

Private Sector HIV Theory of Change (TOC)

Creating a Vision For Private Sector HIV/AIDS Programming

Cooperative Agreement No:
7200AA21CA00027 (2021-2026)
October 2022



Rationale and Process for Building the TOC

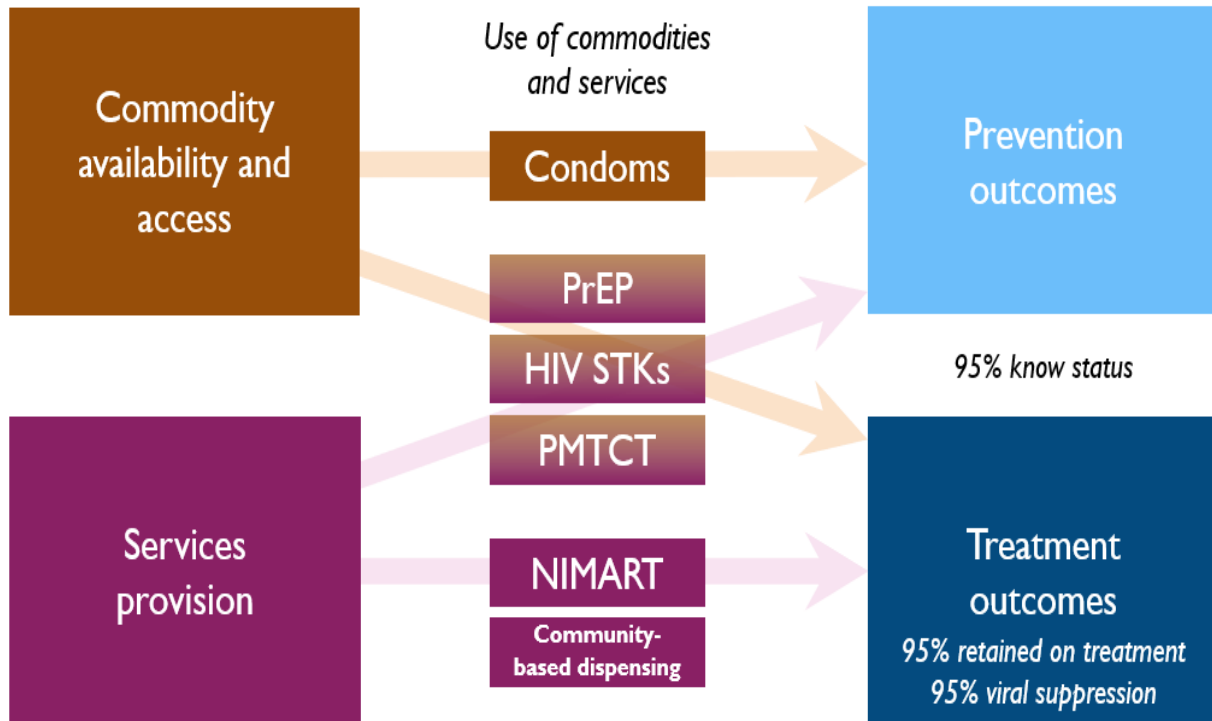


Goals

- **Draft a vision** for private sector HIV/AIDS programming in Tanzania
- **Articulate pathways** for achieving this vision (via FHM Engage and others)
- **Ensure alignment** of FHM Engage existing and potential activities with this vision
- **Understand what assumptions** underlie the theory of change

