

SESSION 4: THE COMPREHENSIVE PLAN AND NATIONAL ART TREATMENT GUIDELINES

Aim of the session:

Session 4 introduces the planning cycle and reviews the background, content and implementation progress of the Comprehensive Plan as well as staging and ART eligibility.

LEARNING OUTCOMES:

By the end of this session participants should be able to:

- ❖ Define planning and describe the planning cycle.
- ❖ Describe the background to the Comprehensive Plan.
- ❖ List and discuss the pillars, principles and goals of the Comprehensive Plan.
- ❖ List and discuss the components of the Comprehensive Plan.
- ❖ Discuss staging and ART eligibility criteria
- ❖ Discuss the principles of ART

SESSION TIME:

3 hours* 15 minutes

SESSION PLAN:

20 min	1. The principles of planning and the planning cycle	plenary discussion facilitator presentation
20 min	2. Introducing the Comprehensive Plan	facilitator presentation
50 min	3. Examining the components of the Comprehensive Plan	group work
Continue day 2		
20 min	4. Progress with implementation of the Comprehensive Plan	facilitator presentation plenary discussion
20 min	5. Challenges of the Comprehensive Plan	facilitator presentation plenary discussion
20 min	6. Staging and ART eligibility criteria	facilitator presentation plenary discussion
30 min	7. Understanding antiretroviral therapy	facilitator presentation

*Note: This session is split over day 1 and day 2. Allow an extra 15 minutes on day 2 to make provision for 'start of the day'.

PREPARATIONS FOR THE SESSION:

- ❖ Background reading:
 - Department of Health, Republic of South Africa. (2003) Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa.
 - Department of Health, Republic of South Africa. (2000) HIV/AIDS/STD Strategic Plan for South Africa 2000 – 2005.
 - Department of Health, South Africa. (2004) Monitoring Review. Progress Report on the Implementation of the Comprehensive HIV and AIDS Care, Management and Treatment Programme. Issue 1: September 2004.
 - Department of Health, Republic of South Africa. (2003) Report: National HIV and syphilis antenatal sero-prevalence survey in South Africa 2003.
 - Department of Health, Republic of South Africa. (2004) National Antiretroviral Treatment Guidelines. First Ed.
 - Department of Health, Republic of South Africa. (2004) Format for strategic plans of Provincial Health Departments for financial years 2005/06 to 2007/08.
- ❖ For Activity 2, use the results of the annual national antenatal sero-prevalence surveys to draw a graph showing HIV prevalences in the province between 1990-2003
- ❖ For Activity 3, prepare coloured papers and flipchart sheets.
- ❖ For Activity 4, invite a provincial representative to prepare a brief presentation on progress of the implementation of the Comprehensive Plan in the province.

Activity 1 - The principles of planning and the planning cycle

Time: 20 min

Method: plenary discussion and facilitator presentation

Aim: to discuss the meaning of planning and to introduce the concepts of goals, objectives, activities and resources

Facilitator's instructions

- ❖ Let participants brainstorm in plenary:
 - What is planning?
 - Why is planning important?
- ❖ Write the responses on a flipchart.

- ❖ Organise the ideas into groups or themes.
- ❖ Give a presentation on planning and the planning cycle.

Facilitator's notes

What is planning?

There are many definitions of planning and the activity of planning is used by different people in different ways. However, it is important to recognise that all planning approaches share one common element, i.e. decisions relating to the future.

Some definitions of planning include:

- ❖ Using information about the past and the present to make decisions that will lead to actions to improve the future.
- ❖ "Planning is a recurring process of measurement, analysis, and action designed to improve management".⁵
- ❖ "Planning is a systematic method of trying to attain explicit objectives for the future through the efficient and appropriate use of resources, available now and in the future".⁶

Why is planning important?

The outcomes of planning decisions are "plans" which are statements of intent concerning how resources will be used to achieve the goals and objectives stated in the plan. The Comprehensive Plan is a statement of intent about how the country is going to address the HIV and AIDS epidemic.

There are various approaches to planning and each approach includes elements that are common to the various models of planning. Decisions about the future require a sequence of steps which are depicted in a continuous cycle called the planning cycle.

