produced slide presentations with country specific follow-up action plans outlining the status of the NSP and OP development and the TA needs to strengthen their HIV and AIDS programs with strategic information and costing.( see Table 2 in pages 19-20 for details of country TA needs)
- Workshop facilitators produced a summary of pre- and post-status of country NSPs as compared to the list of ten essential criteria. (See Figure 1 in page 21 for the analysis of the pre and post NSP status)
- At the workshop, UNDP, The World bank and UNAIDS agreed to harmonize costing tools - UNDP has agreed to provide some funds to work on one tool that merges INPUT, RNM and ASAP costing tool, and MDG Costing Tool.
- UNAIDS Geneva AIDS Financing and Economics Division (AFE) has developed a Global Resource Needs (GRN) estimation based on their assessment of the unit costs. The estimate was shared with the country participants. The idea was to validate the estimates, based on the resource needs estimated at the workshop. This proved to be more time and data-intensive exercise than was possible at workshop. The decision was that countries would do this comparison of their own resource needs estimates in the various categories shown in the Global Resource Needs sheets and compile it. Suggestion is that this work is to be coordinated through the UNAIDS Country Coordinators.

Table 2: Country TA needs

Country	Where in Process				Areas of TA need																
	Existing National Strategic Plans (NSP)	Development of NSP	Mid Term Review	Operational Plan (OP)	Revise and Further Develop NSP and OP	Require external review of the NSP and OP	Surveillance	Size estimation	Geographic Mapping of High Risk Groups	Model Development	Scaling up with or w/o decentralization	Unit Costing	Human Resources Capacity Building	M&E System Development for MARPs	ART and Pediatric Care	Donor Coordination	Multisectoral Response	Civil Society Development and Strengthening	Public Private Partnership	Global Fund related support	
Afghanistan	2006-2010			2006-2010																	
Bangladesh	2004-2010		2008	2004-2010																	
Bhutan	N	2008																			
Cambodia	2006-2010	2010	2007	2006-2010																	
India	2006-2011	2010	2009																		
Indonesia	2007-2010		2009	2007-2010																	
Lao PDR	2006-2010		2008	2006-2014																	
Malaysia	2006-2010		2008																		
Maldives	2007-2011	2011																			

Country	Where in Process				Areas of TA need															
	Existing National Strategic Plans (NSP)	Development of NSP	Mid Term Review	Operational Plan (OP)	Revise and Further Develop NSP and OP	Require external review of the NSP and OP	Surveillance	Size estimation	Geographic Mapping of High Risk Groups	Model Development	Scaling up with or w/o decentralization	Unit Costing	Human Resources Capacity Building	M&E System Development for MARPs	ART and Pediatric Care	Donor Coordination	Multisectoral Response	Civil Society Development and Strengthening	Public Private Partnership	Global Fund related support
Mongolia	2006-2010	2009	2008	2007-08																
Myanmar	2006-2010		2008	2008-10																
Nepal	2006-2011	2010	2009	2006-2008																
Pakistan	2008-2013		2011	2008-13																
Philippines	2005-2010	2010	2008	2009-10																
Sri Lanka	2007-2011	2011	2009	2008-09																
Thailand	2007-2011		2009	2007-09																
Timor L'Este	2006-2010		2008	2006-08																
Vietnam	2004-2010		2008	2007-10																
<b>Total countries)</b>					<b>10</b>	<b>9</b>	<b>11</b>	<b>12</b>	<b>8</b>	<b>9</b>	<b>1</b>	<b>9</b>	<b>12</b>	<b>9</b>	<b>1</b>	<b>6</b>	<b>9</b>	<b>7</b>	<b>1</b>	<b>7</b>

**Figure 1: Analysis of Pre and Post NSP Status against the ten essential criteria**



Index:

Blue: Number of countries that had the stated criteria prior to the workshop

Red: Number of countries that had the stated criteria after the workshop



## **12. EVALUATION**

Daily evaluations were designed to inform the team of facilitators and the resource people about any problems, issues and perceptions of the participants regarding the workshop so that immediate revision could be made to the structure and format to improve the training as much as possible. This evaluation was carried out by the lead facilitator at the end of each day. Additionally, the University of California, Los Angeles (UCLA) in collaboration with Field Epidemiology Training Program (FETP) of Thailand conducted an independent external evaluation of the training. The full external evaluation report is available as a separate document titled *Workshop on Costed National Strategy for Asia and the Pacific, 2008, Evaluation Report*.

