

AIDS Strategy and Action Plan (ASAP) A Service of UNAIDS

Business Plan 2008-2009



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Executive Summary

This ASAP Business Plan sets out the operational direction for 2008-2009 of the UNAIDS AIDS Strategy and Action Plan service. It presents the history of ASAP, explains how ASAP is governed, and describes operational achievements to date. These have included delivery of 15 peer reviews, provision of technical support to 29 countries, development of four technical tools for country use and initiation of a capacity building program.

The document also presents conclusions of the ASAP Assessment which found that:

- ASAP had generally met the expectations set out in the ASAP Business Plan for 2006-07 in terms of the quantity and quality of work and adherence to agreed operating principles.
- ASAP is on track to meet the quantitative goal for technical support, development of tools, and capacity building.
- The mix of technical support has been stronger than anticipated on broad strategic planning and less on action planning, reflecting the relatively low demand received by ASAP in this area to date.
- ASAP outputs have been good, especially the peer reviews, the Self-Assessment Tool, and the planning effort for the capacity building program.
- The review noted that it was not possible to assess ASAP's impact on the quality of strategic and action planning at this early stage in the program.
- Finally, the assessment pointed out that since ASAP has already fully committed funds for capacity building and for the MENA program, there is sufficient funding for new country requests only through the second quarter of 2008.

These findings and related issues¹ were discussed at meetings of the ASAP UNAIDS Advisory Group in New York (October 24, 2007) and the ASAP Technical Advisory Group in Cairo (October 29-30, 2007). The overall guidance provided in both meetings was that ASAP:

- should now adapt its roles and operating principles to reflect the evolving global environment (the move from project to program funding) and expanding country needs; and

¹ For example, the role of ASAP in the broader context of global providers of technical assistance for AIDS strategy and action planning and the suggestion that ASAP play a part in helping to simplify the approach countries take in strategic and action planning efforts.

- should **expand** and deepen the scope of its service provision and **evolve** its operating approach in order to increase its responsiveness to country needs.

More specifically this draft Business Plan 2008-2009 reflects the need for ASAP to give much greater attention to action planning, expand the target groups of its capacity building workshops, provide a greater opportunity for cosponsor involvement, and take measures to assure high-quality support. In order to accomplish these objectives, additional funding will be required. This document thus presents two possible funding scenarios:

The **base case** of US\$ 10.6 million for two years assumes demand for ASAP services would stay stable at 25 countries per year, and builds in a small increase in the amount of resources to be allocated per country (from a current \$86,000 to \$100,000 per country) to enhance quality. This would require \$4 million from the UNAIDS UBW and an additional \$600,000 in trust funds to complement funding we have already secured. In addition, a request for US\$6 million would be made to the UNAIDS Interagency Budget. The **enhanced case** scenario of US\$ 13.6 million also projects essentially stable demand in terms of number of countries requesting services, but would increase the support per country to \$135,000 to provide a longer involvement of ASAP in a country to promote the integration of strategic and action planning, more capacity building and knowledge transfer in each country support operation, provide incentives to peer reviewers, expand the training clientele to include representatives of civil society and UNAIDS staff and consultants, extend the training program for 2009, and increase knowledge sharing and knowledge transfer. A request for US\$8 million would be made to the UNAIDS Interagency Budget. In either case, we do not foresee a major change in GHAP staff resources. Neither case takes into account the potential for increased demand related to the Global Fund's medium-term decision to begin receiving funding applications on the basis of country strategic/action plans.

The next ASAP assessment will take place in mid-2009 with a focus on the results of ASAP services.

AIDS Strategy and Action Plan (ASAP) - A Service of UNAIDS

Business Plan 2008-2009

1. Background

ASAP's mandate. The AIDS Strategy and Action Plan (ASAP) service of UNAIDS grew out of a recommendation of the Global Task Team (GTT)² to: (i) assist countries to strengthen their national AIDS strategies and action plans within the framework of the goal of Universal Access to HIV prevention, care, treatment and support; (ii) facilitate the process of moving from project to program support; (iii) improve donor alignment, coordination and harmonization within the framework of the "Three Ones"; and (iv) as a result of the growing understanding of the diversity of the HIV/AIDS epidemic, allow for more differentiated and carefully tailored and prioritized national responses.

The **GTT** established the **goals** of: (i) assisting 15 countries over a two year period to enhance their HIV/AIDS strategies and 28 countries over two years to establish improved annual action plans; and (ii) developing a set of internationally recognized standards and criteria for annual priority AIDS action plans and a scorecard-style tool that countries can use for self-assessment of the plans. The GTT further decided that:

“UNAIDS support to the development of more focused, organized and evidence-based national AIDS strategies and annual AIDS action plans would be strengthened by the establishment within the World Bank of a global technical assistance programme, ASAP. Based on collaboration between the World Bank, UNDP, UNAIDS Secretariat³ ASAP would be composed of a consultative group including representatives from donor and recipient countries, a technical advisory group, and a core administration and management team responsible for coordinating operational assistance, donor relations and information dissemination. AIDS specialists from UNAIDS organizations, non-UN institutions and local and international consultants would be relied upon to undertake country and regional-level activities.”

ASAP's establishment. ASAP's initial Business Plan was developed in Thailand in January 2006 by a small technical advisory group of experienced international authorities on strategic planning, global experts on HIV/AIDS and practitioners and program managers from several countries. The advisory group urged ASAP be established to provide a one-stop shop where countries could seek advice and support to: (i) enhance strategies by making them more evidence-informed, prioritized, costed and capable of being implemented more efficiently and effectively; (ii) establish action programs to move from strategy to implementation; (iii) build capacity; and (iv) develop tools, share knowledge and promote coordination and harmonization in strategic planning.

² The Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors – GTT.

³ ILO, UNESCO, UNICEF and WHO were also indicated as partner institutions from within UNAIDS.

ASAP's operating principles were that it should be: (i) demand-driven; (ii) flexible; (iii) timely; (iv) consultative; and (v) that its governance and structure be very "lean and light" and rely on existing resources, including staff of UNAIDS Secretariat and Cosponsors, rather than creating a new bureaucracy. The advisory group outlined an extensive menu of possible ASAP services and processes.

After the meeting of the Technical Advisory Group in Thailand, the following actions were taken to allow key stakeholders in the public sector and civil society, among donors and country partners, and within the UN system, to review, amend and complete the ASAP business plan as a country-driven, globally managed service and to further its alignment with the Universal Access Initiative and other GTT activities:

- ASAP planning was aligned with Universal Access through discussions with the UNAIDS Secretariat and presentation of the business model at the March 2006 meeting of the Universal Access Steering Committee. ASAP's work plan was aligned with UNAIDS Secretariat work at country level and with the GTT task, led by UNDP, of integrating HIV/AIDS into Poverty Reduction Strategies.
- The draft Self-Assessment Tool for HIV/AIDS strategies was completed in March 2006, reviewed with key stakeholders in April/May 2006, and then revised.
- The ASAP business plan was discussed with UNAIDS Cosponsors in February/March 2006 and with other key stakeholders in April/May 2006, and then at a first meeting with the UNAIDS Technical Support Facilities (TSFs) in August 2006.
- Fund raising for the business plan within the framework of the GTT rollout was completed by May 2006.
- ASAP began piloting its demand-driven activities to test instruments and operational processes in June 2006.

2. ASAP Governance

The ASAP governance structures that evolved after the Thailand meeting have been important sources of guidance and support during ASAP's first year of operations.