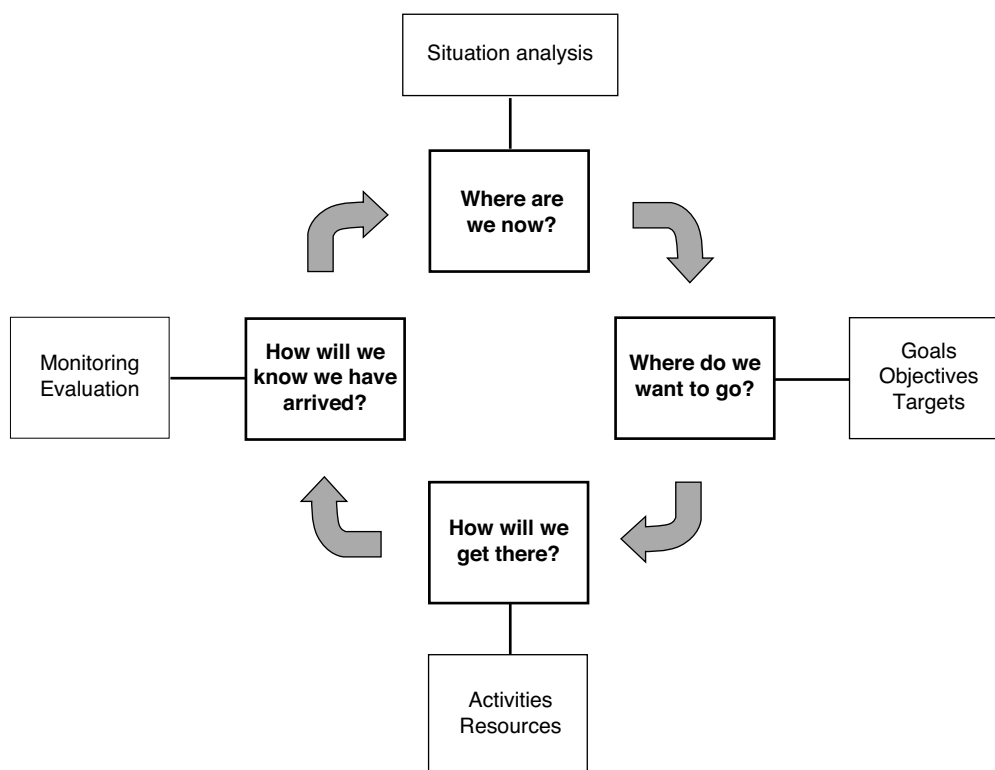
The planning cycle seeks to answer four questions:

1. Where are we now?
2. Where do we want to go?
3. How will we get there?
4. How will we know we have arrived?

⁵ Heywood A & Rohde J. Undated. Using information for action. The Equity Project.

⁶ Green A, 1999. An introduction to health planning in developing countries. Oxford University Press Inc. New York.

Figure 4.1: Steps in the planning cycle



1. Where are we now?

Before deciding what to do about a problem, we need to have an understanding of the situation. This is often referred to as a situational analysis. If the situational analysis does not clarify the situation sufficiently, initial planning will usually focus on further studies (research) or experimental approaches (e.g. a pilot project to get more experience/understanding). Before drawing up the national strategic plan, the situation was analysed and this information was used as the basis to go forward. If a plan is not based on a thorough assessment and analysis of the situation, the decisions and actions of the plan may not be the best ways of addressing the problem.

It is important to remember that plans addressing complex development processes must be flexible. Unexpected events and unforeseen challenges must not automatically be regarded as threats; they will often provide major new opportunities. Likewise, a conflict or contradiction erupting between stakeholders during implementation can be an opportunity to improve the plan and/or to forge new alliances if handled correctly.

Critical areas covered in a situational analysis include: demography, infrastructure, policy and political environment, health needs of the population, services available, service utilisation and resource use.

2. Where do we want to go?

After gaining a good understanding of the problem, the next step involves using this information to make decisions regarding how the current situation needs to be changed and improved in the future. In other words, goals must be set. Every plan should have a goal as its endpoint.