The feedback received from the participants in the internal evaluation was generally positive. For many participants, this had been the first opportunity to learn about strategic costing and planning of HIV interventions within prioritized framework. As such, they appreciated the knowledge imparted and the skills learned. The workshop was also valued for its unusual opportunity for country teams to talk with experts from around the world about theories and practical issues related to cutting edge advances made in addressing HIV epidemic; whether modeling of epidemic or experiences in scaling up responses. Participants also appreciated the opportunity to share experiences and common challenges and learning from the other countries' experiences in programming. Countries were particularly interested and glad to be learning about good practices in other countries, such as unit costing from Nepal, the geographic prioritization from Indonesia, and scaling up experience from India. The skills building sessions in particular seemed to have attracted many participants, especially as many of them expressed interest in potentially fulfilling the roles of capacity development consultants that would be emerging in the region.

## **13. RECOMMENDATION**

UNAIDS, ADB, ASAP, UNDP and TSF should take stock and assess the impact of the workshop and continued work of country teams to make the response to AIDS in Asia strategic. Discussions should continue on how best to support countries, and how to evaluate this effort, especially to try and assess whether it makes a difference at country level. This will be the most important measure of the value of the workshop. In terms of the activities planned to reinforce this training, the following two processes will be of help:

(1) *Country-specific technical assistance and support*: the Technical Support Facility for Southeast Asia and the Pacific has been assigned the role of coordination of requests for technical assistance on development, costing and implementation of National Strategic Plans in the region. TSF will use this training as their foundation for providing Technical Assistance in designing or revising strategic and operational plans.

(2) *National training workshops*: Follow-up national level workshops will be held at national level where the participants would actually work on the country plan or get additional training on tools and analytical skills. For large countries like India, Indonesia and China, or decentralized states like Thailand and the Philippines, state-or provincial planning will be encouraged.

Additionally, the following recommendations can be made.

- Ideally for future country level workshops and provincial/ district level roll out of the training, preparatory visits and participatory planning with the local authorities would be extremely valuable in helping to explain the purpose of the workshop, providing help in gathering information for the identified participants, and in collecting the necessary data to fill-in relevant templates, which could then be completed with real data and to a high standard. For future activities planned, these attempts in harmonization and compliance are critically important.

- Ideally, in the future, country-specific issues should guide the template development for each country. Preparation and planning should allow sufficient lead time to enable the workshop content to be adjusted in response to issues flagged by participating countries in their country tables.

- Future workshops should devote more time to sharing country experiences on selected issues after the background presentations made by experts to make issues specific to the countries.

- While the workshop went well, there was some unevenness in the quality of presentations and activities; future workshops should ensure a consistently high standard across the board in terms of presentations and activities.

- Some country delegations did not include economists and epidemiologists as envisaged. In the future, countries should be encouraged to include individuals with these skills.

## **Annexes**

### **Annex A: Terms of Reference and Members of the Core Strategy Group (CSG) and the Training Advisory Group (TAG)**

#### **Background**

During the last twenty years, resources for HIV in the Asia-Pacific region have dramatically increased although the coverage to services has remained limited. It is estimated that an overall figure of \$1.2 billion is currently available for the HIV response – increasing from less than 100 million per year in the late 1980's. However, HIV services during this time have reached only 30% of the populations who need them.

Most countries today do have some national strategic plans. However, only a few are costed. Furthermore, the costed plans often lack operational plans that map out activities with annual targets and estimation of human and financial resources required to effectively implement these plans. As a result, plans are often under-resourced to begin with. In addition, most plans also lack quality and no standard specification for assessment of national strategic plans exists.

The need for setting standards of the national plans, describing the quality criteria and developing the capacity for generating such plans have never been so urgent, as increasing donor-funds are being made available for scaled up response and particularly with the Global Fund's recent decision to fund national strategic plans with replenishments of the fund on a year to year basis.

There have been several attempts to respond to the situation described above:

- A collaborative proposal was developed between UNAIDS RST-AP and the Asian Development Bank (ADB) in 2006 to specifically address this issue. This initiative proposes development of a set of tools that are relevant to the region, plans to offer a regional training to selected nationals from each country on steps of development of prioritized costed plans which can be assessed against a common set of quality standards. The trained persons will be expected to follow up development or improvement of costed national plans in their own country. The regional training will be followed by country-specific technical assistance, to reinforce and further improve and validate the costed plans developed in the workshop.

- UNAIDS Secretariat plans to assist countries in developing costed plans by end of 2008 as a part of achieving Universal Access targets and estimations of resource need. UNDP Regional Center in Colombo has also been supporting countries in the region in MDG costing, including for AIDS programmes. In addition, the Technical Support Facility for Southeast Asia and the Pacific (TSF SEAP) has been created to address the need to provide consulting services in various areas of technical need in the region, including technical assistance to countries who request support in developing and costing their national strategic plans.

- The UNAIDS-ADB work plan has also created other training opportunities through the creation of Data hubs, Economic Technical Reference Group, and Learning Sites on high-risk group interventions, which will provide opportunities for training of epidemiologists, economists and practitioners of prevention programs for high risk groups.