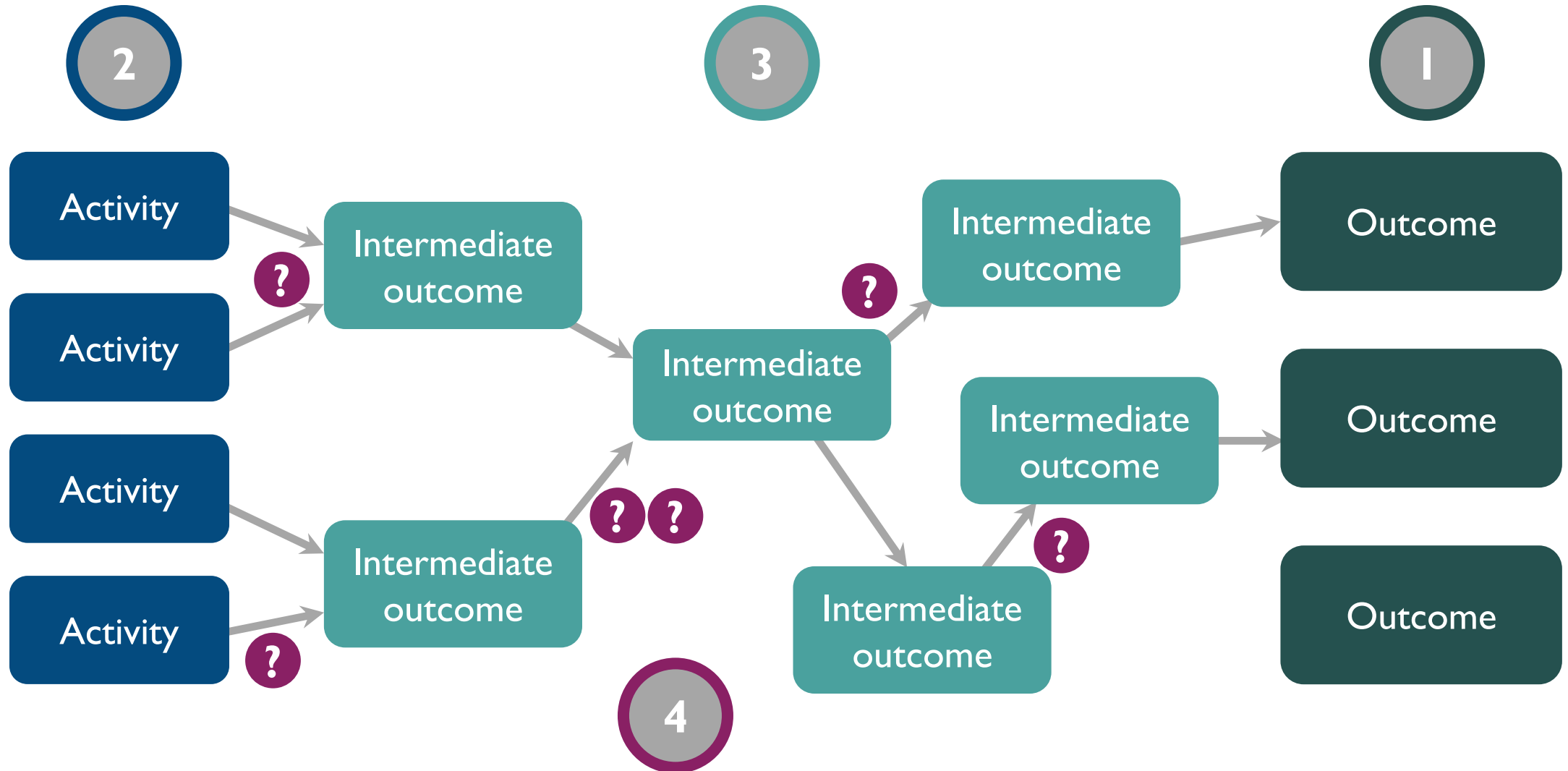
What is the Private Sector's Role in Reaching 95/95/95?

Reaching HIV epidemic control by 2030 via 95/95/95 requires intervention across multiple product and service markets



- Donors (particularly President's Emergency Plan for AIDS Relief (PEPFAR)) continue to **signal their intention to draw down resources** at some point in the future
- **The public sector cannot currently meet all the differentiated needs** of people in the HIV market (especially prevention-related products and services)
- A theory of change (TOC) can help **articulate a role and vision for the private sector** in reaching 95/95/95