UNAIDS ASAP Advisory Group:

- This includes the main partners in the UNAIDS Division of Labor for strategy support (ILO, UNDP, UNESCO, UNICEF, WHO, the UNAIDS Secretariat and the World Bank) and the Chair of the UNAIDS Committee of Cosponsoring Organizations (CCO). Its purpose is to provide systematic overall guidance to ASAP operations by its UNAIDS main partners. The first meeting was held in Geneva in February 2007, the second on October 24, 2007 in New York. A sub-group met by teleconference in March 2007 to develop TOR for the Advisory Group and discuss plans for the external assessment of ASAP's first year of operations.

ASAP Technical Advisory Group:

- This group consists of representatives of civil society, the private sector, donors, UN agencies and international experts. It met initially in January 2006 in Thailand to discuss the criteria for good national strategies and the common weaknesses and strengths of existing strategies; to identify a menu of services that ASAP might offer in demand-driven operations; and to review the range of tools and resources already existing in order to avoid duplication. The ASAP Secretariat has regularly consulted the Technical Advisory Group on the development of tools and on progress generally. The Technical Advisory Group met again in Cairo from October 29-30, 2007.

ASAP Training Advisory Committee:

- Established in August 2006 to advise on the use of standards, methods and tools to develop country capacity. Includes UNDP (chair), the World Bank and the UNAIDS Secretariat. Other cosponsors, institutions and individuals are invited to serve based on technical expertise required. This group identifies complementary training activities which could be implemented jointly and advises on quality and outcomes assessments

3. Overview of ASAP Operations – June 2006-July 2007⁴

The four main services provided by or through ASAP based on country demand have been: peer reviews of draft strategies, focused and comprehensive technical support to clients, capacity building, and development of tools and guidelines.

Established as a demand-driven and flexible service, ASAP in its first year of operations supported work in 29 countries, touching most regions of the world. Requests came from national AIDS authorities, UNAIDS Country Coordinators and UNAIDS co-sponsors and a few major civil society networks. The guiding principles underlying ASAP operations were developed through consultation with partners, including meetings of the ASAP Technical Advisory Group (Thailand 2006, Cairo 2007), and planning sessions of the ASAP Training Advisory Committee (Washington, DC 2006). Support provided by ASAP has focused on: (i) ensuring that strategies are based on sound epidemiological evidence, (ii) facilitating processes for setting priorities and identifying high-impact interventions, and (iii) ensuring resource needs are estimated and action plans are appropriately costed. Lessons learnt during the course of providing TA are regularly assessed and the *modus operandi* adjusted to assure the quality of ASAP operations.

a) Peer Reviews of Draft Strategies

ASAP provided confidential peer reviews of draft strategies through solicitation of comments from a range of experienced practitioners. Reviewers have been selected on the basis of skills, an understanding of the national/regional context, and availability.

⁴ A fuller description of ASAP's operations is included in the Progress Report included in Annex 1.

Reviewers' comments are consolidated into a single document of about 10 pages, and transmitted to the requesting partner within two weeks of the request to ASAP. In most cases, peer review comments have been taken into account in the final strategic plan or action plan and have helped enhance the document itself and/or the process of development. As of November 2007, ASAP had provided 15 peer reviews, of which 12 for countries, one for an African faith-based regional network, and one for the Great Lakes Initiative on AIDS, a regional network of Central and East African states.

b) Focused and Comprehensive Technical Assistance

Requests for specific assistance in areas such as costing, prioritization, M&E and action planning came from nine countries. Support has been provided by national, regional, and international consultants. On several occasions this technical assistance has been requested to address issues identified in an ASAP peer review.

In addition, ten countries and other partners requested comprehensive support for developing a national strategic plan, sometimes in coordination with other partners and donors. This support generally begins with TA to help review the ongoing plan, followed by guidance on organizing the NSP development process, and financing for the required technical inputs (e.g., a lead consultant, specialists in epidemiology, prevention, M&E, costing and action planning).

One example of comprehensive support is the response to a request from the government of Honduras, where under the leadership of the NAC, ASAP has been working with the Ministry of Health and stakeholders to support the formulation of a new HIV/AIDS strategy that is evidence-informed, results-focused and costed. This support utilized a knowledge-transfer approach to complete several key analyses to build evidence on the epidemic and the effects of the national response. In collaboration with the UNAIDS Secretariat, an AIDS spending analysis was also undertaken to guide resource mobilization efforts, and a "Strategy Results Cycle" was created to help guide the strategic planning progress and preparation of the strategy document.

Another example of comprehensive support is South Sudan. The work was coordinated by the UNAIDS Middle East and North Africa Regional Support Team (MENA RST), the UNAIDS Country Coordinator (UCC), and the UNAIDS Technical Support Facility for East Africa. ASAP financed technical support to develop the prevention, costing and monitoring and evaluation components of the draft national strategic plan. The draft plan was submitted to ASAP for peer review in November 2007.

c) Capacity Building Workshops

In line with guidance received from the 2006 Thailand consultation, capacity building opportunities for country partners were provided by ASAP to high-level policymakers and technical staff on strategic and action planning and costing. To support capacity building efforts, terms of reference were developed for a consortium of institutions to work with ASAP partners to create a curriculum and provide training to 50 countries in 2007 and 2008. A US\$ 500,000 contract was awarded to the Mexico-based Instituto Nacional de Salud Publico through an international competitive bidding process. The

evaluation of proposals was carried out by UNDP, the UNAIDS Secretariat and the World Bank in January 2007. INSP leads a consortium of seven regional training partners working closely with the World Bank Institute, UNAIDS co-sponsors, and the UNAIDS Secretariat and Regional Support Teams. This work has been guided by the ASAP Training Advisory Committee.

An initial pilot workshop for high-level policymakers from 14 countries was held in the Caribbean in early December 2006, in coordination with the review of the Caribbean Multi-Country AIDS Program (MAP) organized by the UNAIDS Secretariat and the World Bank. The first official ASAP training for the Caribbean took place in June 2007. In collaboration with the RSTs in Africa, a workshop for Francophone and Anglophone African participants from 17 countries was held in Durban, South Africa in November 2007. Workshops for other regions will take place in 2008.

Demand for these workshops has grown with time, and increasingly participation is being broadened to include colleagues from UNAIDS cosponsors, country offices, Technical Support Facilities and civil society. This will help to increase the number of people available to provide technical support in response to countries' requests to ASAP.

d) Development of Tools and Practice Notes

Capacity building and knowledge transfer have been key to all ASAP operations. In response to country demands and guidance from the Thailand meeting, ASAP developed a number of practical tools, guidelines and practice notes. For all of these, further information is available in the ASAP Progress Report:

- Self-Assessment Tool and Guidelines
- Road Map for developing a strategic plan
- Practice Notes on (i) the process of strategy development, (ii) costing, and (iii) results-focused strategic planning. A new note on action planning was discussed at the Durban training for sub-Saharan Africa, and will be finalized shortly.

Information on ASAP operations is available through the ASAP website, which includes 43 national strategies, with new strategies being added as they are finalized. (www.worldbank.org/asap)

The ASAP Secretariat

The ASAP Secretariat is small, relying on existing staff from the World Bank and other UNAIDS cosponsors. ASAP has contracted the services of a number of experienced technical specialists, and relies on a growing roster of tested consultants and on support through and from the UNAIDS Technical Support Facilities (see below).

Coordination with Partners

One of the main lessons learned from the first year of experience in ASAP concerns the importance of partnerships. These have included the UNAIDS Cosponsors and the Secretariat at global, regional and country level. In addition, ASAP works closely with

UNAIDS Technical Support Facilities in East Africa, Southern Africa, West and Central Africa, and East Asia/Pacific.

At regional level, UNAIDS RSTs have taken on a growing leadership role within their regions by working closely with their UCCs, national governments and UN partners to support coordinated strategic planning work. These initiatives have strengthened collaboration and greatly assisted ASAP's ability to plan and provide support to countries.

