

## Planning for Action

### Foreword

Planning for Action was developed as part of the three year AusAID funded Pacific Islands HIV/AIDS/STI Strategic Planning Project (1998 – 2001).

The project was designed to support the implementation of the Pacific Regional Strategy for HIV and AIDS, developed in 1996 by Secretariat of the Pacific Community (SPC) in consultation with many Pacific Island Countries & Territories and regional bodies. The Strategy strongly advocates the development of national strategic plans for HIV/AIDS and STI as the cornerstone of an effective response to the growing threat of HIV to the region. The Strategic Planning Project was implemented by the International Health Unit at the Macfarlane Burnet Centre for Medical Research (MBC), in partnership with SPC and UNAIDS.

The goal of the project was to assist Pacific Island Countries & Territories (PICTs) in developing national strategic plans for HIV/AIDS and STI, and has involved consultation with seventeen PICTs. The project involved several phases, moving through the strategic planning steps outlined in the following chapters. The materials used in strategic planning workshops that were held as part of the project, have formed the basis of this Guide. Importantly, lessons learned and experiences gained over the three years of the project have also been incorporated into the Guide, with case studies and examples from many PICTs being used to illustrate the strategic planning process as it was experienced by those responding to HIV/AIDS and STI in the region.

The initial draft of this Guide was developed by staff on the Pacific team at MBC and our associate Mr. Chris Chevalier. This draft was the subject of an appraisal workshop held in Melbourne in October 2000. Participants at this workshop included representatives from several PICTs involved in the project, and MBC and SPC staff. The workshop reviewed this initial version of the Guide in detail, and drafted several revisions and additions. The personal experience of the workshop participants was invaluable in ensuring that the Guide is practical, user friendly and applicable to the varying circumstances of the HIV epidemic in different Pacific Island Countries. Participants from the Pacific Islands were Mr. Norati Anterea (Kiribati), Mr. Ken Konare (Solomon Islands), Dr. Seini Kupu (Tonga), Mr. Malie Lototele (Tuvalu), Ms. Bernie Provido-Schumann (Guam) and Ms. Palanitina Toelupe (Samoa), and their input is gratefully acknowledged. The support of Mr. Andrew Peteru (SPC) and Mr. Steven Vete (UNAIDS), has also been invaluable in the completion of this Guide.

Recommendations from the appraisal workshop were incorporated into a second draft of the Guide, which was forwarded to those present at the workshop for review early in 2001. This draft was also circulated to MBC staff and associates, in particular Mr. Chris Chevalier, for further input. The additional recommendations arising from this process were integrated into the third draft, which was forwarded to AusAID, SPC and UNAIDS for review. The feedback of the AusAID Health Advisor is gratefully acknowledged. This extensive consultative review process resulted in this final version of the Guide. We would like to thank all those who contributed to the development of the Guide.

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### Acknowledgments

MBC would like to take this opportunity to thank all those involved in the development of this Guide; the feedback and suggestions received have been most valuable, and have further contributed to the spirit of partnership that has been integral throughout this project.

Tamara Kwarteng, Cathy Vaughan, Karla Meursing, and Kim Benton have been the core team at MBC involved in the development of this Guide. Many other MBC staff have been involved in the Pacific Islands Strategic Planning Project and deserve thanks here, particularly Mike Toole, Damien Morgan, Gary Reid (ESRU), Peter Deutschmann, Wendy Holmes, Bruce Parnell and Trish Clark.

The training materials used during the project workshops have formed the basis of this Guide. These training materials were developed and modified on the basis of input from the wide range of highly skilled facilitators involved in conducting these workshops. We would like to take the opportunity to thank *all* those involved in the 16 Pacific workshops that were held as part of this project, for their input and expertise. The hundreds of workshop participants from across the region, deserve special mention here.

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## Introduction to the Guide

‘Strategic’ planning is a process of planning based on identifying the underlying factors that impact on a particular issue. Although strategic planning is a generic process, its application to the management and control of HIV/AIDS is particularly appropriate. Strategic planning is based on a thorough assessment of context and situation, vital in responding to the factors that hinder or enhance the spread of HIV infection. The process takes these contextual factors into account when defining principles to guide the planning process, and when developing the objectives that the plan aims to meet. The process also involves looking at what has been done about a particular issue in the past, in order to learn lessons and build on previous successes.

