Goals Model

Designing and implementing a national HIV/AIDS program is a complex task, whereby many priorities ranging from preventing new infections, to caring for people living with HIV, and to mitigating the impact of the pandemic must be considered and addressed. In addition, countries must also consider their needs, goals, and circumstances in relation to available resources, challenges, opportunities, and emerging issues. As such, it is crucial that countries have the tools to help identify priority goals within national strategic plans, as well as a way to link these goals to budgets and resource allocation options that will be the most effective.

TO ACCESS THE GOALS MODEL

The Goals Model is part of the Spectrum System of Policy Models. Spectrum can be downloaded online at


The Goals Model is designed to enhance strategic planning by showing how the amount and allocation of funding are related to the achievement of national goals, such as the reduction of
HIV prevalence and expansion of treatment, care, and support. The Goals Model estimates the resources required to implement specific interventions to achieve national goals. The model is a powerful tool that brings together information on costs and evidence of program impacts and relates these data to trends in the country’s HIV situation. Its user-friendly design and ability to explore different scenarios allows for widespread use by program planners and encourages dialogue between government and civil society.

How Can the Goals Model Help Planners?

The Goals Model can help program planners understand the effect of funding levels and resource allocation patterns on program impact.

The model can help answer these questions:
- How much funding is required to achieve the goals of the strategic plan?
- What goals can be achieved with available resources?
- What is the effect of different resource allocation options on the achievement of program goals?
- What training is required to deliver the projected services?

The model is generally implemented by a multidisciplinary team of participants with varied expertise (e.g., demography, finance, epidemiology, family planning, health, and community outreach) and representing different sectors of society (e.g., government, private sector, civil society, and donors).

A technical team collects and then enters data into the model, which is then used in interactive workshops with planners and stakeholders to explore the effects of different funding configurations on the provision of treatment, care, and support and the prevention of new HIV infections. As such, participants obtain a clear understanding of the impact of resource allocation on outcomes, which helps them to develop realistic budgets and goals that reflect their priorities.

Figure 1. The Goals Model for Resource Allocation
How Does the Goals Model Work?

The Goals Model simulates an HIV epidemic by estimating the number of new HIV infections occurring in various population risk groups (low-, medium-, and high-risk heterosexuals, injecting drug users [IDUs], and men who have sex with men [MSM]), according to their behaviors (see Figure 1). It projects those newly infected as they potentially infect other partners and as they progress from primary infection, to the asymptomatic stage, to needing treatment, and to AIDS-related death. The coverage of key behavioral and biomedical interventions can be varied to explore the impact of different scale-up strategies and the costs associated with the program. The results are displayed in terms of incidence, prevalence, and AIDS-related deaths among adults ages 15–49. The model also calculates the cost per infection averted and deaths averted by antiretroviral treatment (ART).

The Goals Model in Action: Lesotho

In 2000, the Government of Lesotho published a three-year National AIDS Strategic Budget (2001–2003). A multisectoral team used the Goals Model to determine the most cost-effective means to achieve the best combination of results in the national plan’s seven goal areas. The Lesotho team used the model to develop alternative budget scenarios and examine the feasibility of achieving the stated goals at a lower cost. Analysts helped government planners to prepare a summary and detailed inventory of funding needs and goals that could be presented to potential donors. Through the modeling process, the team discovered that the goal of achieving a 19 percent reduction in HIV prevalence would require a three-year national budget ranging between US$100 million and US$275 million. Consequently, a lower, more realistic budget was developed to reflect the country’s capacity, goals, and proposed activities. This budget was formulated through the optimization of resource allocation levels, which would have been difficult to determine without a tool such as the Goals Model.

In 2006, Lesotho launched its National Strategic Plan (NSP) for HIV/AIDS (2006–2011). The NSP includes the country’s HIV-related goals and objectives, as well as target coverage levels for most interventions and the estimated resources required to achieve them. In 2009, the National AIDS Commission conducted a mid-term review of the NSP to assess progress to date and make any necessary corrections. As part of this process, the USAID | Health Policy Initiative, Task Order 1, worked with the government to review and update the levels of resources required to implement the plan and analyzed the expected impact of achieving the targets.

The project used the Goals Model to calculate the expected prevalence over time (see Figure 2). If coverage targets of the NSP are met, the number of new HIV infections could be sharply reduced from 25,400 in 2007 to 12,200 in 2016—a 52 percent drop (taking into account population growth). Adult HIV incidence drops from 2.35 percent in 2007 to 1 percent in 2016.

The NSP also seeks to expand coverage of ART, which will reduce the number of AIDS-related deaths and raise life expectancy. Using the Goals Model, it was determined that an increase in the number of people on ART from 57,460 in 2008 to 80 percent coverage by 2016 means expanding the number to 118,000 by 2011 and 190,000 by 2016. This expansion
would avert 29,000 AIDS-related deaths from 2009–2016—about 19 percent of those deaths that would otherwise occur without scale-up.

Analysis of the Lesotho NSP found that fully funding the plan would require more resources than those currently committed. By 2016, the available resources may only reach US$120 million, while the total resources needed is estimated at US$198 million. The Goals analysis informed a revision of the NSP and drafting of a two-year National Operational Plan (2009–2011), which is now guiding the implementation of HIV-related efforts.

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Futures Group
Health Policy Initiative
One Thomas Circle, NW, Suite 200
Washington, DC 20005 USA
Tel: (202) 775-9680
Email: policyinfo@futuresgroup.com
Web: www.healthpolicyinitiative.com