- The AIDS Strategy and Action Plan (ASAP), a service of UNAIDS, funds technical and financial assistance and capacity building to countries in designing, costing and implementing AIDS strategies and action plans. This collaborative work of the UNAIDS Secretariat and Co-sponsors, which is hosted by the World Bank, has created several tools and training modules that help countries design strategic plans that are well-prioritized, evidence-based, and results-focused. ASAP's capacity building effort was out-sourced to INSP of Mexico and the World Bank Institute in 2007. The INSP in turn has involved the Mahidol School of Public Health to take a lead in the training for the Asia and Pacific region.

- UNAIDS in several countries has recruited monitoring and evaluation staff who are ready to offer technical support to the countries in development of national strategic plans. UNAIDS country offices are to serve as a facilitator of technical support requests on the development of costed national strategic plans for universal access.

- USAID has supported training on costing national strategic plans for ASEAN countries, UNAIDS Secretariat (Geneva) has initiated training on National AIDS Spending Assessment for the region. Two rounds of resource need estimations have been conducted in the region, through collaboration between UNAIDS, ADB and USAID.

Any capacity building plan, therefore, has to synchronize these efforts and ensure that same set of tools and standards are used for training and capacity building in the HIV-planning processes. It is also important that all the providers of training and capacity building coordinate between themselves in order to deliver one harmonized plan at both the regional and country-level.

In an effort to achieve such harmonization, the UNAIDS-ADB Collaborative Project called a Pre-training Workshop in September 2007 for major stakeholders involved in such activities. At this meeting, it was agreed that efforts must be made to reduce duplication of work and to ensure that all work on design and costing of national strategic plans in the region are founded on the same basic principles and reflect patterns and realities of the HIV epidemics in Asia.

The outcome of the meeting resulted in several decisions. First, that all technical assistance and capacity-building efforts related to costing of national strategic plans in the Asia-Pacific region should be shared through a centralized – possibly web-based – system. It was suggested that such a system could be housed and maintained by the Technical Support Facility (TSF) in Kuala Lumpur, Malaysia. Second, a regional workshop was proposed to take place in 2008, to train national experts and specialists in the design and costing of national strategic plans for the region.

All participants recognized the need to coordinate work to ensure a unified response and to minimize duplication, and it was agreed that UNAIDS RST-AP, through its Evidence-based Advocacy for Action project (funded by SIDA/ADB), would take the lead in such work. In order to coordinate, synchronize and harmonize the principles and tools to use for the national strategic planning process, it was proposed that a 'Core Strategy Group' be constituted with the aim of coordinating such initiatives. To ensure the technical soundness and quality of the training materials, a 'Training Advisory Group' was also proposed to closely monitor and guide such work and endorse one standardized set of tools and a national strategic plan template to be promoted by the Core Strategy Group for use by all agencies providing technical support for costing of national strategic plans in the region.

### **The main purpose of the Core Strategy Group is:**

1. To oversee and support the organization of a Regional Training Workshop on National Strategic Plans.

2. To ensure global and regional level support for the workshop training tools and content through liaising with global level stakeholders and donors.

3. To harmonize and coordinate demand for and supply of technical assistance for designing and costing of National Strategic Plans in the Asia Pacific region.

### **The main tasks identified for the Core Strategy group are:**

#### Oversee organisation of Regional Training Workshop

- To agree on the draft Plan Document prepared for the Regional Training Workshop, proposed objectives and outcomes of the workshop, participants profile etc.

- To review and monitor the progress on the overall curriculum development, training tools and manual for the Regional Training Workshop with the Training Advisory Group.

- To review outcomes of Regional Training Workshop and ensure the use of a harmonized set of tools and principles in all follow-up technical support activities in countries.

#### Ensuring support for training tools and content

To support the Training Advisory Group (TAG), tasked with ensuring harmonized curriculum development and identifying quality criteria for evaluation of national strategic plans. This will be through periodic reviews of the progress and work undertaken.

To gain support and buy-in from global-level stakeholders and donors who will be supporting the national strategic planning process.

To define a strategy to ensure that the outputs and curriculum of the workshop and follow-up TA are aligned with the guideline for large grant applications eg Global Fund applications

#### Harmonization and coordination of existing demand and supply

- To create a centralized mechanism to catalogue and organize TA needs and requests. The suggestion at the Pre-training Workshop was to establish a web-based system for easy access and updating. UNAIDS Country Coordinators would be responsible for identifying TA needs/requests in their respective countries and regularly updating this catalogue. RST in collaboration with TSF should be responsible for coordinating TA requests to ensure that there is no duplication and the content – regardless of supplier – remain consistent.