Strategic planning is best described as objective-based planning. The outcome of the plan is activities or programs that are designed to achieve carefully developed objectives. Strategic planning is the beginning of a two stage process:

### **Stage One – Strategic Plan**

### **Stage Two – Programs, Campaigns, Activities**

Strategic planning encourages thoughtful analysis of a situation and the barriers and enabling factors that impact on successfully meeting objectives. A completed Strategic Plan, then needs to be funded, implemented and monitored to ensure successful, effective and appropriate action.

This Guide will focus on using strategic planning to respond to HIV/AIDS and STIs. In fact an organisation can use the strategic planning process to address any issue where planning of activities must take into account changing situations and conditions.

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### Who could use this resource?

The strategic planning process can be utilised for creative, proactive planning which will lead to appropriate and effective programs in a variety of areas. Any organisation involved in the response to HIV/AIDS can use the strategic planning process in planning their activities. Organisations that have already used the strategic planning process to respond to HIV/AIDS in Pacific Island Countries and Territories include:

- Ministries of Health, Education, Development, Women's Affairs and Planning
- Non-Government Organisations
- Unions
- Health Promotion programs
- Community based organisations
- Churches



Strategic planning is most effective when it draws on all aspects of the community. This *multi-sector approach* is inclusive of all concerned agencies, organisations and key stakeholders, including politicians and church leaders. A multi-sector approach also ensures that ownership of the issues surrounding, and the means to prevent, the spread of HIV is shared by the whole community, rather than being perceived to be imposed by a health department. The responsibility for stopping the epidemic belongs to all in the community, not just those immediately affected by HIV/AIDS.

## What is in this Guide?

This Guide is divided into four sections and an appendix:

- **Section 1 “First things First”** gives an overview of HIV, of the strategic planning process and of some of the skills used in strategic planning.
- **Section 2 “Doing the Groundwork”** covers analysis of the current situation and responses, identifying key areas of the response, and outlining the ‘corner posts’ of a solid strategic plan.
- **Section 3 “Creating the Plan”** explains the formation of goals, objectives, strategies and activities.
- **Section 4 “Making it Work”** addresses implementing, monitoring and sustaining the plan with sufficient resources.
- **“Hints for Social Research Methods”** has been included as an appendix. High quality social research is one of the keys to developing a successful strategic plan.

At the end of each section **summary pages** highlight the main points raised in the preceding chapters. These are designed so they can be photocopied and used as overhead transparencies or handouts. These can be useful when teaching others the steps involved in strategic planning.

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### Abbreviations

<b>AIDS</b>	Acquired immune deficiency syndrome
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CEDAW</b>	Convention on the Elimination of all forms of Discrimination Against Women
<b>CPG</b>	Community Planning Group
<b>CRC</b>	Convention on the Rights of the Child
<b>DOTS</b>	Directly Observed Treatment Short course (a TB treatment system)
<b>HAART</b>	Highly Active Anti Retroviral Therapy
<b>HIV</b>	Human immuno-deficiency virus
<b>IDU</b>	Injecting drug use
<b>IEC</b>	Information, Education and Communication
<b>MBC</b>	Macfarlane Burnet Centre
<b>MOH</b>	Ministry of Health
<b>MTCT</b>	Mother to Child Transmission
<b>NAC</b>	National AIDS Committee
<b>PICTs</b>	Pacific Island Countries and Territories
<b>PLWHA</b>	People Living With HIV/AIDS
<b>PTCT</b>	Parent to Child Transmission
<b>RA</b>	Response Analysis
<b>RR</b>	Response Review
<b>SA</b>	Situation Analysis
<b>SPC</b>	Secretariat of the Pacific Community
<b>STI</b>	Sexually transmitted infection
<b>TB</b>	Tuberculosis
<b>TBAs</b>	Traditional birth attendants
<b>UNAIDS</b>	Joint United Nations Program on HIV/AIDS
<b>UNDP</b>	United Nations Development Program
<b>WHO</b>	World Health Organisation

## Glossary

There are several words specific to the field of HIV/AIDS, and to strategic planning, that have been explained in this glossary. For easy reference, words that are included here will be **highlighted** the first time that they appear in the Guide.

### **Activities**

Activities are the broad tasks or steps required to put a strategy into action. Activities are developed by asking the key question ‘what are the steps we need to do in order to put this strategy into action?’

### **Antibody**

Antibodies are protein molecules formed by the immune system to react to (or fight off) antigens. Antigens may be bacteria, viruses or foreign matter in the body. One example of an antigen is the Human Immuno-deficiency Virus (HIV). The immune system forms antibodies to HIV, which are what is detected on a HIV test.