Steps for Building a Private Sector TOC

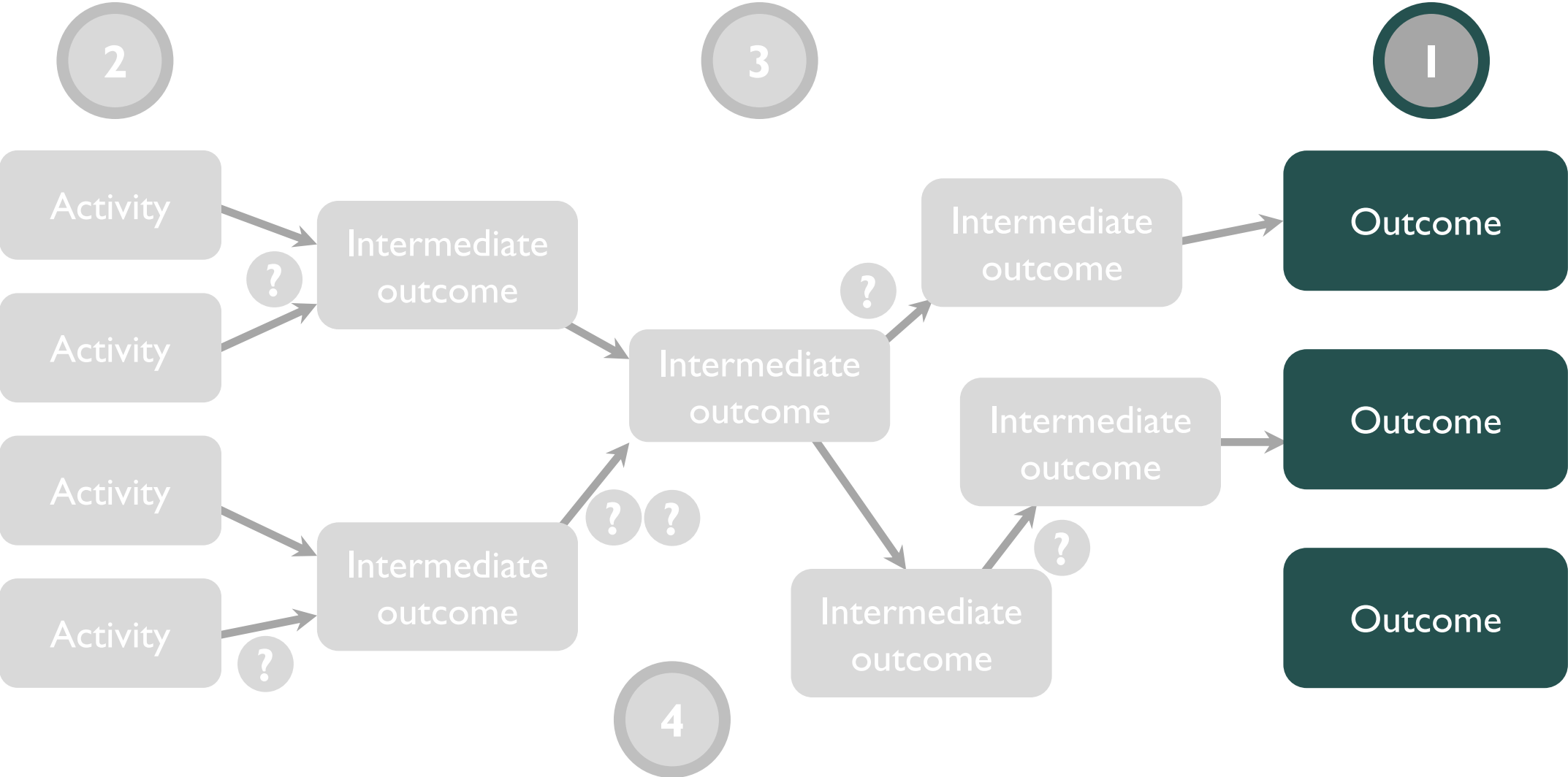


Step 0: Identify and Involve Private Sector HIV Market Stakeholders

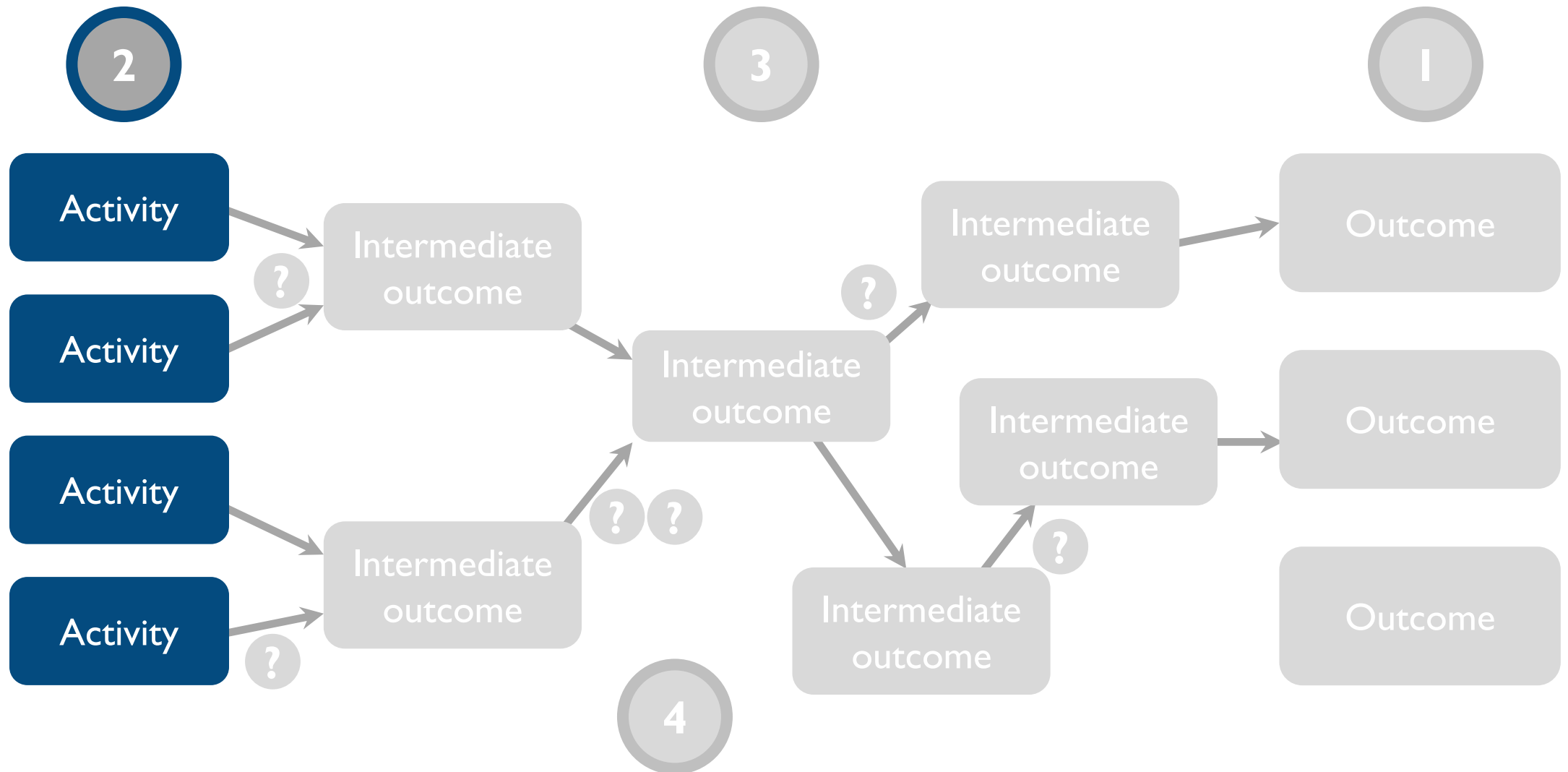
Private Sector Actors*	Public Sector Actors*
<p>Professional Provider Associations/Orgs: Private Nurse Midwives Association of Tanzania (PRINMAT), Pharmaceutical Society of Tanzania (PST), Tanzania Association of Pharmaceutical Industry (TAPI), Tanzania Pharmaceutical Manufacturers Association (TPMA)</p>	<p>Ministry Of Health: National AIDS Control Program (NACP), Reproductive and Child Health Section (RCHS)</p>
<p>Umbrella Organizations: Christian Social Services Commission (CSSC) - Faith Based Organization (FBO) Association of Private Health Facilities in Tanzania (APHFTA) - Private for Profit (PFP)</p>	<p>Prime Minister's Office: Tanzania Commission for AIDS (TACAIDS)</p>
<p>Civil Society Organizations (CSOs)/Non-governmental Organizations (NGOs): National Council of People Living with HIV/AIDS (NACOPHA), Tanzania Youth Alliance (TAYOA)</p>	<p>President's Office: President's Office – Regional Administration and Local Government (PO-RALG)</p>
<p>Other providers of HIV-related products and services: Distributors/wholesalers, Pharmacies, Accredited Drug Dispensing Outlets (ADDOs), dukas/shops</p>	<p>Regulators: Pharmacy Council, Tanzania Medicines and Medical Devices Authority (TMDA), Tanzania Bureau of Standards (TBS)</p>

*These lists are illustrative, not exhaustive. Private and public actors are engaged through different government **coordinating bodies**