- Through a formal funding agreement with **the MENA RST**, ASAP joined with UNAIDS, WHO and the World Bank to fund strategic plan development in the region in a coordinated manner, in response to requests from governments and UN country teams. This work has been initiated in Morocco, Southern Sudan and Somalia and is expected to continue next in Sudan and Algeria.
- Similarly in **Western and Central Africa**, the RST has facilitated ASAP support to countries through consultation with UCCs in all the countries of the region, to identify needs and resources (in terms of all other available funders and providers or technical support) and then to see where ASAP support could be most useful. So far this approach has led to ASAP involvement in peer reviews in Togo and Niger and recent requests from Liberia, DRC and Cote d'Ivoire for various levels of technical assistance.
- The RST for the **Caribbean** facilitated ASAP support to Jamaica and Barbados, in late 2006/early 2007 and in late June transmitted a request to ASAP to support strategy development in Grenada and St. Kitts and Nevis. The RST anticipates requests from Dominica and Antigua and Barbuda
- During the Kigali Partners meetings in mid-June 2007 ASAP also held discussions with RST directors from **Latin America, Europe, Southern and Eastern Africa** and **Asia** to discuss how best to collaborate in the year to come. This was followed quickly by visits from ASAP staff to the RSTs in Asia/Pacific and Europe.

ASAP's Financial Resources

To fund its initial operations, ASAP raised a total of US\$ 6 million from various sources: the Global Task Team Implementation Trust Fund⁵ (US\$ 3.32 million), the World Bank's allocation of the UNAIDS 2006-2006 UBW (US\$ 930,000), from trust funds from Belgium and Holland (US\$ 985,000) and from contributions from the World Bank's Global HIV/AIDS Program⁶ (US\$758,000). Given ASAP's present commitments, in particular for capacity building workshops and training for countries through the end of 2008, the ASAP evaluation team estimated, and ASAP's Secretariat agrees, that new funding for supporting countries will be needed in the second quarter of 2008 at the present rate of spending.

⁵ The total GTT Trust Fund was for US\$3,671,320 with US\$350k for the joint UNDP/WB/UNAIDS Secretariat PRSP Programme

⁶ Bank budget covering the period FY06-08 and including BB allocation (US\$587k), estimated TF fee income (US\$120k) and learning budget allocation (US\$50k)

4. Summary of the ASAP Assessment Findings

In light of ASAP's desire to know whether it had been doing the right things, and doing them right – and to be able to perform better in future – the UNAIDS Secretariat and ASAP commissioned an external review of ASAP's first year of operation. The review was carried out by three independent experienced consultants in July-September 2007⁷ and focused on:

- Adherence to and the appropriateness of the operating principles set out in the initial ASAP Business Plan (i.e., in providing timely, demand-driven, and flexible services, brokering technical support, coordinating with key partners, maintaining confidentiality in the peer review process, and ensuring consistency with the goal of achieving Universal Access).
- Achievement of the quantitative targets set by the GTT.
- Quality of ASAP services, in particular the peer reviews, Practice Notes and Tools, and the Capacity Building Program.

The Assessment “found that ASAP had generally met the expectations set out in the draft ASAP Business Plan for 2006-07 in terms of the quantity and quality of work and adherence to agreed operating principles. It is on track to meet the quantitative goal for technical support, development of tools and capacity building, although the mix of technical support has been stronger than anticipated on broad strategic planning and less on action planning.”

The review also found that ASAP outputs have been good, especially the peer reviews and instruments such as the Self-Assessment Tool and the planning effort for the capacity building program. The review noted that it was not possible to assess ASAP's impact on the quality of strategic and action planning at this early stage in the program.

The review raised a number of questions regarding how ASAP might operate in future with particular attention to:

- managing demand;
- ASAP's position within the context of providers of support for strategic and action planning;
- reviewing the concept of confidentiality in peer reviews;
- funding ASAP's operations after the current resources are used up (in about mid 2008);
- greater efficiency and effectiveness.

Consultation with ASAP Advisory Groups – October 2007

In October 2007 ASAP convened meetings of two of its three advisory groups to discuss the assessment findings and get guidance on how ASAP should proceed in the year to

⁷ Daniel Tarantola, Clement Chan-Kam, and Dan Ritchie

come. The first meeting took place in New York City on October 24, 2007 and brought together members of the UNAIDS ASAP Advisory Group (joined by UNHCR as the Chair of the Committee of Cosponsoring Organizations).⁸ The second meeting convened members of the ASAP Technical Advisory Group⁹ (which had first met in Pattaya, Thailand in January 2006) and country partners, in Cairo from October 29-30, 2007.

Both meetings discussed ASAP's progress, achievements and challenges during its first year of operations, and the findings of the ASAP Assessment, which were presented at each meeting by someone from the three-member consultant team.¹⁰

ASAP Strategic Framework – Recommendations from the Advisory Groups

In both meetings the participants agreed that ASAP: (i) has largely responded to its mandate, role and operating principles as agreed in the GTT recommendations and the initial Business Plan; (ii) should now adapt its roles and operating principles to reflect the evolving global environment (the move from project to program funding), and expanding country needs; and (iii) should **deepen** the scope of its service provision and **evolve** its operating approach in order to increase its responsiveness to country needs.

Expanding on this broad statement of support, the evaluation findings and guidance from colleagues participating in the two meetings yielded the following recommendations:

Strategies and Action Plans

- While maintaining its emphasis on strategic planning, ASAP should encourage the linkages of strategies with action planning and be proactive in providing guidance and technical support in the development of operational plans

Ownership and Capacity Building

- When requested to provide technical support, ASAP should give priority first to national consultants, second to regional and then to international consultants.
- When regional or international consultants are used, ensure that they contribute to strengthening national capacity.
- The present training program for national partners should be continued. There should be increased effort to capitalize on the capacity building opportunities associated with the provision of technical support, mentoring of national and regional technical staff, and performance review of consultants.
- Additional resources are needed in order to include additional partners in ASAP training activities.

⁸ Agency representatives in NY were: Sophia Kisting and Susan Leather (ILO), As Sy and Bob Verbruggen (UNAIDS Secretariat), Julian Fleet, Lily Ohiorhenuan and Nadia Rasheed (UNDP), Doreen Mulenga and Thilly de Bodt (UNICEF), Kerry Kutch (WHO), Christopher Castle (UNESCO) and Gebrewold Petros (UNHCR).

⁹ The list of participants in the Cairo meeting is attached in Annex 2.

¹⁰ Dr. Clement Chan-Kam and Dr. Daniel Tarantola participated in NY and Cairo, respectively.

Interface Between ASAP and Other Support Providers¹¹

- ASAP and the TSFs should enhance their present cooperation and prepare a simple matrix to clarify the respective roles of these and other major service providers.

The Growing Demand

- To remain demand driven and respond to the growing need for action planning, ASAP will require additional human and financial resources, including a deeper involvement of UNAIDS Cosponsors.
- ASAP should explore cost sharing and payment for services as appropriate.
- ASAP should be open to requests from civil society networks on a pilot basis. This could include providing support for intermediary institutions (national, regional and global networks, such as the Civil Society Action Team) to strengthen CSO capacity to be fully involved in development of national strategic and action plans.

Managing Demand

- RSTs should actively identify countries that could benefit from ASAP support and coordinate strategic and action planning requests through the focal point in each RST.
- UCCs should play a pivotal role in building country ownership and coordinated support to the national response.
- ASAP should continue to respond to demand that reflects the buy-in of the Government, UNAIDS Joint Teams and other key partners on the ground.
- ASAP should partially manage demand by encouraging countries to develop action plans linked to strategic plans, and by enhancing awareness among stakeholders about its scope of work (i.e., including action planning)
- ASAP should establish a communication strategy to become better known by partners and countries.