### **At the Pre-training Workshop in September 2007, it was proposed that the Core Strategy group consist of the following:**

- 1) Chair – Prasada Rao, Regional Director, UNAIDS RST AP
- 2) Member – Sokontha Kongsin, Mahidol University
- 3) Member – Ian Anderson/Swarup Sarkar, ADB
- 4) Member – Caitlin Wiesen-Antin, Regional HIV/AIDS Programme Coordinator, UNDP
- 5) Member – Jim Rock, Director, TSF SEAP
- 6) Member – Ibu Nasfiah, National Programme Manager, Indonesia
- 7) Member - Damodar Bachani, Joint Director, M&E, India National AIDS Control Organisation

8) Member/Secretary – Tony Bates, Regional Adviser-Technical Support, UNAIDS RST AP

It has been further suggested to include key donors, like The Global Fund, as members given their key role in being major donors to the region and their important involvement in National Strategic Planning. In addition, it is suggested that Geoff Manthey, Regional Programme Adviser, UNAIDS RST AP who is the RST Focal Point for this activity also be invited as a member.

### Duration:

The Core Strategy Group will be constituted for a period of 7 months, June – December 2008. It is suggested that the second phase of the TA at country level will be monitored through a reconstituted group .

### Operational arrangements:

It is planned that the Core Strategy Group will hold five virtual meetings and also be consulted by e-mail as required. After this period the future schedule of Core Group Meetings will be decided upon.

The proposed schedule is:

First week of June 2008	First virtual meeting	To discuss and agree on: <ul style="list-style-type: none"> <li>• Draft planning document</li> <li>• Proposed meeting dates</li> <li>• Agenda/content</li> <li>• Profile of participants</li> <li>• Curriculum development process</li> <li>• Other expertise required for the workshop</li> <li>• Process for the development of a central database on for costing of NSPs</li> </ul>
Mid-July 2008	Second virtual meeting	To review the progress of <ul style="list-style-type: none"> <li>• Preparation of the workshop</li> <li>• Development of Curriculum</li> <li>• Proposed process for workshop</li> <li>• Development of central database for harmonization of</li> </ul>
End-July 2008	Third virtual meeting	To review the progress of the <ul style="list-style-type: none"> <li>• Preparation of the workshop</li> </ul> Nomination of the participants Curriculum development
Mid-August 2008	Fourth virtual meeting	Final review on the preparation of the meeting Evaluation Procedure of the training
Second half September 2008		Participation in the Training Workshop
October _ 2008	Fifth virtual meeting	to review <ul style="list-style-type: none"> <li>• Outcomes of training workshop</li> <li>• Plan for follow up activities</li> <li>• Decide on schedule and composition of the Core strategy group for the next phase of TA</li> </ul>
Dec 2008	First meeting the newly constituted group	To be decided.

**The main purpose of the Training Advisory Group is:**

1. To oversee development of curriculum for the Regional Training Workshop on National Strategic Plans.
2. To create oversee development of one harmonized set of tools to be used for the Regional Training Workshop and in follow-up Technical Support in costing of national strategic plans throughout the region.

**The main tasks identified for the Training Advisory Group are:**

Oversee curriculum development for the Regional Training Workshop

- To agree on the draft strategy document outline prepared for the Regional Training Workshop, including training dates, proposed agenda for the workshop, participants' profile etc, training outline and content.
- To discuss and endorse proposed training modules and materials
- To review, comment and endorse the final training manual and other training materials for the Regional Training Workshop
- To review outcomes of Regional Training Workshop and recommend several mechanisms to ensure the implementation of follow up activities for the Core Strategy Group to take forward.

Ensuring creation of one harmonized set of tools

- To discuss and recommend how existing global tools can be revised to be more Asia-specific
- To agree upon and recommend one set of harmonized tools that are scientifically based, technically sound, and relevant to the Asian context.

**At the Pre-training Workshop in September 2007, it was proposed that the Training Advisory Group consist of the following:**

- 1) Prasada Rao
- 2) Tim Brown
- 3) David Wilson
- 4) Sukontha Kongsin
- 5) Wiput Phoolcharoen
- 6) Wu Zunyou
- 7) Padma Chandrasekaran / Representative from Avahan
- 8) Patrick Osewe

It has been further suggested that a technical member from UNAIDS Secretariat (Geneva) and a technical staff member from Global Fund, particularly in relation to development of national strategic plan template, would be added. Swarup Sarkar and Nalyn Siripong will provide Secretariat support to the Training Advisory Group.

**Duration:**

The Training Advisory Group will be constituted for a period of 7 months, June – December 2008.

**Operational arrangements:**

It is planned that the Training Advisory Group will hold five virtual meetings and also be consulted by e-mail as required. After this period the future schedule of Core Group Meetings will be decided upon.

They should also be invited to attend and participate in the workshop to evaluate its effectiveness and provide input on ways to improve.