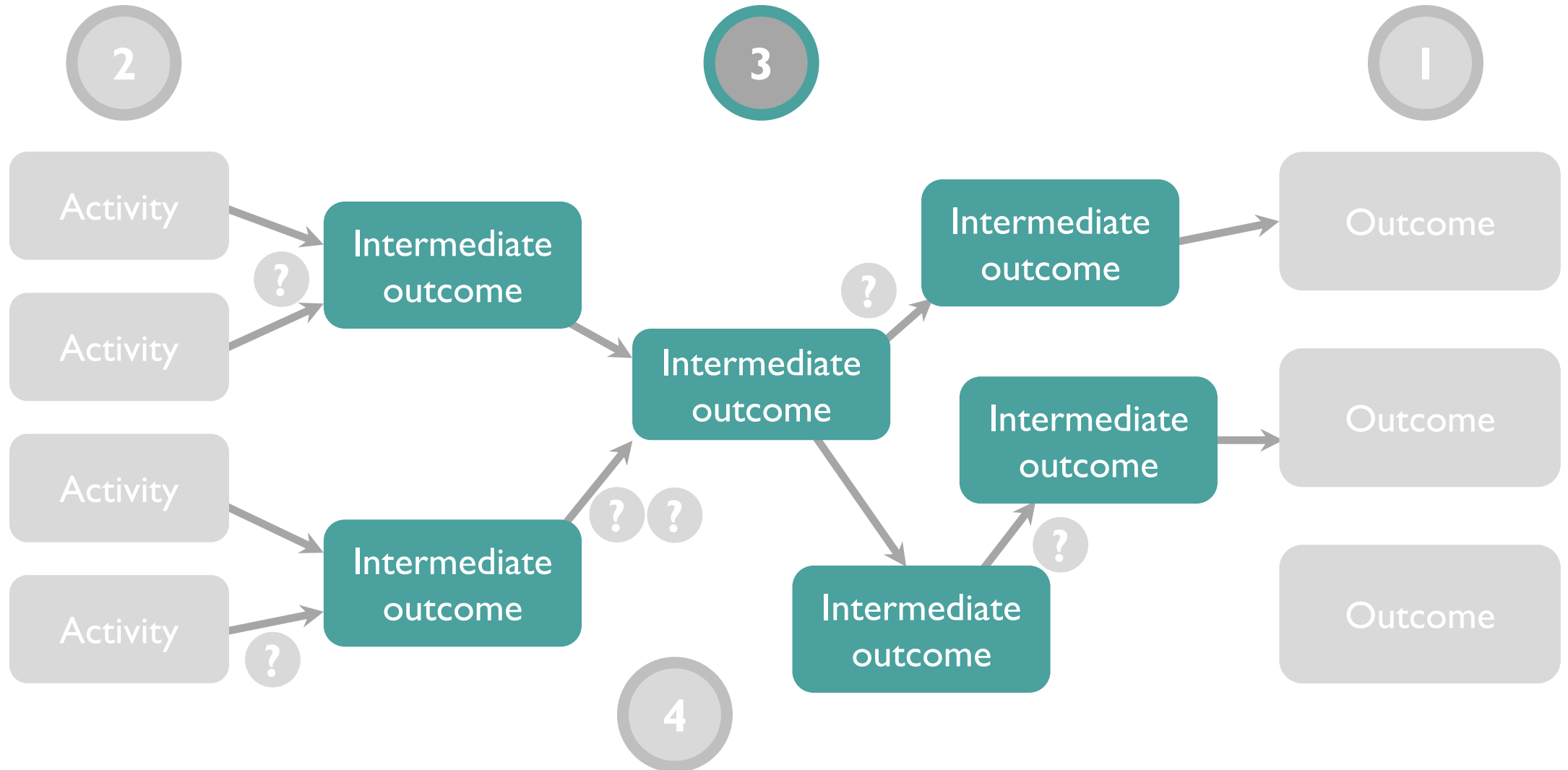
Step 1: Establish a Vision by Articulating Achievable Outcomes