Quality Assurance and Impact Measurement

- The development of tools and operational processes by ASAP should continue to be the subject of coordination and consultation with relevant stakeholders (including civil society).

¹¹ It was agreed to systematically strengthen the relationship between ASAP and the UNAIDS cosponsors by: including cosponsors in capacity building; organizing ASAP secretariat visits to all cosponsor headquarters; supporting cosponsor participation in peer reviews by having ASAP prepare a standard background paragraph on ASAP and bullet points on what to look for when reviewing a strategy; giving cosponsors up to three weeks to transmit peer review comments; informing cosponsors each time ASAP receives a request to get their suggestions on whom to talk to in country; ensuring ASAP-supported consultants are in close contact with the Joint UN Team in country; allocating funding for cosponsor participation and including criteria on how these funds can be used.

- ASAP will expand the pool of highly-skilled reviewers, including from civil society, cosponsors and others with practical experience, and provide appropriate incentives, while maintaining service standards and building capacity.
- ASAP should strengthen orientation of consultants and provide dedicated management of each technical support input by creating quality assurance teams.

Operational Modifications

- ASAP should share consolidated peer review comments and individual review comments with the reviewers, both as an incentive for colleagues to participate and as a way of strengthening capacity to undertake such reviews.
- ASAP will put in place an incentive mechanism for attracting reviewers.

Going Forward

- The next meeting of the Technical Advisory Group will be in mid-2008 with a focus on plans for the following year.
- The next ASAP assessment should be done by UNAIDS in mid-2009 with a focus on the results of ASAP services.
- Application should be made for additional financial support for improved and expanded ASAP services to the Interagency UBW.

5. Work Program 2008-2009

On the basis of the ASAP evaluation and the New York and Cairo governance meetings, ASAP has developed a draft 2008-2009 work program with two options: (i) continuing its present level of tasks with enhancement in quality assurance and a deeper involvement of UNAIDS co-sponsors with a budget of about US\$5.3 million per year; and (ii) expanding and deepening its operations as recommended by the governance meetings with a budget of US\$6.8 million per year.¹²

In both the base and enhanced cases, ASAP will take the following measures to improve its services and processes while maintaining its demand-driven, flexible, timely and coordinated approach:

- While maintaining its focus on helping countries to make strategic planning more evidence-informed, prioritized and costed, the linkages with **action planning** will be encouraged by providing technical guidance and supporting the production of action plans which focus on effective and efficient program implementation

¹² Neither option takes into account any role that UNAIDS in general, and the ASAP UNAIDS service in particular, might be asked to undertake, for example, in assisting more countries to enhance action planning more quickly, as the Global Fund allows for “program” funding on the basis of strategic plan applications

- The **quality of service delivery** will be improved by a greater involvement of ASAP's main partners, including ILO, UNDP, UNESCO, UNICEF and WHO, and by providing incentives for peer reviewers including from civil society and other experienced practitioners. The provision of consultant support will emphasize the role of facilitation and capacity building as well as requested expertise in key areas such as evidence enhancement, prioritization, costing of plans and action planning. Consultant selection and work product management will be given ever-greater attention to assure good-quality service.
- ASAP will continue to be open to **requests from civil society networks** on a pilot basis, especially so that civil society organizations can be fully involved in the development of national strategic and action plans.
- ASAP will continue to contribute to **capacity building** through its training program, the promotion of national and regional consultants in priority, and increased attention to knowledge generation and knowledge sharing.
- In order to **improve coordination and harmonization**, ASAP will continue to develop tools and operational processes and provide technical and financial support in consultation with other stakeholders, especially the Technical Support Facilities of UNAIDS and the major bilateral providers of technical support. ASAP will establish a communications strategy to become better known by partners and countries. It will also continue to collaborate closely with UNDP and the UNAIDS Secretariat on integrating AIDS into PRSPs and Medium-Term Expenditure Programs in concert with cosponsors and, in particular, with the World Bank. In addition, in order to simplify and harmonize the approach to AIDS strategic planning efforts, ASAP will also work with the main financial donors and providers of technical support, both inside and outside the UN family, in support of and in the context of the Three Ones. Finally, ASAP Secretariat staff will visit each of the cosponsoring agency headquarters, and take advantage of opportunities to participate in meetings of RSTs and TSFs.
- In responding to demand, **ASAP will continue to involve UNAIDS** regional support teams and country coordinators in promoting country ownership and a coordinated response.

The Base Case and the Enhanced Cases

The base case assumes that the demand for ASAP will continue at its present level of operations, approximately 15 peer reviews annually, technical support (focused and comprehensive) to 25 annually averaging \$100,000 per country¹³, and the development of further tools, good practices and knowledge sharing as well as the continuation of the present 2007-2008 capacity building training program at the current level. Incremental funding in the base case will also provide for greater involvement of UNAIDS co-sponsors in country support and capacity building, and participating more regularly in the peer review and quality assurance process.

¹³ Up from the current average of \$86,000 due to exchange rate changes and the need for more quality assurance.

The cost of the base case is US\$ 10.6 million for two years, as detailed in Table 1, with currently available funding for 2008-09 of US\$ 4 million for the two years from the World Bank's share of the 2008-2009 UNAIDS Unified Budget and Work Plan (UBW), World Bank internal resources, and trust funds from Belgium, Holland, and the UNAIDS GTT Implementation Trust Fund. ASAP would apply for \$6 million from the UBW Inter-agency budget to complete the financing of the base case and US\$600,000 from bilateral trust funds.

The Enhanced Case provides for annual increases as follows:

- (i) the support per country from an average of \$100,000 to \$135,000 as we foresee the need for deeper involvement (especially to facilitate the planning process and ensure strategic planning flows automatically into action planning) and increased capacity building and knowledge transfer in each country support operation – US\$ 900,000
- (ii) providing incentives for peer reviewers – US\$100,000
- (iii) expanding the training clientele to include representatives of civil society and UNAIDS staff and consultants and expanding the training program – US\$300,000
- (iv) increasing knowledge sharing and knowledge transfer – US\$ 175,000.

The cost of the enhanced case is US\$6.8 million per year. ASAP would apply for \$8 million from the UBW Inter-agency budget to complete the financing of the enhanced case and \$1.6 million from bilateral trust funds.

ASAP Secretariat Staffing

At present, operating the ASAP Secretariat, including program management, administration and quality control, but not counting direct program inputs, requires about 1.25 person years of senior staff, one year of operations support staff, and one year of administrative support. The total Secretariat costs are about \$600,000 annually or about 8.8% of the proposed US\$6.8 million enhanced ASAP budget. This staffing level would be maintained under both the base and enhanced cases.

Conclusion

The New York and Cairo Advisory Group meetings recommended that ASAP seek authorization from UNAIDS to expand and strengthen its service. In support of this it is recommended that ASAP proceed with the enhanced case, especially given the importance of deepening ASAP's country assistance, particularly for increased action planning.

