Resource Allocation for HIV/AIDS Programs: Using the Goals Model to Relate Expenditures to Program Goals

The Futures Group International
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Introduction

Most countries have developed HIV/AIDS strategic plans. These plans have well-developed goals for prevention, care and support and include specific activities to achieve these goals. Costing of strategic plans is usually done as the last step. Most costing is done from the bottom-up. For example, budgets are prepared by estimating the costs of training a certain number of counselors, purchasing so many condoms, operating a number of VCT centers and providing antiretroviral therapy to a certain number of patients. Unfortunately, this approach does not allow for any strategic planning of financial resources since the budgets are not linked to the goals. Thus, there is no way for the planners to know what would happen if more or less resources were available or if resources were allocated differently.

What is the purpose of the Goals model?

The Goals model is intended to support strategic planning at the national level by providing a tool to link program goals and funding. The model can help answer several key questions:

- How much funding is required to achieve the goals of the strategic plan?
- What goals can be achieved with the available resources?
- What is the affect of alternate patterns of resource allocation on the achievement of program goals?
The Goals model does not provide all the answers. It is intended to assist planners in understanding the effects of funding levels and allocation patterns on program impact. The model can help planners understand how funding levels and patterns can lead to reductions in HIV incidence and prevalence and improved coverage of treatment, care and support programs. It does not, however, calculate the “optimum” allocation pattern or recommend a specific allocation of resources between prevention, care and mitigation.

**How is the Goals model used?**

The Goals model is intended for use by national programs to explore the effects of different funding levels and patterns on national goals. It is generally implemented by a multi-disciplinary team composed of participants with various areas of expertise (demography, epidemiology, health finance, planning) representing different aspects of society (government, civil society, private sector, donors). A technical team works together to implement the model for the first time. Then the model is used in interactive workshops with planners and stakeholders to explore the effects of different program configurations on the provision of care and support and the prevention of new HIV infections. Through this interaction participants gain a better understanding of the dynamics of funding and impact. This prepares them to develop realistic budgets and goals that reflect their priorities. A typical application may take two weeks to set up the model, which can then be used with occasional updating to support annual planning exercises and ad hoc studies.

**How does the Goals model work?**

The Goals model links budget line items to coverage of services, behavior change and prevention of new infections, as illustrated in the chart on the next page. The model starts with budget line items. These are mapped to the major categories of prevention (e.g., VCT, school-based programs, condom promotion), care and treatment (e.g., palliative care, treatment of opportunistic infections), support (e.g., orphans) and program operation (e.g., policy, advocacy, management). For each of the prevention, care and support categories the model calculates coverage, the percentage of the population in need of the service that is exposed to the information or utilizes the service. This calculation uses unit costs that are either based on local cost studies, if available, or on international experience. The model displays a chart of coverage for key care and support services so that the effect of budget allocations on coverage goals can be seen easily.

Coverage of prevention activities is linked to behavior change. The model contains an impact matrix developed from over 100 studies of prevention interventions. This matrix describes how coverage of various prevention activities (such as VCT, school-based programs and community mobilization) affects four key behaviors: condom use, STI treatment, number of partners and age at first sex. The impact of prevention activities is enhanced by good care and treatment and a supportive policy environment. Conversely a
lack of care and a negative policy environment can reduce the effectiveness of prevention programs. A simple HIV transmission model calculates how changes behavior reduce the number of new infections. The results are displayed in terms of HIV prevalence or incidence among all adults (15-49) or young adults (15-24). The model also calculates the cost per infection averted.

**How can I get the Goals model?**

The *Goals* model and manual were developed by the Futures Group under the USAID-funded Horizons project, implemented by the Population Council. The model and manual are available in English now and will soon be available in French and Spanish. You can download a copy from the web site of the Futures Group at [www.tfgi.com](http://www.tfgi.com) or you can request a copy from the Futures Group or HORIZONS at:

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<tr>
<th>Goals Model</th>
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<tbody>
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The Goals Model for HIV/AIDS Resource Allocation: Relating expenditures to goals for prevention and care

**Budget**
- Care and treatment
  - Palliative care
  - OI treatment
  - OI prophylaxis
  - ARV
  - Nutrition

**Coverage**
- (Percent of population in need that has access to the service)

**Coverage of Population in Need**
- Nutrition
- Palliative care
- Treatment of OIs
- Prophylaxis of OIs
- ARV

**Behavior change**

**Prevention**
- Mass media
- VCT
- Community mobilization
- Peer counseling - CSW
- School-based programs
- Programs for out-of-school youth
- Workplace programs
- Condom social marketing
- Public sector condom promotion
- STI treatment
- PMTCT
- MSM outreach
- IDU outreach
- Blood safety

**Other**
- Orphan support
- Social support
- Policy
- Management
- Research
- M&E
- Human rights

**Sexual transmission of HIV and STIs**

**HIV Prevalence among adults 15-49**
- Goal
- No change

**Coverage of Population in Need**
- Nutrition
- Palliative care
- Treatment of OIs
- Prophylaxis of OIs
- ARV

**Political support**
- Stigma
- Community involvement