- ❖ **Goal:** the overall endpoint that the plan hopes to achieve (e.g. reduction of HIV incidence). Some goals are only achieved over a long term (5-10 years) and through the combined efforts of multiple programmes.

For example,

"...The goals of the HIV and AIDS care and treatment plan are to reduce HIV-related mortality, reduce the morbidity of HIV-infected people, and improve the quality of life of the HIV-infected..."

(Comprehensive Plan, page 193)

Decisions need to be taken on how to achieve these goals. The next step is therefore to identify a set of specific things that need to happen to contribute to achieving the goal. These are referred to as objectives. Objectives address questions of "what" and "when", but not "why" or "how".

- ❖ **Objectives:** specific achievements that contribute to achieving the goal

The word specific is important here. While the goal is a broad statement of what we hope to achieve, objectives are more precise. Objectives are stated in terms of results to be achieved, not processes or activities to be performed. A properly stated objective is action-oriented, starts with the word "to" and is followed by an action verb.

Objectives must be **SMART**:

- S** - Specific: Is the objective specific – does it cover only one rather than multiple activities?
- M** - Measurable: Can the objective be measured or counted in some way?
- A** - Achievable: Is the objective actually doable – can it be achieved?
- R** - Relevant: How important is the objective to the work we are doing? How relevant is it to achieving our goal?
- T** - Time-bound: Does the objective give a timeframe by when the objective will be achieved?

Note: The most common time-frames in planning in South Africa relate to one-year "business" plans, the three-year Medium Term Expenditure Framework (MTEF), and the ten-year strategic planning.

3. How will we get there?

After deciding what needs to be achieved, decisions need to be taken on how to achieve the objectives in order to reach the goal, i.e. what activities and resources are required? ? Required

resources are often referred to as inputs. Activities refer to a set of tasks or processes that need to be accomplished and involve the drawing up of an operational plan or a work plan. The resources needed to carry out each activity must be identified.

4. How will we know we have arrived?

The final step of the planning cycle involves monitoring and evaluation of the implementation of the plan. This provides the basis for the next situational analysis and injects new information into the planning cycle. Monitoring and evaluation is a critical step in the planning cycle and is dealt with in more detail in the next session

Activity 2 - Introducing the Comprehensive Plan

Time: 20 min

Method: facilitator presentation

Aim: to review the development of the Comprehensive Plan and introduce the pillars, principles, goals and components of the Plan

Facilitator's notes

Introduction

During the last two decades, the HIV and AIDS pandemic has claimed millions of lives and has had an impact on the lives of millions of others, inflicting pain and grief, causing fear and uncertainty and threatening/causing economic devastation for many families and communities. Despite efforts to contain the epidemic, HIV prevalence has increased significantly in South Africa over the last decade. Consequently, a growing sense of urgency has developed about responding to the epidemic. The need for scaling up of HIV and AIDS prevention, care and support interventions, including the provision of antiretroviral treatment, was recognised. The Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa represents such a response.

Development of the Comprehensive Plan

- ✧ In 1992, early developments of a coordinated public policy response to HIV and AIDS began with the formation of the National AIDS Coordinating Committee of South Africa (NACOSA).
- ✧ In 1997, progress in implementing the NACOSA plan was assessed by the South African National STI and HIV and AIDS Review.
- ✧ In 2000, building on this review, the South African government launched its five-year Strategic Plan for HIV and AIDS and STI.
- ✧ In April 2002, the Cabinet noted that antiretroviral treatment can help to improve the health of people living with AIDS.

- ✧ In July 2002, the government established a Joint Health and Treasury Task Team to investigate issues relating to the financing of an enhanced comprehensive response to HIV and AIDS, based on the Strategic Plan.
- ✧ In November 2003, the government approved the Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa.

Overview of the Comprehensive Plan

(Refer participants to the Comprehensive Plan)

The Comprehensive Plan is a detailed document describing a wide-ranging response to HIV and AIDS. An overview of the Plan may be gained by reviewing the pillars, guiding principles and goals. The contents page (i) provides an outline of the various components of the plan.