TABLE 1: ASAP WORKPROGRAM 2008-2009
Base Case

	AREA	DELIVERABLES	MAIN PARTNERS	COST
1.	Provision of direct technical assistance to countries in developing or strengthening their AIDS strategies and action plans through peer reviews, focused assistance and comprehensive technical assistance.	(i) 30 peer reviews in response to country demands (ii) Provide technical support (focused and comprehensive) in response to demand for 50 countries ¹⁴	National governments, UCCs and Joint UN team members, technical specialists and TSFs	\$5 mil
2.	Capacity building for policymakers and practitioners in strategic planning through (i) Completion of 2007-08 Capacity Building Program; (ii) Extension of capacity building program; (iii) Training of UNAIDS staff and civil society, include orientation for consultants	(i) Regional workshops for policy makers and practitioners in South Asia, Middle East and North Africa and a costing workshop in East Asia and the Pacific; (ii) Extension of Capacity Building Program to be determined based on the assessment of impact of the first phase; (iii) Training of UNAIDS staff and civil society, include orientation for consultants	INSP, regional training institutions, national governments, TSF, UNAIDS Cosponsors and Secretariat	\$1.9 mil
3.	Knowledge management including improving, developing and disseminating new tools, maintaining the ASAP website, and producing and disseminating quarterly progress reports, ASAP publications and brochures	(i) Improve existing tools, develop new tools and disseminate: new tool on action planning and others in response to demand (ii) Produce quarterly progress reports, ASAP publications, brochures, CD-ROM and disseminate	National governments, UNAIDS Cosponsors and Secretariat, Technical Advisory Group	\$600k
4.	Policy and advocacy	(i) Identify and present ASAP services at upcoming regional and international events: (a) International AIDS Conference in Mexico (b) ICASA in Dec 2008 (c) Co-host with ACTAfrica the annual Africa Regional Consultation on strategies and action plans in Madagascar, 2008 (ii) Provide advice to HIV/AIDS donors on strategies and action plans (done per received request)	UNAIDS Cosponsors and Secretariat, ASAP clients	\$500k

¹⁴ US\$100,000 per country

	AREA	DELIVERABLES	MAIN PARTNERS	COST
		(iii) Outreach with UNAIDS cosponsors and the Secretaria, international donors, civil society and other stakeholders		
5.	UNAIDS Cosponsor Support	Facilitate active cosponsor involvement in ASAP operations	UNAIDS Cosponsors	\$2 mil
6.	Strengthening ASAP governance through the UNAIDS ASAP advisory group, the ASAP technical advisory group, and the ASAP training advisory group, and resource mobilization.	(i) Implement recommendations agreed by the UNAIDS and Technical Advisory Groups in NY and Cairo (pp 8-10 above). (ii) Meeting of ASAP Technical Advisory Group, UNAIDS ASAP Advisory Group, ASAP Training Advisory Committee to monitor and implement new business plan. (iii) Second ASAP Assessment	UNAIDS Cosponsors and Secretariat, ASAP Technical Advisory Group, UNAIDS ASAP Advisory Group, ASAP Training Advisory Committee	\$600k
	TOTAL			\$10.6 million

**TABLE 2: ASAP WORKPROGRAM 2008-2009
Enhanced Case**

	AREA	DELIVERABLES	MAIN PARTNERS	COST
1.	Provision of direct technical assistance to countries in developing or strengthening their AIDS strategies and action plans through peer reviews, focused assistance and comprehensive technical assistance.	(i) 30 peer reviews in response to country demands; provide appropriate incentives ¹⁵ for an expanded pool of highly skilled reviewers including from civil society, cosponsors and others with practical experience; (ii) Provide technical support (focused and comprehensive) in response to demand for 50 countries (deepen quality) ¹⁶	National governments, UCCs and Joint UN team members, technical specialists and TSFs	\$7.0 mil
2.	Capacity building for policymakers and practitioners in strategic planning through (i) Completion of 2007-08 Capacity Building Program; (ii) Extension of capacity building program; (iii) Training of UNAIDS staff and civil society, include orientation for consultants	(i) Regional workshops for policy makers and practitioners in South Asia, Middle East and North Africa and a costing workshop in East Asia and the Pacific; (ii) Extension of Capacity Building Program to be determined based on the assessment of impact of the first phase; increase focus on capacity building on operational planning; (iii) Training of UNAIDS staff and civil society, include orientation for consultants	INSP, regional training institutions, national governments, TSF, UNAIDS Cosponsors and Secretariat	\$2.5 mil
3.	Knowledge management including improving, developing and disseminating new tools, maintaining the ASAP website, and producing and disseminating quarterly progress reports, ASAP publications and brochures	(i) Communication strategy for ASAP service (ii) Improve existing tools, develop new tools and disseminate: new tool on results, new tool on action planning (iii) Produce quarterly progress reports, ASAP publications, brochures, CD-ROM and disseminate (iv) Enhanced knowledge sharing and transfer	National governments, UNAIDS Cosponsors and Secretariat, Technical Advisory Group	\$950k

¹⁵ US\$200,000 for peer reviews

¹⁶ US\$136,000 per country

	AREA	DELIVERABLES	MAIN PARTNERS	COST
4.	Policy and advocacy	<p>(i) Identify and present ASAP services at upcoming regional and international events: (a) International AIDS Conference in Mexico (b) ICASA in Dec 2008 (c) Co-host with ACTAfrica the annual Africa Regional Consultation on strategies and action plans in Madagascar, 2008</p> <p>(ii) Provide advice to HIV/AIDS donors on strategies and action plans (done per received request)</p> <p>(iii) Outreach with UNAIDS cosponsors, international donors, civil society and other stakeholders</p>	UNAIDS Cosponsors and Secretariat, ASAP clients	\$550k
5.	UNAIDS Cosponsor Support	Facilitate active cosponsor involvement in ASAP operations	UNAIDS Cosponsors	\$2million
6.	Strengthening ASAP governance through the UNAIDS ASAP advisory group, the ASAP technical advisory group, and the ASAP training advisory group, and resource mobilization.	(i) Implement recommendations agreed by the UNAIDS and Technical Advisory Groups in New York and Cairo. (ii) Meeting of ASAP Technical Advisory Group (annual) UNAIDS ASAP Advisory Group (quarterly), ASAP Training Advisory Committee to monitor and implement new business plan (bi-annual). (iii) Second ASAP Assessment (2009). (iv) Significantly expand resource mobilization efforts with bilateral and multilateral donors for implementation of the ASAP business plan.	UNAIDS Cosponsors and Secretariat, ASAP Technical Advisory Group, UNAIDS ASAP Advisory Group, ASAP Training Advisory Committee	\$600k
	TOTAL			\$ 13.6 million

AIDS Strategy and Action Plan (ASAP)



Progress Report: October 15, 2007

This note provides a brief description of and update on the services provided by ASAP in response to requests from countries and regions, the ASAP capacity building initiative, the first-year evaluation of ASAP and recent meetings and briefings at which ASAP has been discussed.

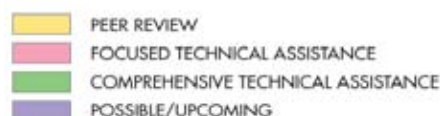
RECENT HIGHLIGHTS

At the end of September 2007 the one-year **ASAP Assessment** was completed and shared with partners. Findings and recommendations will be discussed at two meetings scheduled to take place in late October (see page 7) to guide ASAP operations for the medium-term.

In support of the **UNAIDS RST/Europe**, Jonathan Brown of the ASAP Secretariat traveled to Tbilisi to join the RST in a meeting of UCCs and the Global Fund for AIDS, TB and Malaria.

And in preparation for the upcoming ASAP capacity building workshop being planned for Asia (early 2008), ASAP team members Jonathan Brown and Patrick Osewe met with colleagues from the **UNAIDS RST/Asia and Pacific**, INSP, ADB and other technical specialists to design the content of the regional capacity building activity. The meeting took place in Bangkok from September 23-24, 2007.

Demand for ASAP



What is ASAP?

ASAP services, hosted by the World Bank on behalf of UNAIDS, are undertaken in consultation with the UNAIDS Secretariat, the Technical Support Facilities, governments and other partners.