**Proposed Calendar:**

<b>Date</b>	<b>Event</b>	<b>Details</b>
First week of June 2008	First virtual meeting	To discuss and agree on review: <ul style="list-style-type: none"> <li>• Draft planning document</li> <li>• Proposed meeting dates</li> <li>• Agenda/content and supporting experts</li> <li>• Overall workshop process</li> <li>• Participants' profile</li> <li>• How existing global tools can be modified for the Asian context and where new tools are required</li> <li>• Training manual writer</li> </ul>
Early-July 2008	Second virtual meeting	To discuss and further develop review: <ul style="list-style-type: none"> <li>• Specific outline of the workshop content of the workshop</li> <li>• Workshop agenda</li> <li>• Update on the progress of the training manual and different sub-sections</li> <li>• Proposed process for workshop</li> <li>• set of Tools and supporting Technical Materials</li> <li>• Nomination of the participants</li> </ul>
End-July 2008	Third virtual meeting	To review finalize and recommend endorsement for: <ul style="list-style-type: none"> <li>• Draft version of the training manual Content</li> <li>• Tools</li> <li>• Evaluation process</li> <li>• Draft version of training manual (for field testing)</li> </ul>
Mid-August 2008	Fourth virtual meeting	To finalize: <ul style="list-style-type: none"> <li>• Final training manual (after field testing and peer review)</li> </ul>
Early September 2008		Proposed Dates for Regional Training Workshop
October 2008	Fifth virtual meeting	<ul style="list-style-type: none"> <li>• To review and evaluate outcomes of training workshop</li> <li>• To review results of the evaluation</li> <li>• To suggest specific areas of revision required</li> </ul>



## Annex B: List of participants

**List of Participants at the First Asia Regional Training Workshop on costed National Strategic Plans**  
**15 – 26 September 2008**  
**Royal Orchid Sheraton Hotel and Towers**

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## Annex D: Country Follow-Up Plan Presentations

### Afghanistan

**National HIV and AIDS  
Control Program  
Vision for the future  
challenges  
  
Afghanistan**

Where we stand and where we want to be:

*-Afghanistan has the national strategic plan*

*-Emerging data indicate the revision of the NSP with redefining the geographic distribution*

*-In 2009 start work on the revision of the operation plan*

*-Need of international TA specially from the region required*

#### **Contt:**

The areas in which we will be in need of assistance will be:

- Modeling, estimation and projections of HIV new infections*
- Estimation of unit costs*
- Developing an operational plan*

We are planning for GFTM round 9

*proposal*

Human resource development plan

We are going to involve our policy and planning department, health care financing and health services provision department

## Bangladesh

### **National HIV/AIDS Strategic Plan 2009-11**

### **Bangladesh**

1. Where are Bangladesh in current HIV planning cycle process?

***Mid-term review (2006-2010)***

2. When will be Bangladesh's next entry point to revise or restructure the national HIV plan or develop a new plan?

***To conduct a review of the plan***

3. What kind of support will Bangladesh need to advocate for a revision of your national plan?

***Technical consultant***

4. What specific technical assistance Bangladesh need in the future to improve your national strategic plans?

***Modeling, estimation and projections of HIV new infections***

5. What skills would Bangladesh require in a regional consultant working on any of the technical areas above?

***An International consultant?***

6. What are the 3-5 key pieces of planning work Bangladesh will do in the next 12 months?

***1. Organize a core committee for review / planning process***

***2. Review data need and availability***

***3. Plan and initiate data generating actions***

***4. Core team do a quick assessments of existing NSP and action plan for detail review***

***5. By 6th month develop a draft revised plan to share with stakeholders***

## Bangladesh

7. Which institutions in Bangladesh will need to be involved and responsible in following-up and taking forward the national strategic plan?

**-National AIDS/STD Programme (NASP)**

**-Ministry of Health & Family Welfare (MoHFW)**



## Bhutan

### Country Action Points

**Bhutan**

**Bangkok, 26  
September 2008**

TA for developing National Action Plan/  
OP (need to work in detail on the  
standard delivery package, unit cost)

***-Budget for TA not available in the  
country budget***

***-Timeline: before end of 2008***

TA for strengthening the surveillance  
system for priority populations

***-Budget not available in the country  
budget***

***-Timeline: will be intimated later***

TA for building the capacity of NGOs and  
CBOs to work with the priority groups

***-Budget available under GFATM  
Project for HIV***

***-Timeline: as soon as possible***

## Cambodia

### **The concrete follow-up action for Cambodia**

-Standing on the new planning cycle Cambodia planned to develop the NSPIII for 2012-2015 in 2009

-Cambodia is going to develop the operational plan for 2009

-In 2009 will be conduct the assessment on risk behavior of most at-risk population such as Sex Workers, MSMs, IDUs etc

-Conduct the STI Sentinel Survey (SSS) in 2009 and HIV Sentinel Surveillance (HSS) in 2010

-Conduct estimation of unit cost to improve the unit cost estimation (Technical consultant is needs)

-Develop and improved the M&E system for MARPs (quality improvement in data collection and analyze) by collaboration with civil society

- All relevant stakeholder need to be involved to taking forward the national strategic plan of Cambodia NAA, HACC, INGOs, and LNGOs ...