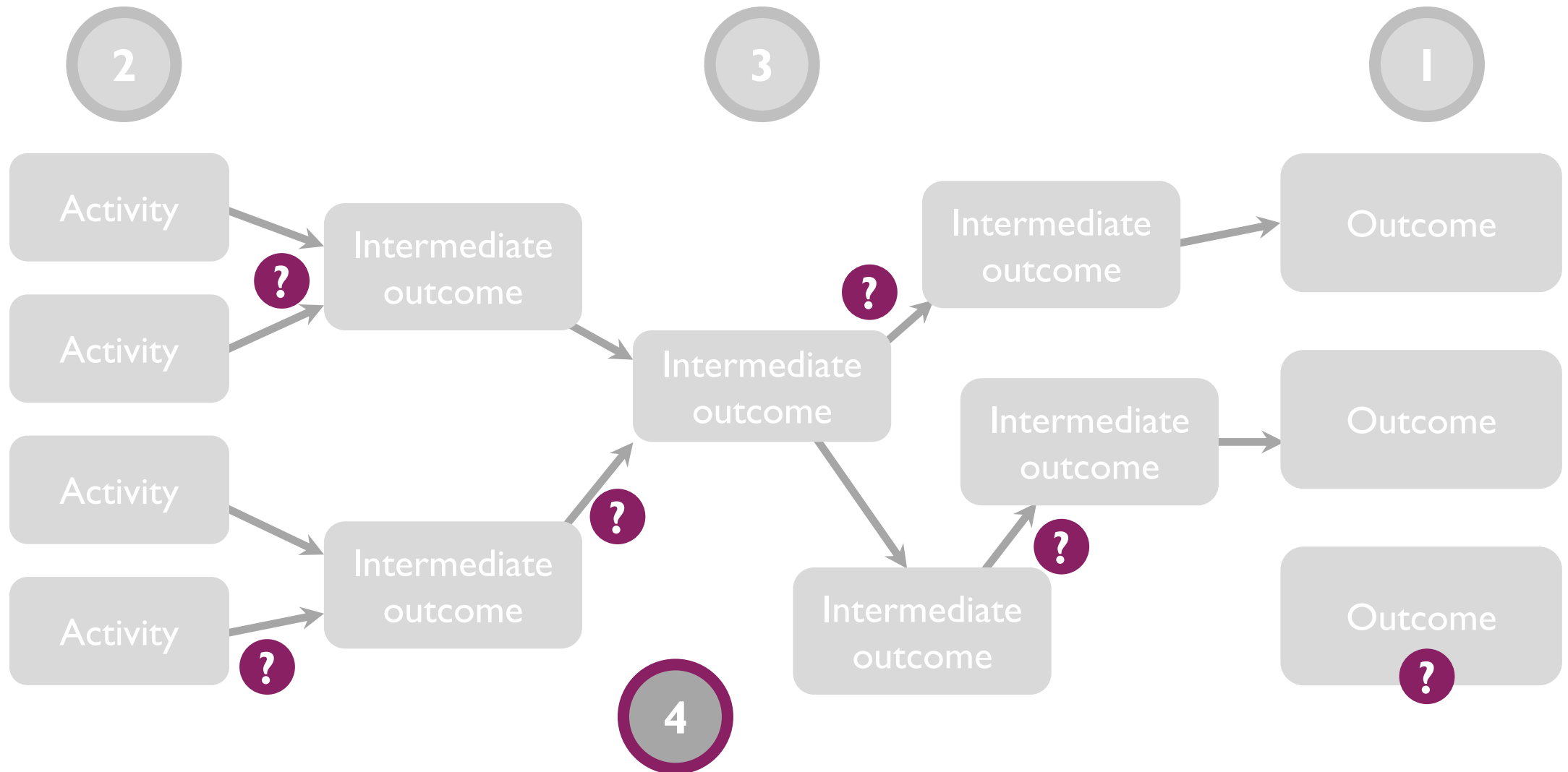
Step 2: Identify Current HIV-related Private Sector Actions/Activities



Step 3: Articulate and Link Activities to (Intermediate) Outcomes



Step 4: Identify TOC Assumptions and Missing Links Between Outcomes and Activities



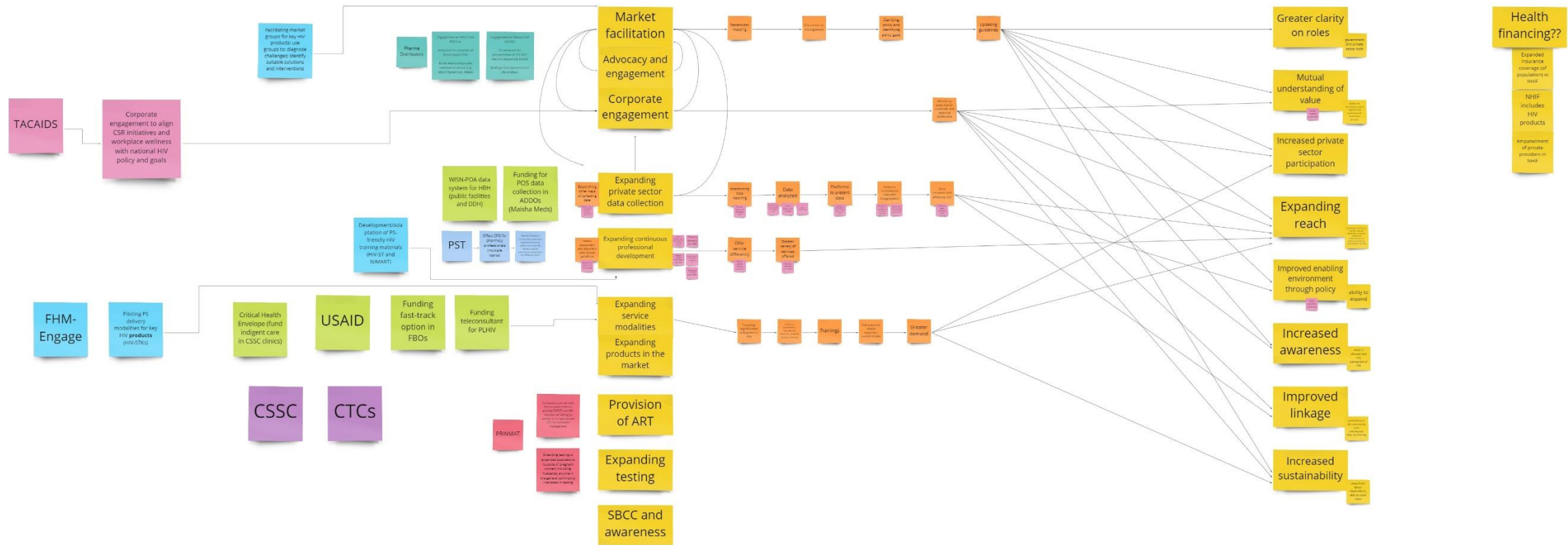
Highlights From TOC Workshop Held August 3, 2022