Pillars of the Comprehensive Plan

(Refer to page 15 of the Comprehensive Plan)

The pillars can also be viewed as the main strategies of the plan.

- ✧ Ensuring that the majority of South Africans who are currently not infected with HIV remain uninfected.
- ✧ Enhancing efforts in the prophylaxis and treatment of opportunistic infections, improved nutrition and lifestyle choices.
- ✧ Effective management of those HIV-infected individuals who have developed AIDS-defining illnesses, through appropriate treatment of AIDS-related conditions (including the possibility of using antiretroviral therapy in patients presenting with low CD4 counts to improve functional health status and to prolong life), and suitable palliative and terminal care where treatment has run its course.

Guiding principles of the Comprehensive Plan

(Refer to page 16 of the Comprehensive Plan)

- ✧ Quality of Care
- ✧ Universal care and equitable implementation
- ✧ Strengthening the National Health Care System
- ✧ Reinforcing the key government strategy of prevention
- ✧ Providing a comprehensive continuum of care and treatment
- ✧ A sustainable programme
- ✧ Promotion of healthy lifestyles
- ✧ Promotion of individual choice of treatments
- ✧ Integration with government nutrition strategy
- ✧ Ensuring the safe use of medicines
- ✧ World Health Organisation target

- ✧ Multi-Drug Resistant (MDR) Tuberculosis
- ✧ Local and regional integration

Goals of the Comprehensive Plan

(Refer to page 24 of the Comprehensive Plan)

- ✧ To provide comprehensive care and treatment for people living with HIV and AIDS, and
- ✧ To facilitate the strengthening of the National Health System in South Africa.

Components of the Comprehensive Plan

(Refer to page (i) of the Comprehensive Plan)

The Comprehensive Plan is organised into six sections and sub-divided into sixteen chapters. Each chapter represents a component of the Plan.

SECTION ONE – PREVENTION, CARE AND TREATMENT OF HIV AND AIDS

- I Prevention, Care and Treatment
- II Nutrition-Related Interventions
- III Traditional Medicine

SECTION TWO – HUMAN RESOURCES AND FACILITIES

- IV Accreditation of Service Points
- V Human Resources and Training
- VI Provincial Site Assessments

SECTION THREE – OPERATIONAL ISSUES: DRUGS AND LABORATORIES

- VII Drug Procurement
- VIII Drug Distribution
- IX Laboratory Services

SECTION FOUR – COMMUNITIES

- X Social Mobilisation and Communications

SECTION FIVE – INFORMATION, MONITORING & RESEARCH

XI Patient Information Systems

XII Monitoring and Evaluation

XIII Pharmacovigilance

XIV Research Priorities

SECTION SIX – MANAGEMENT AND BUDGET

XV Programme Management

XVI Budget

Activity 3 - Examining the components of the Comprehensive Plan

Time: 50 min (20 minutes small group discussion, 30 min feedback)

Method: group work

Aim: to develop participants' interpretation and understanding of the Comprehensive Plan

Facilitator instructions

- ❖ Write each component of the Comprehensive Plan on a separate sheet of A4 coloured paper ("talking card") and paste each coloured sheet on a separate flip chart sheet (excluding chapters 15 and 16)
- ❖ Organise participants into ten small groups
- ❖ Assign one component of the plan to each small group. Four of the groups are assigned two components in the following combinations: Accreditation and Site assessments; Drug procurement and Distribution; Patient information systems and M&E; Pharmacovigilance and Research)
- ❖ Give each group two different coloured sheets of A4 paper.
- ❖ Instruct each group to discuss the component assigned to them and answer the questions following
- ❖ Instruct each group to appoint a person to chair, a person to write and a person to present on behalf of the group
- ❖ Each group is given 3 minutes for summary presentation

Participant instructions

- Refer to the Comprehensive Plan summary in the annex to Session 4 of the participants' manual
- Answer the following questions and write the answers to each question on a separate sheet of coloured paper:
 - What is the purpose of the chapter?
 - What are the strategies/activities/interventions involved in this component of the Plan?
- *Time: 20 minutes*

Facilitator's notes

Review the chapter summaries in the Annex to Session 4.