Since beginning operations in July 2006, ASAP has been active in 31 countries and has supported one regional initiative and one civil society network. ASAP provides the following services:

- Peer reviews of draft national strategies
- Technical and financial support to assist countries and regions to strengthen their strategic response to HIV/AIDS
- Development of tools to assist countries in their strategic planning work
- Capacity building for policymakers and practitioners in strategic and action planning to strengthen the response to HIV/AIDS

ASAP Governance

UNAIDS ASAP Advisory Group:

- Main partners in the UNAIDS Division of Labor (UNICEF, UNDP, UNESCO, ILO, WHO, Chair of the UNAIDS CCO, the UNAIDS Secretariat and WB)
- Established to provide overall guidance to ASAP operations
- First meeting held in Geneva in February 2007, will meet next on October 24, 2007 in New York
- A sub-group met by teleconference in late March to develop TOR for the Advisory Group and discuss plans for the external assessment of ASAP's first year of operations

ASAP Technical Advisory Group:

- Consists of representatives of civil society, the private sector, donors, UN agencies and international experts
- Met initially in February 2006 in Thailand to discuss the criteria for good national strategies, the common weaknesses and strengths of strategies; to identify the services that ASAP should offer in demand-driven operations; and to review the range of tools and resources that already exist
- Will meet next in Cairo from October 29-30, 2007

ASAP Training Advisory Committee:

- Established in April 2007 to advise on the use of standards, methods and tools to develop country capacity
- Includes UNDP (chair), the World Bank and the UNAIDS Secretariat. Other cosponsors, institutions and individuals are invited to serve based on technical expertise required.
- Identifies complementary training activities which could be implemented jointly and advises on quality and outcomes assessments

UPDATE ON ASAP SERVICE PROVISION

1) Peer Review of Draft Strategies

ASAP has received requests directly from National AIDS Councils, and from UNAIDS Regional Support Teams (RSTs) and Country Coordinators (UCCs) on behalf of countries to review draft strategies on a confidential basis. ASAP responds to these requests by soliciting comments from a range of experienced colleagues within and beyond the UN family, consolidating the comments, translating them into the appropriate language, and sharing them with the national program manager and UNAIDS Country Coordinator. To date, ASAP has provided peer review to the following countries:

- Council of Anglican Provinces of Africa (CAPA)** – Through Tearfund, ASAP received a request to review the draft strategy for AIDS, TB, and Malaria for CAPA. Comments on the HIV/AIDS section of the strategy were provided in the second week of October.
- Zambia** – An ASAP review team provided comments to the National AIDS Council on the new HIV/AIDS Operational Plan and Budget, in line with the country's NSP in late September, 2007.
- Latvia** – ASAP provided peer review comments of the new draft 2008-2012 HIV/AIDS strategy and accompanying costed plan on the request of the UNODC Country Coordinator for Latvia and the Latvia Public Health Agency. The review was completed in August 2007.
- Lesotho** – During July 2007 ASAP provided peer review comments on the Lesotho resource needs estimation work on the request of the UNAIDS Country Coordinator.
- Sri Lanka** – In response to a request from the Director of the National STD/AIDS Control Programme and the UNAIDS Country Coordinator, ASAP provided peer review comments on the draft NSP and operational plan.

- vi. **Uganda** – At the end of June 2007, following a written request and follow-up teleconference with all partners, ASAP completed a review of the draft NSP, resource requirements and performance management and monitoring documents for the Uganda AIDS Commission.
- vii. **GLIA (Great Lakes Initiative on AIDS)** – At the request of the GLIA Secretariat, ASAP reviewed the regional strategic plan and costing document in June 2007, and just received a request for technical support through ASAP to revise the strategy.
- viii. **Jamaica** – A request was received through the UNAIDS RST for the Caribbean to provide peer review of the draft national strategy. The review was completed in May 2007.
- ix. **Tanzania** – ASAP provided peer review comments on the draft National Multi-sectoral Strategic Framework on HIV and AIDS 2008 – 2012 in early May 2007.
- x. **Barbados** – ASAP comments were provided in response to a request from the Director of the National HIV/AIDS Commission in the Office of the Prime Minister of Barbados on their draft HIV/AIDS National Strategic Plan in late April 2007.
- xi. **Togo** – The UNAIDS Regional Support Team for West and Central Africa requested a review of the draft strategy on behalf of the Government of Togo. ASAP completed the review and shared the consolidated comments with the Government and UNAIDS in late March 2007.
- xii. **Niger** – ASAP conducted a review for Niger in response to a request made by the RST/West and Central Africa, which was delivered to the Government of Niger in early March 2007.
- xiii. **Madagascar** – The Madagascar AIDS Commission requested a peer review of its draft strategy, which was carried out by ASAP in January 2007. Following this, the TOR for a study of the epidemic was agreed upon by the CNLS, UNAIDS and other partners.
- xiv. **Benin** – ASAP completed a peer review of the Benin strategy in July 2006. In September, ASAP received a revised strategy and commissioned an independent assessment of the impact of the peer review. The assessment concluded that the peer review had had an important effect especially with respect to focusing on vulnerable groups, clarifying targets and assessing resource needs, and restructuring to present the programmatic and budgetary sections as a separate operational plan.
- xv. **Central African Republic** – ASAP completed a peer review of the CAR draft NSP in July 2006.

2) Focused Technical Assistance

ASAP has received requests for specific assistance in the areas of costing, prioritization and review of previous strategies. This type of support has thus far been provided or is being provided to:

- i. **Moldova** – Through the UCO and the Country Coordinating Mechanism for National Tuberculosis and National HIV/AIDS/STI Control Program, ASAP received a request in early October to support capacity strengthening in national AIDS program costing analysis. A teleconference will be held shortly before moving forward.
- ii. **Togo** – In mid-September ASAP met by teleconference with representatives of the Togo National AIDS Program, the RST/WCA, the Togo UCC and the TSF/WCA to map out ASAP support for technical assistance to produce a costed national operational plan for 2008-2009.
- iii. **Burundi** – In early September ASAP received a request from the CNLS to assist in developing various resource needs scenarios and an operational plan. TOR are being developed.
- iv. **Kosovo** – The National AIDS Program and UNAIDS Focal Person initiated a discussion with ASAP, leading to provision of a lead consultant to revise the NSP and a costing specialists.

CVs have been sent and selection will be completed in mid-October, with work to begin in mid-November 2007.

- v. **Uganda** – Following up on the ASAP peer review comments provided on the costing of the new NSP, the Uganda AIDS Commission requested ASAP support to finance an international and five local consultants to prepare a National Annual Priority Action Plan. Discussions began in mid-September and work in the second week of October.
- vi. **Grenada** – The UNAIDS RST for the Caribbean forwarded at the end of June a request from the government for ASAP support to finance the services of an experienced consultant to guide development of a new AIDS strategy. The consultant has been hired and will work over the next six months.
- vii. **St. Kitts and Nevis** – In line with the process in Grenada, ASAP is working closely with the RST to provide technical support for development of a new strategy for the two countries over the next six months or so. The international consultant will begin work in mid-November.
- viii. **Somalia** – In close collaboration with the UNAIDS RST/MENA Region, the UCC for Somalia, and representatives of the three national AIDS commissions involved in Somalia, ASAP is supporting consultant services to coordinate the technical inputs for development of the new strategic plan over the next 11 months. The cost is being shared between ASAP and the UNAIDS family for Somalia. The contracting process is underway and work will begin shortly.
- ix. **Swaziland** – The Coordinating Assembly of NGOs (CANGO) asked for ASAP support to develop its first strategic plan. This support is being organized through the TSF for Southern Africa, in collaboration with the Government and the UCC. Work began in July 2007.
- x. **Morocco** – Through the MENA RST, ASAP responded to a request for support to adapt the new NSP into regional action plans at decentralized level. A teleconference between the RST, UCC and ASAP Secretariat took place in early May, and consultant and related support is now in process.
- xi. **Jamaica** – Through the RST Caribbean, ASAP provided a consultant from the TSF/EA roster to help the Government cost its new national strategic plan. The product was delivered at the end of June 2007.
- xii. **Guinea** – ASAP is collaborating with the UNAIDS Country Coordinator, the RST for West and Central Africa, the Government of Guinea and the World Bank to support review of the current strategic plan and development of a new one. ASAP provided comments on initial TOR for consultant services and through the UCC is working with the RST and TSF/WCA to provide support to structure the process and then conduct the work. Due to political upheaval in the country the process was slowed during January – March 2007 but was re-launched in early May 2007. The RST has indicated that once the review has been completed ASAP will be requested to support development of a costed strategic plan.
- xiii. **Ethiopia** – The Ethiopia HIV/AIDS Control Organization requested urgent support from ASAP for prioritization that would be used in developing its Round 7 GFATM proposal. An experienced epidemiologist initiated the work in March and returned to Ethiopia in April, along with World Bank/GAMET staff, to work with Government to produce the necessary data analysis and list of programmatic priorities.
- xiv. **Tanzania** – At the request of TACAIDS, ASAP financed two international and two local consultants to assist with the costing of the new National Strategic Framework and with the development of the enabling environment part of the Framework.
- xv. **Bhutan** - The Government of Bhutan requested ASAP to assist in strategic action planning for stakeholder groups in coordination with UNDP, WHO and the World Bank. The assistance was provided in early 2007.