### **Anti-retroviral**

Retroviruses such as HIV integrate with genetic material in the host cell, so these retroviruses can’t be removed from the body. However, there are some drugs that stop them from reproducing themselves – and therefore keep the amount of virus in the body (the viral load) low. They are called anti-retrovirals. Anti-retrovirals need to be used in expensive combinations under surveillance, be taken regularly and for life.

### **Best practice**

Best practice is understood as the continuous process of learning, feedback, reflection and analysis of what works in the HIV/AIDS response, what does not work, and why. Drawing on practical experience from countries around the world, effective approaches, policies, strategies and technologies are identified as ‘best practice’.

### **CD4 cells**

CD4 cells are immune cells responsible for the human immune system’s response to unwanted foreign material, like viruses. HIV destroys CD4 cells, so the number of these cells is used as an indication of the degree of progression of HIV infection.

### **Community values**

Community values are beliefs about what constitutes acceptable and unacceptable behaviour. These values may be enshrined in law, tradition, culture and religion. Values may evolve in a community because “we have always done it like that”. Most people will know these values, teach them to the younger generation and use them to judge other people’s behaviour.

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### Essential drugs

Selected drugs are called 'essential drugs' indicating that they are of utmost importance and are basic, indispensable and necessary for the health needs of the population. They must address the *real* needs of *most* people.

Therefore, a needs assessment to uncover the biggest local health problems and the best way of treating them, is necessary before making an essential drugs list. Essential drugs must also be safe, affordable, necessary and effective. The drugs required to treat opportunistic infections associated with HIV infection may need to be added to a national essential drugs list.

### Evaluation

Evaluation is the systematic collection and analysis of information about the effect of the plan's activities, and its impact on the needs and problems it aims to address. Evaluation assesses whether the plan's activities are achieving the results needed to reach the objectives.

### Goals

Goals are a statement of what we aim to achieve. A goal defines the final achievement or end result that objectives, strategies and activities are working towards; and the population (target) groups to be reached.

### Guiding principles

Guiding principles are the moral and ethical values that form the basis of a strategic plan. These principles are mutually agreed through community debate and discussion, and are derived from community values, as well as global and local best practices.

### HAART

Highly active anti-retroviral therapy is the name given to the regime of medications prescribed to suppress HIV reproducing in the body. HAART is based on using three anti-retrovirals in combination. It requires close monitoring of the person's reaction to the drugs (as side effects are very common and can be quite serious), monitoring to ensure that they are still effective in suppressing HIV, and monitoring of interactions with other medicines the person might be taking.

### Harm reduction

Harm reduction aims to prevent or minimise any harm from occurring due to a behaviour. The principles of harm reduction are often applied to minimise the harmful consequences of drug use, without necessarily reducing consumption. It is an approach usually applied to illicit injecting drug use, and includes strategies such as the provision of clean needles and syringes to injecting drug users, or drug substitution, aimed at preventing HIV transmission. The principles of harm reduction can also be applied to the abuse of alcohol.

## Glossary

### **Immune deficiency**

A weakness in the body's ability to protect itself against bacteria, viruses and some forms of cancer. Immune deficiency can be caused by illness, malnutrition, some medications and specifically HIV infection as HIV attacks the body's immune system directly.

### **Legislation**

Legislation is the laws and statutes of a country that are upheld by the judiciary (police and courts). Domestic law includes a country's constitution. International laws include international conventions that many PICTs have signed. Legislation may help or hinder the HIV/AIDS response, and may need to be expanded to address the issues associated with HIV/AIDS.

### **Monitoring**

Monitoring follows the process of the plan's implementation. It refers to the day-to-day process of gathering information, and includes a wide range of 'routine' activities such as accounting for money spent and meetings held. Monitoring also applies to the epidemic; for example collecting routine information about STI and HIV cases may indicate changes in the situation in a country. These changes need to be addressed when reviewing the plan.

### **Mother to child transmission (MTCT)**

HIV infection can be transmitted from a woman to her unborn or infant child during pregnancy, at the time of delivery, or after birth through breastfeeding.

### **Multisectoral**

A multisectoral response is inclusive of all concerned agencies, organisations and key stakeholders such as politicians and church leaders. Sectors which should be considered include health, education, planning, the military, police, youth, women, the Churches, NGOs, unions, community-based organisations, traditional groups, businesses and other locally important organisations.