-UNAIDS Country coordinator in country level needs to assist to do those kinds of thing which mentioned above

***Thanks & Hope to see all of you again!***

***Best Wishes To All Of You!!!***

## India

### India follow-up action plan

**Suprabhat!**

#### **Goal and Objectives (NACP-III: 2007-12)**

-Population of 1.2 Billion.  
-Prevalence of HIV – 0.36 & PLHA: 2.6 million

#### **Goal**

To halt and reverse the epidemic in India over the next five years by integrating programme for prevention, care and support and treatment.

#### **Main Specific Objectives**

-To reduce the rate of incidence by 60 per cent in high prevalence states to obtain the reversal of the epidemic by 2012  
-To reduce the rate of incidence by 40 percent in the vulnerable states to stabilize the epidemic by 2012

#### **What may be needed in next 1 year**

-Current HIV planning cycle process  
Mid Term Review

#### **Support needed:**

-Technical & Financial support for scaling and decentralization of the Program Planning & implementation  
-Financial and Technical Resources for strengthening CoE's in ART and pediatric ART  
-Capacity Building for application of software for NSP, AEM, Spectrum, GIS Mapping, Costing  
- Capacity building of Specialized Training Institutions at National level covering management, prevention, care, support and treatment including service delivery  
- Developing models for public- private partnership

#### **Assistance required for future improvement of the NSP:**

-Modeling, estimation and projections of HIV new infections

-Development human resources

#### **Institutions involved:**

ICMR, NIMS, NIHF, IIM, PHFI, NIN, NICD, AIIMS, TISS, IIPS, PGI-Chandigarh.

**Dhanyavad...**

## Indonesia

### Country follow up plan

### Indonesia

#### ***National Planning Working Group Meeting***

***Chair:*** National Development and Plan Agency & NAC

***Members:*** Government Sector and Civil Society

#### ***Agenda:***

-Steps for developing NSP 2010-2014

-Steps for 2009 Operational Plan

-Mid October 2008

#### ***National Facilitators for Planning to develop:***

-New Pop size estimation (Need for TA)

-New projection of HIV epidemic

-New Costing

-Nov-Dec 2008

#### ***National Planning Working Group***

-Mid Term review (national review) of NSP 2007-2010 (Need for TA)

-Semester 1- 2009

#### ***National Workshop on NSP 2010-2014***

-National Sectors (Need for TA for Human Resources Development Plan)

-Provinces and Key Districts

-Semester 2-2009

***Khob Khun Kab***

***THANK YOU***

***TERIMA KASIH***

## Laos

### **Future Action**

### **On Costing in**

### **Lao PDR**

#### ***WHAT TO DO NEXT...***

#### ***Sharing Lessons to involved colleagues for:***

- Providing a clear picture on how to prepare an appropriate costed WP
- Use it as a guide for identifying data gaps and prioritization

#### ***WHAT TO DO NEXT...***

- Building unit cost capacity amongst Staff members at both national and Provincial levels
- Introducing to the national level For the revision of future strategic Plan and costing
- Improving surveillance system
- Identification of hot spot and Prioritization
- Use it to assist in country funding Gaps analysis and planning
- Use it as a guide for effective Costing the future GFATM project

#### ***TO DO THIS WE NEED...***

- Technical support from UNAIDS
- Involvement of partners, INGOs, civil society..
- Cooperative support of Decision making levels; CHAS...

## Malaysia

**Review:  
National Strategic  
Plan 2006 – 2010  
(Concentrated  
Epidemic)  
  
Malaysia**

**1. National Strategic Plan 2006 -2010**

Mid Term Review

**2. Support and Skills Needed**

A) Technical consultant

-Geogr. Mapping (sub-pop at districts)

-IBBS

-Planning of Management

-Planning for Human Resources

-Operational Plan

B) Financial resources for follow-up the

resource gap

C) UNAIDS Country Coordinator's

support at country level

**3. Skills**

Training on relevant tools of modeling,

estimation and projection to state/ NGOs

level

Capacity Building on costing, M&E

Activities	Nov	Dec	Jan	Feb	March	April	May	Jun	July	Aug	Sept	Oct	Nov	Dec
1 Geographical Mapping/Prioritization of HRG and evaluate activities	2008	08	09	09	09	09	09	09	09	09	09	09	09	09
1.1 HR Districts														
1.2 LR Districts														
2 SHARP (SOP)														
3 Operational plan (and Scale up)														
Review of Operational Plan 2009														
4 Monitoring and Evaluation														
1.1 Review activities vs SOP														
1.2 Cost Effective Analysis														
1.3 Quality assurance of activities														

## Maldives

### Follow up country presentation

### Maldives

#### ***1st NSP 2002-2006, current 2007-11***

-Next step will be to develop costed operational plan after some reprioritizing within current NSP

#### ***Require Technical support***

-Size estimates of sub-populations  
-Estimation of unit costs

#### ***Skills required in regional consultant***

-National costing plans  
-Migrants / Mobile Populations  
-Epidemiology & Health Needs Assessment

#### ***Over next 12 months***

-Develop national unit costs  
-Finalize costed operational plan  
-Conduct human resource needs assessment  
-Strengthen monitoring evaluation.

