

# What makes a good national plan?

## Requirements of good national plans and relevance to Pacific Island Countries



**This project had to determine what would be the requirements of good national plans for Pacific Island Countries. It did this in collaboration with regional partners. Here are some extracts of global documents that informed this project and a description of how guidelines were developed for the Pacific.**

### AIDS Strategy and Action Plan

First, here is an extract from [AIDS Strategy and Action Plan, a service of UNAIDS provided by the World Bank](#). From their website in 2008:

“Good” national strategic plans should include:

1. Participatory process used to develop and implement the plan.
2. Strategies should serve to guide the response, rather than list everything as a blueprint.
3. Evidence-based, results-focused planning: situation analysis precedes development of good strategy.
4. Response analysis strengthens the foundation provided by the evidence.
5. Management and Coordination.
6. Linkages: between government and civil society, between HIV and broader health services.
7. Prioritization.
8. Costing and Finances.
9. Results-based Monitoring and Evaluation.
10. Capacity and Constraints are addressed.
11. Policy Environment is considered.
12. Action Plans indicate what will occur in the first year or two.

## Focus on results: UNAIDS draft discussion paper 2011

Here are some extracts from a draft Discussion Paper, *Focus on Results: Third-Generation National Strategic Plans on AIDS*, prepared by UNAIDS in June 2011.

This discussion paper indicates that there are difficulties in attaining global consensus on what makes an ideal national strategic plan. Indeed, the draft in June 2011 has not yet been turned into a final approved document. Key players include UNAIDS, World Bank, WHO, The Global Fund, and IHP+ (International Health Partnerships+). The experience of this project from 2009-2012 was that there were similar difficulties in building consensus amongst regional partners in the Pacific, though recent agreements indicate this has improved.

While all partners globally agree on the need for planning processes to support country ownership, there are questions about the extent to which national plans should be developed in ways which are consistent with donors' needs. This is most obvious when countries want to use new plans mainly for the purpose of making submissions to the Global Fund or to other donors. Should the new plan look like a Global Fund submission? If so, do we need to use participatory methods, or should we just develop a template which all countries could use to produce a plan in the same format?

Despite these questions, the background note outlines that all current approaches recommended by global partners stress the importance of country ownership of the following five things, all of which are supported by the resources on this website:

1. **Identifying strategic priorities**, based upon epidemiological, social and political imperatives, that will lead to achieving universal access to HIV prevention, treatment, care and support, achieving zero new HIV infections, zero discrimination and zero AIDS-related deaths, achieving Millennium Development Goal 6 and achieving other goals;
2. Operationalising these as a **set of goals, objectives or results**;
3. **Determining the indicators and monitoring framework** to assess the achievement of these results;
4. **Describing the governance structures** and institutional and partnership frameworks through which implementation is coordinated and supported and accountability established; and
5. **Describing the resources required** for implementation by assessing costing and spending.

The background note from UNAIDS also notes the importance of grounding of national responses in a set of values: human rights, equity, gender equality, access, participation, the greater involvement of people living with HIV. UNAIDS notes that as national responses become more context-specific, less global and more country-driven, it is important that these values not be lost.

## How we developed specific guidelines for the Pacific

These resources were developed by Burnet after considering what similar resources were available. There were, during these years, no clearly agreed global guidelines on what constituted ideal national planning. Hence, Burnet worked with regional partners, including **SPC and the regional UNAIDS team**, to develop planning guidelines and processes that would, at least, be useful for Pacific Island countries.

Extensive input was also obtained from the **Pacific Planning, Monitoring and Evaluation Working Group**. This group is convened jointly by SPC and UNAIDS. Over the years of this project, the members of the Pacific Planning, Monitoring and Evaluation Group included **SPC, UNAIDS, UNICEF, WHO, OSSHM, UNFPA, UNDP, Burnet, ILO, UNIFEM, UN Women, PIAF and RRRT**. Its members change over time according to regional partners' available resources for HIV and STIs: some regional partners, including Burnet, do not have funds for permanent regional advisers on HIV and STIs.

At the start of this project in 2009, there was to be regional planning team, housed within the SPC, and this project was to build the capacity of that team to facilitate national frameworks and national planning. However, in 2010, the SPC decided not to proceed with developing such a team. Hence, Burnet worked with just a small number of staff of SPC, UNAIDS and UNICEF to support planning.

Similarly, various regional partners said that they would support specific aspects of planning. Circumstances change, timing of inputs is difficult to negotiate between countries and regional partners, so not all of this happened. Many complementary initiatives did occur, such as UNDP providing support to countries to develop national legislation which complements the national plans (sometimes coming before the plans, sometimes after the plans: either of these is OK).

The one problem which remained was a lack of availability of any regional partners to support costing of national strategic plans in all countries. UNAIDS did support National AIDS Spending Assessments for some countries. Neither Burnet nor other regional partners were able to support countries in developing costing for their new national plans. However, regional partners did support countries to prepare earlier submissions to the Global Fund, and SPC supported development of submissions to the Pacific Regional Response Fund.