### **Objectives**

Objectives define what behaviour or situation needs to be addressed to meet a specific goal. Objectives also define what change needs to be achieved in an area to reach this goal. This means objectives state the direction of change, e.g. 'to increase', 'to reduce', 'to enhance'.

### **Opportunistic infections**

This is the name given to those infections that occur when a person's immune system is very weak. For example the micro organisms which cause unusual pneumonias (such as *pneumocystis carinii*) or brain infections (such as *toxoplasma gondii*) do not normally cause problems for healthy people but, when a person's immune system is weak, 'take the opportunity' to cause serious infections.

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### **Pandemic**

An epidemic affecting a large number of people over a wide geographical region.

### **Policy**

Policy is generally a written (though policies may be unwritten) framework to guide sound decision making. It is a statement of intended actions or procedures to be taken in response to certain situations or issues. Good policies should create consistent and effective ways of dealing with STI/HIV across the country.

### **Priority areas**

These are the areas of a HIV response that are deemed to be of the highest priority in a particular country's HIV response, and form the basis of the strategic plan. For example, in a country with a high prevalence of HIV infection, an area of high priority in the response may be providing care and support to people living with HIV/AIDS. In a country with a lower prevalence, this may still be important – to prepare the existing health care and support system to deal with HIV/AIDS in the future – but there may be other higher local priorities. The priorities in each particular country will be different, and reflect issues arising from the Situation Analysis.

### **Resource mobilisation**

Identifying resources required and resources available is an integral part of the planning process. 'Resources' includes not only money, but also people, goods and services that are required to support the development and implementation of the strategic planning process, and to ensure the sustainability of the response in the long term. New or additional resources may be required, but existing resources also need to be maximised.

### **Response Analysis**

A Response Analysis examines the response of all sectors of society, from government-led programs to those generated by community groups and private companies. It reviews whether responses are appropriate to the situation; looks at gaps in a country's responses; and tries to explain why they exist. It analyses why various initiatives are working well and others are weak. Until recently Response Analyses were described as 'response reviews' – however using the term 'analysis' emphasises the analytical nature of the process, as opposed to just being a checklist of what has and has not been done in a country. A Response Analysis can be done at the same time as a Situation Analysis.

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### Retrovirus

A retrovirus is different from ordinary viruses. Retroviruses contain an enzyme called *reverse transcriptase*, which means that as well as DNA, retroviruses contain a strand of RNA which integrates with the genetic material of the host cell. This means that retroviruses can't be killed or removed from the body. It also means that once infected, a person stays infected for life.

### Sero-conversion

After exposure to the virus, HIV multiplies very rapidly in the body. Then the body's immune system mounts a massive response, which includes the production of antibodies. Many people experience a flu like illness at this time; this usually happens within three months and is called *sero-conversion*. A person who has sero-converted will test positive for HIV. (See also *window period*).

### Situation Analysis

A Situation Analysis examines the social, cultural, political and economic factors influencing HIV/STI transmission in a country. It looks at who is infected or vulnerable to infection and tries to explain why. People's behaviour and the factors that underlie that behaviour are analysed. The analysis explains the current situation and helps to identify opportunities for changing that situation. This includes examining the ability of government, organisations, communities and families to respond.

### Strategies

Strategies are the methods by which objectives can be achieved. Key questions in formulating strategies are 'what methods could be used to achieve this objective?', and 'what methods are most effective?'

### Surveillance

Surveillance involves collecting data regularly and systematically to follow trends in the prevalence of HIV infection in different groups within a population. One way of doing this is to choose several groups from which anonymous unlinked samples are tested intermittently to build up a picture. This is called *sentinel surveillance*.

### Syndromic management

A system of managing sexually transmitted infections based on a person's symptoms, rather than on a laboratory based diagnosis. Clients are treated for the major infections that can cause their symptoms.

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### **Universal Precautions**

Five standard practices, which minimise unnecessary exposure to blood or body fluids. These are: careful handling and disposal of used needles and syringes (also known as *sharps*); proper disinfection of instruments and other contaminated equipment; handwashing and the use of protective barriers to prevent direct contact with body fluids; safe disposal of waste contaminated with body fluids; proper handling of soiled linen.

### **Window period**

This is the period of time *after* a person becomes infected with HIV but *before* they have developed antibodies which will be detected by a HIV test. During this period a person may have a negative test result, but actually be infected with HIV and be able to transmit the infection to others. This period of time may be three months or more.