- **Facilitated a discussion with key stakeholders** to outline a vision for increasing/ facilitating private sector participation in the provision of key HIV commodities and services that are critical to reaching 95-95-95 goals for HIV prevention and treatment
 - Key commodities: condoms, HIV self-testing kits (HIV STKs), pre-exposure prophylaxis (PrEP)
 - Key services: prevention of mother to child transmission (PMTCT), nurse initiated and managed antiretroviral therapy (NIMART), HIV Counseling & Testing (HCT)
- **Identified 8 outcomes** stakeholders would like all private sector HIV stakeholders to work toward over the next five years
- **Linked 8 outcomes to current private sector-focused activities** to identify initial key outputs and intermediate outcomes
- **Based on these intermediate outcomes, identified key assumptions** that underlie the TOC; assumptions could be tracked and/or tested over time to assess the validity of the TOC and adapt it to fit to changing contexts

TOC Workshop Attendees

- **USAID:** Senior Public-Private Partnership Advisor, HIV Prevention Specialist, Project Management Specialist – HIV
- **Government:** TACAIDS – HIV Trust Fund
- **Professional associations:** PST, PRINMAT
- **Commercial stakeholders:** Synermed and Mylan
- **FHM Engage Tanzania and Monitoring, Evaluation, and Adaptive Learning (MEAL) Team members**