#### ***Key institutions that works on NSP***

-Dept Public Health  
-National Narcotics Control Bureau  
-National AIDS council (includes private sector and NGOs)

## Mongolia

### **National Strategy on HIV and AIDS Country Presentation Mongolia**

#### **CURRENT SITUATION**

##### ***New planning cycle (Dec 07 – Nov 08)***

-Costed operational plan

##### ***Ongoing financial and technical support by UNAIDS, World bank, ASAP, TSF on:***

-External review (Sep - Oct 2008)

-Peer review (March 2008)

-NSP 2006-2010

-Developing National Strategic Plan 2009 – 2015

-Operationalising National Strategy (Nov 2008)

-Costing

#### ***Follow up:***

-Finalizing National Strategic Plan, Costed Operational Plan

-Developing Global Fund national application for Round 9

-Consensus building on NSP at National HIV/AIDS seminar

-National technical capacity building (Technical and consultancy skills on planning, costing, M&E, opr. research)

-Improve generation, collection, analysis of strategic information

***Involvement of all stakeholders civil society and multi-sectoral involvement (NCA, MoH, MOF, MoJ, Infrastructure ministries, MECS)***

#### ***Special Thanks to***

***TSF  
UNAIDS  
UNDP  
ASAP  
ADB***



## Myanmar

### Follow up plan presentation

### Myanmar

**Country's current HIV planning cycle process** – NSP (2006-2010),  
-Operational Plan (2008-2010), Mid-term review (2008)

**Next entry point**

- to develop a GFATM application
- to revise and reprioritize existing NSP

**Technical Assistance for Further planning**

Formation of Technical working group  
(Institutions to be involved : Ministry of Health (Dept. of Health, Dept. of Health Planning, Dept. of Medical Research, School of Public Health),- UNAIDS Country Coordinator and Team, INGOs, LNGOs

**(Estimation & Projection Workshop will be held in 2009)**

**Human Resource Development and Capacity Building**

**Technical Assistance and Skills Building Workshops**

- AEM
- Size estimation
- Unit costing

**Financial Assistance Involvement of NSP**

## Nepal

### Status, Plan and Needs for Strategic Planning

### Nepal

#### **HISTORY**

Costed

#### **First NSP 2002-2006**

- Operational Plan 03-07 (25 mil)
- Annual Costed Action Plan 04-05 (8.9 mil)
- Annual Costed Action plan 05-06 (23.6 mil)

#### **At present**

Second NSP 2006 – 2011

- 2 year costed Action plan 06-08 (64 mil)
- 3 years Action Plan 08 –11 under prpn. (Draft ready by 1st week of October)

UNAIDS playing main catalytic role,  
National Authority taking the lead –  
NCASC, HSCB

#### **Planning work in next 12 months:**

- Finalization, endorsement and dissemination of costed NAP 2008-2011: Oct 08
- Streamlining the institutional mechanisms within Dec 08
- Establishing National M and E unit (Data Policy unit) Jan – March 09
- Mapping of risk and disease burden: Jan – June 09
- Beginning the Global Fund 7th round activities and proposal submission for 9th and 10th Rounds to fulfill the resource gaps.
- Develop a core group of planners.

#### **TA Need**

- Modeling, estimation and projection of new infection
- Mapping of risk and disease burden – Jan 2008
- Planning human resource – HSCB, Oct-Nov 08
- Planning for management – HSCB, Nov-Dec 08
- GIPA to MIPA
- Consensus building at national level for evidence based programming especially in size estimation (MSM, IDU) and civil society participation: Oct 08
- Review of NSP and NAP
- Capacity building of core group.
- To identify and define core area for technical assistance.

## Pakistan

### Way forward for Pakistan

#### ***Pakistan Way Forward***

-Pakistan has prepared its 2nd National Strategic Framework and operational plan for 2008-2013.

-We will be reviewing our documents in light of learning from this workshop.

-We will request technical assistance for modelling, estimation and projections for HIV/AIDS.