- xvi. **Angola** – ASAP received a request from UNAIDS Angola to assist the National AIDS Commission with setting Universal Access targets and reviewing the National Strategic Framework for 2003-2008. ASAP funded two consultants to support the National AIDS Commission, who conducted their work in November and December 2006.
- xvii. **Guyana** – An ASAP mission assisted the Ministry of Health with the costing of the National Strategic Plan in November 2006.

3) Comprehensive Technical Assistance

A growing number of countries and other partners have requested support for development of their National Strategic Plans. In such cases ASAP support can begin with financing of technical assistance to help review ongoing NSPs or to conduct situation analyses. This can be followed by ASAP support to develop the new NSP and operational plans. At present ASAP is providing such support to:

- i. **Latvia** – ASAP support for revision and costing of the Latvia national strategic plan was requested by UNODC, in collaboration with WHO and other local partners. Technical support will be in country from mid-November 2007.
- ii. **Eritrea** – Through the UNAIDS Country Coordinator, ASAP received a request from the National AIDS/STI/TB Control Division (NATCoD) to support development of the new NSP. Discussions were held with all partners (including TSF/EA) regarding the road map, TOR and consultant selection. Consultants have been selected for overall strategy development, M&E and costing, and work is expected to begin in November 2007.
- iii. **Liberia** – Following discussion among NACP, UNAIDS RST/WCA, the UNAIDS country office and ASAP, it was agreed that ASAP will finance the synthesis of all available epidemiological data prior to development of the new national strategic plan. ASAP support for technical expertise to lead development of the new strategy and develop the M&E plan will be provided with support through the TSF/WCA.
- iv. **Sri Lanka** – In August 2006 at the request of the UNAIDS Country Coordinator, the World Bank and the National STD/AIDS Control Program, ASAP funded two consultants as part of the review of the 2002-2006 NSP and financed the work of the lead consultant to guide drafting of the new national strategic plan from March – June 2007. Beginning in July 2007 ASAP funded support for development of an M&E framework and costing of the operational plan for completion. Consultants were identified by the TSF/EAP.
- v. **Southern Sudan** – In concert with the RST/MENA, the UCC for southern Sudan and TSF/EA, ASAP is financing technical support to develop the prevention, costing and monitoring and evaluation components of the draft national strategic plan. The request was received in late May and the services provided during July 2007.
- vi. **Afghanistan** – ASAP coordinated with the UNAIDS RST/MENA, UNODC, the Global Fund, the World Bank and other partners to assist the National AIDS Control Program of the Government of Afghanistan to develop an operational program to implement the new strategic plan. The lead consultant funded by ASAP arrived in November 2006 to start this work and was joined by an M&E consultant in February 2007. The work was completed in April 2007.
- vii. **Honduras** – Under the leadership of the NAC –ASAP is working with the MOH and stakeholders to support formulation of a new HIV/AIDS strategy that is evidence-informed, results-focused and costed. This support utilized a knowledge-transfer approach to complete several key analyses to build evidence on the epidemic and its effects of the national response. With UNAIDS/Geneva, an AIDS spending analysis was undertaken to guide resources mobilization efforts, while the “Strategy Results Cycle” helped guide the strategic

planning progress and preparation of the strategy document. The *Analysis of the Epidemic Situation in Honduras* is available in draft, and the new strategy will be available in November.

- viii. **Zanzibar** – On the request of the Zanzibar AIDS Commission, ASAP provided technical support for leadership of the mid-term review of the national strategic plan from February 2007. A final draft was produced in late April, followed by a technical review that took place in early May to evaluate the findings and produce milestones for the following two years.
- ix. **Barbados** – ASAP and the UNAIDS Caribbean RST have worked closely with the Government of Barbados and ASAP funded approximately 60% of the cost of preparing the National HIV/AIDS Strategy. This work began in October 2006, followed by an ASAP mission in December 2006 to review the work of the consultants and to comment on the draft strategy. The Director subsequently requested a peer review of the updated draft NSP (see above).
- x. **Madagascar** – ASAP contributed to the work being led by the CNLS and UNDP to support better integration of HIV/AIDS into the PRSP through provision of consultant support in July 2006. Since May 2007 the CNLS and ASAP have led a team (UNAIDS, WHO and USAID with MOH and others) to support national authorities to better understand the epidemic and thus better target the national response. The analytical process was launched in July 2007, and a report is expected late 2007. The analytical results will guide development of the operational plan.

Collaboration between UNAIDS Regional Support Teams and ASAP Facilitates Support to Countries

Over the past several months UNAIDS RSTs have taken on a growing leadership role within their regions by working closely with their UCCs, national governments and UN partners to support for strategic planning work. These initiatives have strengthened collaboration and greatly assisted ASAP's ability to plan and provide support to countries.

- Through a formal funding agreement with **the MENA RST**, ASAP has joined with UNAIDS and the World Bank to fund strategic plan development in the region in a coordinated manner, in response to requests from governments and UN country teams. This work has been initiated in Morocco, Southern Sudan and Somalia (see above) and is expected to continue next in Sudan and Algeria.
- Similarly in **Western and Central Africa**, the RST has facilitated ASAP support to countries through consultation with UCCs in all the countries of the region, to identify needs and resources and then to see where ASAP support could be most useful. So far this approach has led to ASAP support for peer reviews in Togo and Niger. Liberia has just forwarded a request for support to develop their new NSP, and upcoming requests are expected shortly from DRC, Cameroon, Cote d'Ivoire, and Mali.
- Building on earlier work done through the facilitation of the RST for the **Caribbean** in Jamaica and Barbados, in late June ASAP was requested to support strategy development in Grenada and St. Kitts and Nevis. Requests are expected soon from Dominica and Antigua and Barbuda
- During the Kigali meetings in mid-June ASAP also held discussions with RST directors from **Latin America, Europe, Southern and Eastern Africa** and **Asia** to discuss how best to collaborate in the year to come. In Asia this is likely to include provision of capacity building with a focus on costing in late 2007.

ASAP BUSINESS PLAN

The ASAP Business Plan was developed at a workshop of the ASAP Technical Advisory Group in Thailand in early 2006. It has been reviewed by many stakeholders, including participants at the ACTAfrica 2006 consultation in Nairobi. It will be updated based on inputs of the UNAIDS ASAP Advisory Group and the ASAP Technical Advisory Group in late October 2007..

ASAP FIRST-YEAR ASSESSMENT

As ASAP completes its first year of operation, it initiated an external review to assess progress made to date and provide guidance for the year to come. Three consultants were engaged to undertake the assignment, which concluded at the end of September 2007.