## **A standard format for Pacific Island country plans on HIV and STIs?**

Towards the end of this project Burnet, SPC, UNAIDS and UNICEF agreed on a standard format for national strategic plans for island countries of the Pacific. This standard format can best be seen through the examples of national strategic plans which are included on this website: see last page of the introductory screen. The formats include some common ground, while allowing for specific country differences, and the processes include space for country teams to write their own statements of goals and objectives.

In each case, the national strategic plan includes:

- A narrative description of the situation of HIV and STIs in the country
- A narrative description of the response and the gaps identified through the planning process
- A narrative description of the objectives of the new plan, noting the strategic approach to be used to achieve each objective
- A results matrix, which captures in just a few pages the main components of the plan: goal, national impact, objectives, measurable outcomes, and indicators that can be used to track progress over time.

In each country, the exact format of the national plan may vary according to national situations and needs. For example, different countries have different epidemiological situations, and different behaviours put people at risk of HIV or STI infection. Different countries also have different national health plans, timing cycles of when plans begin or end, and different governance processes.

Countries receive funding from different sources, both within and outside their own countries, and available resources and guidelines inevitably change over time. This means that the national plans must take account of high level reporting needs, but enable flexibility to change exactly what occurs as funding requirements change over periods of years.

In the examples of national plans included with these resources, the national level indicators are matched with global and regional reporting requirements. For example, all countries must report annually for the Global AIDS Progress Report, coordinated by UNAIDS. This means that national indicators should match, where possible, the same indicators as used for this reporting.

Most Pacific Island countries receive some funding from the Pacific Islands HIV and STI Response Fund, and have to report using indicators of the Pacific Regional Strategy Implementation Plan. While efforts have been made to harmonize reporting for the global and regional purposes, the

indicators are not always identical. The national plans aim to use indicators which can be used for both levels of reporting.

Some Pacific countries in the north receive major support from the [USA Centers for Disease Control](#). This funding matches the [USA National HIV/AIDS Strategy](#), and countries are required to report using indicators of that strategy. More specific guidelines for US Jurisdictions were produced in September 2012, requiring these countries to produce new HIV Prevention Strategies, in line with the CDC guidelines on “[High Impact Prevention](#)”. The focus of the new USA guidelines is consistent with the approaches used in these resources: a requirement for participation of many stakeholders, including community groups, and an emphasis on results based planning. While this was too late for the regional project to take into account, it is likely that the national strategic plans developed by this project can be used as a source of information to produce the new prevention strategies. This may require some cutting and pasting of aspects of the national plans, as well as some complementary work to incorporate some of the newer ideas of High Impact Prevention.

Inevitably, the standard formats required by donors, or even by countries, will evolve over time. These resources may therefore become dated. It is likely, however, that the general principles of planning, implementation, monitoring and evaluation will remain stable. These resources should therefore continue to be useful at least for a few years.

## **Some important sources of these resources**

These resources draw heavily on similar resources produced by the AIDS Strategy and Action Plan which was mentioned above. This service supported countries in developing national strategic plans on HIV which were concise, and matched to situations. The slogan “Know your epidemic, know your response” was used to highlight what is needed. That is, not all of the huge range of activities on HIV are required in all countries. The planning process is focused on achieving results, and the plans included measurable indicators of success.

This service has some materials on its website, and these were adapted by Burnet for use in the Pacific. The most important of these are:

- A “Road Map” for developing national strategic plans. This road map was presented as a diagram on the ASAP website. Burnet led discussions with Pacific regional partners on how this could be revised and adapted for use in the Pacific. The options for this ended up being too many steps to present in one diagram on one page, so Burnet adapted it as a powerpoint presentation. This enables users to gain a quick overview of five main steps, and then to unpack each of these steps to see further details on how they might take place. The powerpoint presentation is included here. In adapting it for small Pacific Island countries, the term “Navigation Cycle” was used, rather than road map.
- A “Quality Self Assessment Tool” was posted on the ASAP website, in the form of an Excel spreadsheet of questions that could be answered and scored. The Pacific regional partners agreed with Burnet that this could be adapted by changing some of the criteria to make them relevant to Pacific Island countries, and that it would be easier to use this in large participatory planning groups if it was presented as a Word document.

Because Burnet was keen to ensure that the national frameworks met the criteria of being relevant, useful, practical, and owned by countries, much effort was spent on the development of effective national planning teams. This commenced with the need to explain to countries what would be the minimum requirements of an effective national planning team, leading after the planning period into the development of an effective national coordinating mechanism. To support this, Burnet considered capacity assessment tools of various organisations within and outside the Pacific region. The most practical tool, which informed ours, was from the [Constellation for AIDS Competence](#).

This led to the development of:

- The Planning Team Capacity Assessment Tool. This is used by newly formed national planning teams, to enable them to consider their own membership, capacities, and ongoing capacity development needs.