#### ***Pakistan Way Forward***

-We would like to have a regional consultant, having familiarity with the local socio-cultural practices having all skills mentioned as above

-To start Participatory review of Plans by technicians from Provincial & National Programs, NIH, Academia, epidemiologist, Planning & Development, civil society member, INGOs to review NSF and re-examination of priorities.

## Philippines

### Philippines National AIDS Plan

(DOH, DepED, CHED, TESDA, DOLE, DSWD, DILG, DOJ, NEDA, DOT, DBM, DFA, PIA, League of Pov., League of Cities, Senate Committee on Health, House Committee on Health, PHA, ASP, HAIN, LUNDUYAN, ISSA, TUCP, TLF, WHCF, Pinoy Plus, PAPFI)

#### **Where we are now**

- Sep-Oct: 4th AMTP Mid-term Assessm.
- Nov-Dec: Review of the 06-07 Plan and to develop the 09-10 Op Plan

#### **Support Needed**

- Technical assistance (consultant) and financial resources
- Modeling, estimation and projections of HIV new infections
- Size estimates of sub-populations
- Assessment of risk
- Estimation of unit cost
- Planning of human resources
- Operational Plan

#### **Steps to Take in the Next 12 Months:**

##### **Planning and Budgeting**

- Develop and popularise 2009-2010 Costed Operational Plan
- Human Resource Planning for HIV and AIDS
- Assist development and implementation of agency and Local Government Unit costed Op Plan

##### **M & E**

- Mapping of MARPs
- Population estimate
- Rapid Assessment of risk
- IHBSS (march to June 2010)

#### **Institutions involved**

- Philippine National AIDS Council and Secretariat
- Department of Health (National Epidemiology Center National STI/HIV & AIDS Prog)
- National Economic and Development Authority
- Civil Society (NGO and CBO network)

***Mabuhay at Maraming Salamat!!!***

***Thank you!!***

## Sri Lanka

### Country Presentation Sri Lanka

**-Developed NSP –**  
??? Need to be modified

***Need to develop a costed National strategic plan***

***Need further Technical support for costing***

***Finding financial support for costed national strategic Plan***

***-Need technical support from external resource persons on:***

-Modeling

-Size Estimation and projections

***Follow up action***

-Arrange separate resource person for each country for monitoring and other technical support

-Costed national plan and Global fund application????

## Thailand

### **National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation 2007-2011 Thailand**

#### ***Current Situation***

- Mid-Term review of NSP 2007-2011
- Need to conduct a review of the NSP

#### ***Further Steps in the next 12 months:***

- Financing cost for NSP
- UNAIDS community coordinator is supported to country level such as planning for management and human resources etc.
- Estimated total cost and human resource
- Bureau of Policy Strategy and Planning, Thailand MOPH –U.S. CDC Collaboration (TUC), NESDB, and Mahidol University

## Timor Leste

### Country Follow Up Plan Presentation

### Timor Leste

#### **Where are Timor Leste now**

- First National Strategic Plan 02-05
- Reviewed National Strategic Plan 2006 – 2010
- “To maintain Timor Leste as a low prevalence HIV nation and minimize the adverse consequences for those infected with HIV”
- Mid-term Review NSP 2006-2010 was under process finalization
- Major component of NSP being implemented.

#### **Planning for the next 12 months:**

- Finalization of reviewing NSP 2006-2010
- Conduct Sentinel Survey
- Preparation up coming Global Fund Assessment for first phase program implementation from Jun 07 – May 09
- Conduct coordination among stakeholders to priorities future Intervention
- Develop an operation plan for next 3 Year

#### **What Program Need for Long Terms:**

- UNAIDS Country Coordinators support at country-level

#### **What Specific Program Need?:**

- IBBS
- Consolidate pop estimates
- Size estimation of sub populations
- Developing an operational plan

#### **Institution involved in Implementing of NSP:**

- Ministry of Health, National Aids Commission, NGOs and CBOs working in program HIV/AIDS, Intersectoral Department ( MoE, Mol, PNTL, FDTL, UNICEF, UNFPA, UNDP, WHO, UNESCO, Private sectors

**Obrogado!!! Thanks for Organizer  
Specially UNAIDS team!!**

## Vietnam

### **The Way Forward**

### **Vietnam**

**26 September 2008, Bangkok**

#### ***We were reminded***

- Scale-up resources using evidence (regional recommendations in local context)
- Focus resources where they will have the largest impact on the epidemic (IDU, SW, MSM)
- Response must integrate impact mitigation with prevention and treatment (“novelty” approach)

#### ***Challenges Ahead***

- Geographical equity vs geographical prioritization
- Different donors = different priorities= different “service packages”

#### ***Next Steps***

- Upcoming Mid-term review of NSP 2004-2010 (a window of opportunity)
- Craft interventions based on evidence (IBBS, EP, HR assessment)
- Survey of different service packages and unit costs
- Estimation of total costs

***Thank you! Xin cảm ơn!***