Specifically, the purpose of the assessment was to determine:

- (i) the extent to which the first year of operations have been carried out in line with the basic operating principles agreed by the GTT and whether these principles are still valid as guidance for future operations, and
- (ii) whether operations have conformed to the expectations set out in the ASAP Business Plan in terms of both quantity and quality of service provided.

“The Assessment team found that ASAP had generally met the expectations set out in the draft ASAP Business Plan for 2006-2007 in terms of the quantity and quality of work and adherence to agreed operating principles.” The report raises a number of questions regarding the best way to move forward, and these questions will form the basis for discussion in meetings of the UNAIDS ASAP Advisory Group and the ASAP Technical Advisory Group in October 2007, at which time the ASAP Business Plan, services and operating principles and future funding situation will be agreed in order to respond to country needs.

ASAP CAPACITY BUILDING THROUGH TRAINING AND WORKSHOPS

ASAP capacity strengthening work targets high-level policy makers and technical experts in strategy and action planning. A US\$500,000 capacity building contract to provide this training for some 50 countries in 2007 and 2008 was awarded to the INSP of Mexico through a competitive process. The evaluation of the proposals was carried out by UNDP, the UNAIDS Secretariat and World Bank in January 2007. To carry out this work, INSP leads a consortium of 7 regional training partners, and works closely with the World Bank Institute, UNAIDS Co-sponsors and the UNAIDS Secretariat and Regional Support Teams. ASAP capacity strengthening work is guided by the AIDS Training Advisory Committee for Strategy (PRSP and ASAP), Resource Tracking, Mainstreaming and Costing. UNDP chairs this advisory group. Steps taken to date include the following:

- a. The first workshop for high-level policymakers was piloted in the Caribbean in early December 2006 for fourteen countries, in coordination with the review of the Caribbean MAP organized by the UNAIDS Secretariat and the World Bank.
- b. The first official ASAP training for the Caribbean took place in June
- c. In collaboration with the RSTs in Africa, a workshop for Francophone and Anglophone African participants will be held in Durban, South Africa in November 2007.
- d. Workshops for other regions will take place in 2008.



ASAP TOOLS

The following practical 'tools' have been developed to provide additional support to partners to help strengthen national strategies and action plans

ASAP website (www.worldbank.org/asap) – ASAP is continuing to develop and expand its website to make it a useful tool. The site includes a large number of national strategies, and new strategies continue to be added as they are finalized. The tools described in the rest of this section are all available on the website, and have received positive responses from country-based partners.

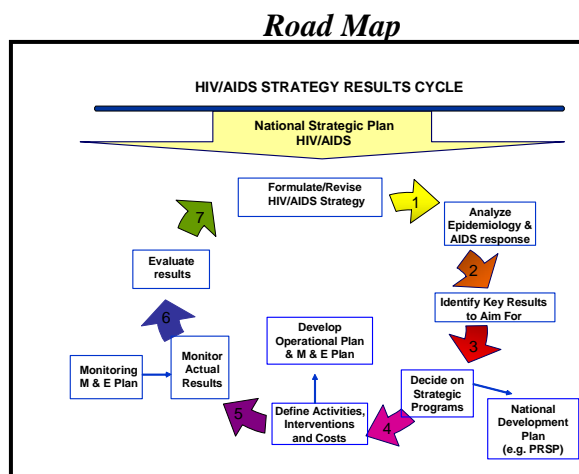
Self-Assessment Tool and Guidelines – At the request of the Global Task Team, ASAP developed a strategic Self-Assessment Tool (SAT) and application Guidelines that countries can use to rate their own strategies on the basis of a list of internationally-recommended criteria. The SAT was developed as an excel spreadsheet and has the same general format, "look and feel" as other complementary tools developed by the Global Fund. Using the ratings the tool automatically generates a simple graph to reflect areas of strength and weakness in the strategy. Guidelines are provided to explain the thinking and global experience for each of the criteria, and provides key selected references for more information. This helps to make the SAT and Guidelines consistent with, and linked to, other relevant tools and guidelines, and helps users navigate through the wealth of existing resources.

Many countries have already begun to use the Self-Assessment Tool, both as a planning device in establishing strategies and to assess strategies in draft form.

The latest version of the SAT and Guidelines (version 7) are available on the ASAP website, which has recently been updated on the basis of comments from users.

Draft Road Map – The Road Map starts with a review of the situation of the epidemic and the achievements of the national response, which in turn informs the identification of the key results that the national strategy aims to achieve. This 'results cycle' is summarized in several clear steps. ASAP is continuing to refine the Road Map to help countries plan the process of doing national strategic planning.

Practice Notes – Based on demand from countries, ASAP produced in May 2007 two practice notes.



- The first, on the process of creating a national HIV/AIDS strategy, will be finalized by end October on the basis of comments received from members of the ASAP Technical Advisory Group and others.
- The second, on the costing of national strategies, has elicited useful comments from colleagues and will be amplified and finalized before the end of the year. Both notes were undertaken with assistance from the National AIDS Commission of Swaziland and the UNAIDS Technical Support Facility for Southern Africa.
- ASAP is also producing a practice note on facilitating a results-focus in strategy formulation based on experience in reviewing 28 national strategies.

COORDINATION AND ALIGNMENT

Over the last year ASAP has been discussed with several stakeholders in order to improve understanding of the services offered, to identify roles for partners and to increase coordination. UNAIDS Global Coordinators have received two briefings on ASAP in the last year. In addition, the following briefings were presented:

July 2006	Briefing to UNAIDS Technical Support Facilities (TSFs)
Aug 2006	ASAP met with representatives of the GFATM and PEPFAR as part of the ASAP working group formed by the these donors and the World Bank in January 2006. ASAP met with UNAIDS regional managers at the Toronto AIDS Conference. Discussions with the UNAIDS RST in Asia are ongoing to work together within the framework of a program with the Asian Development Bank.
Sept 2006	Briefing to the Southern Africa UNAIDS Country Coordinators
Nov 2006	Briefing to the UNAIDS Secretariat and UNODC staff
Feb 2007	Briefing at the UNAIDS WCA Regional Management Meeting in Dakar
Mar 2007	Briefing was provided to the Asia-Pacific UNAIDS Regional Management Meeting, which provided an opportunity for further discussion of harmonization of costing approaches.
April 2007	ASAP met with UNAIDS Representative for Latin America for briefings about ASAP work in the region. In addition, ASAP made two presentations in the IV HIV/AIDS LAC Forum held in Argentina.
June 2007	ASAP made two presentations at the PEPFAR Implementers' Meeting in Kigali, Rwanda
Aug 2007	ASAP presented at the International Conference on AIDS in Asia and the Pacific, in Colombo, Sri Lanka, as part of a symposium session on Universal Access and the GFATM (organized by UNAIDS RST for Asia and the Pacific and GFATM)

SOME LESSONS LEARNED

The following are some of the lessons learned from ASAP's first year of operations, drawing on the *ASAP Practice Note on Preparing National AIDS Strategies*:

Availability and use of epidemiologic and surveillance data

Strategies need to be built upon reliable data. Countries need to bring together and analyze existing data, identify important data gaps, and then take steps to fill them.

Prioritization

For a strategy to make a real impact, it is essential that it reflect a manageable and affordable number of high priority results to aim to achieve – based on good understanding of the epidemic, and of the results of the national response.

Government ownership

Strong involvement of the national AIDS coordinating body is key in the development of a national strategic plan and national action plan. Selecting and adopting priorities, for instance, is a task that cannot be delegated to consultants.

Early planning

The quality of the consultative process, the technical support provided, and any external review will all benefit from early planning that allows sufficient time for all of these inputs. As a result, the quality of the final strategic document will benefit as well.

ASAP TECHNICAL ADVISORY GROUP MEETING
October 29-30, 2007
List of Participants

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