Draft of TOC Developed During the Workshop



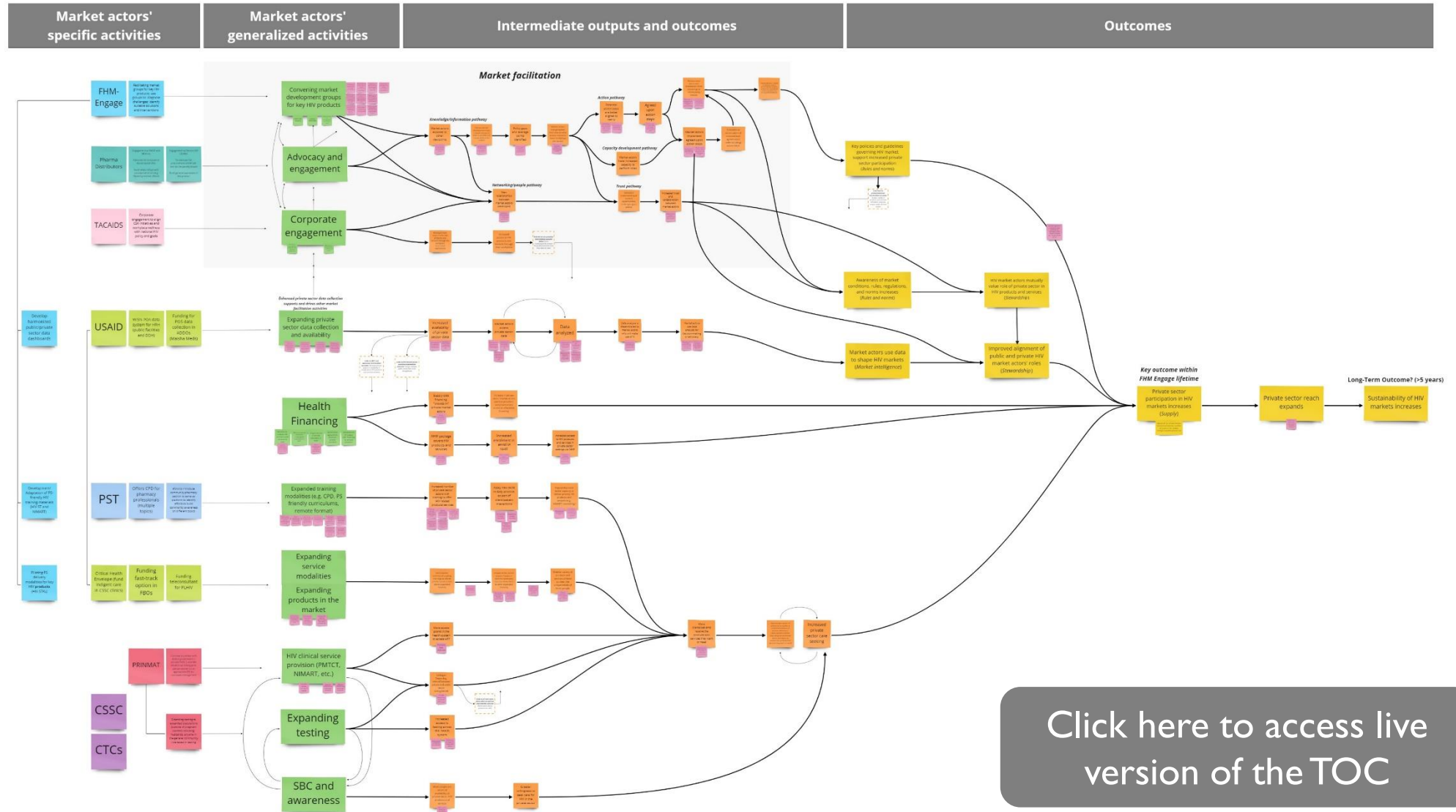
After the TOC Workshop

- **The FHM Engage MEAL team continued to refine the TOC inputs** provided by workshop participants
 - Build out pathways between activities and outcomes
 - Identify/articulate additional assumptions
- **Built an online version of the TOC on Miro Board**
 - The Miro version of the TOC is easily accessible via a shareable link, and can be edited/updated over time as the context changes
- **Validated the TOC with FHM Engage team members** to ensure alignment with planned work in Tanzania
 - Additional validation with other stakeholders can be incorporated overtime as FHM Engage's work progresses

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Exploring the TOC Components

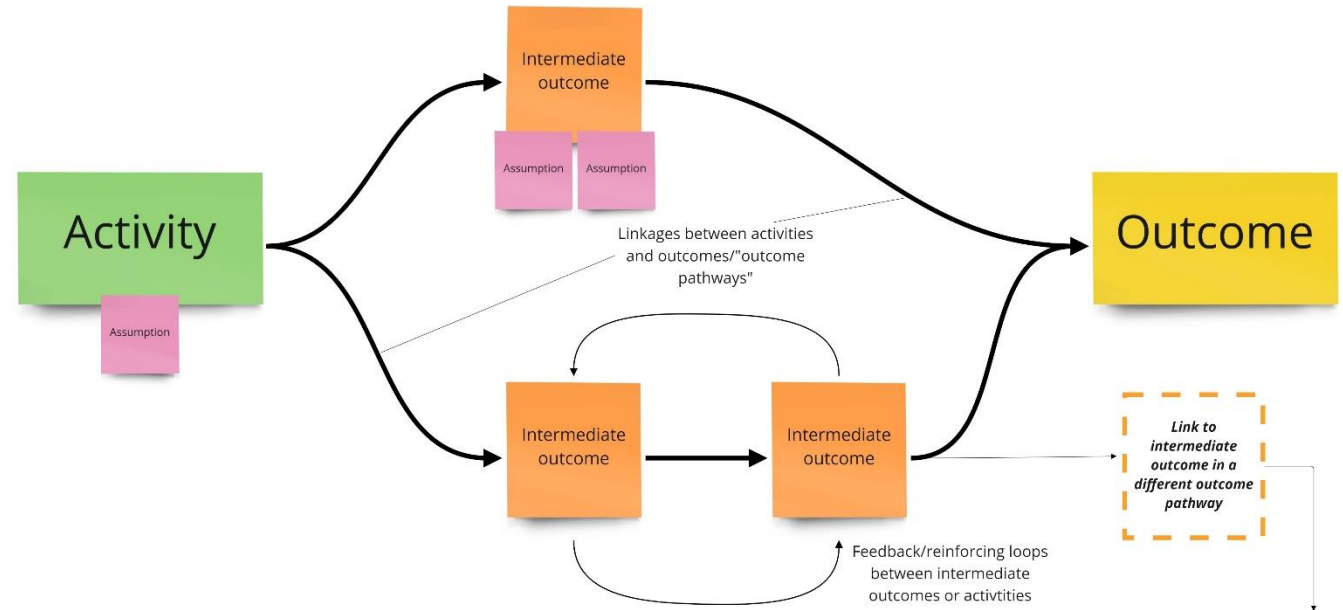
Revised TOC after Further Validation



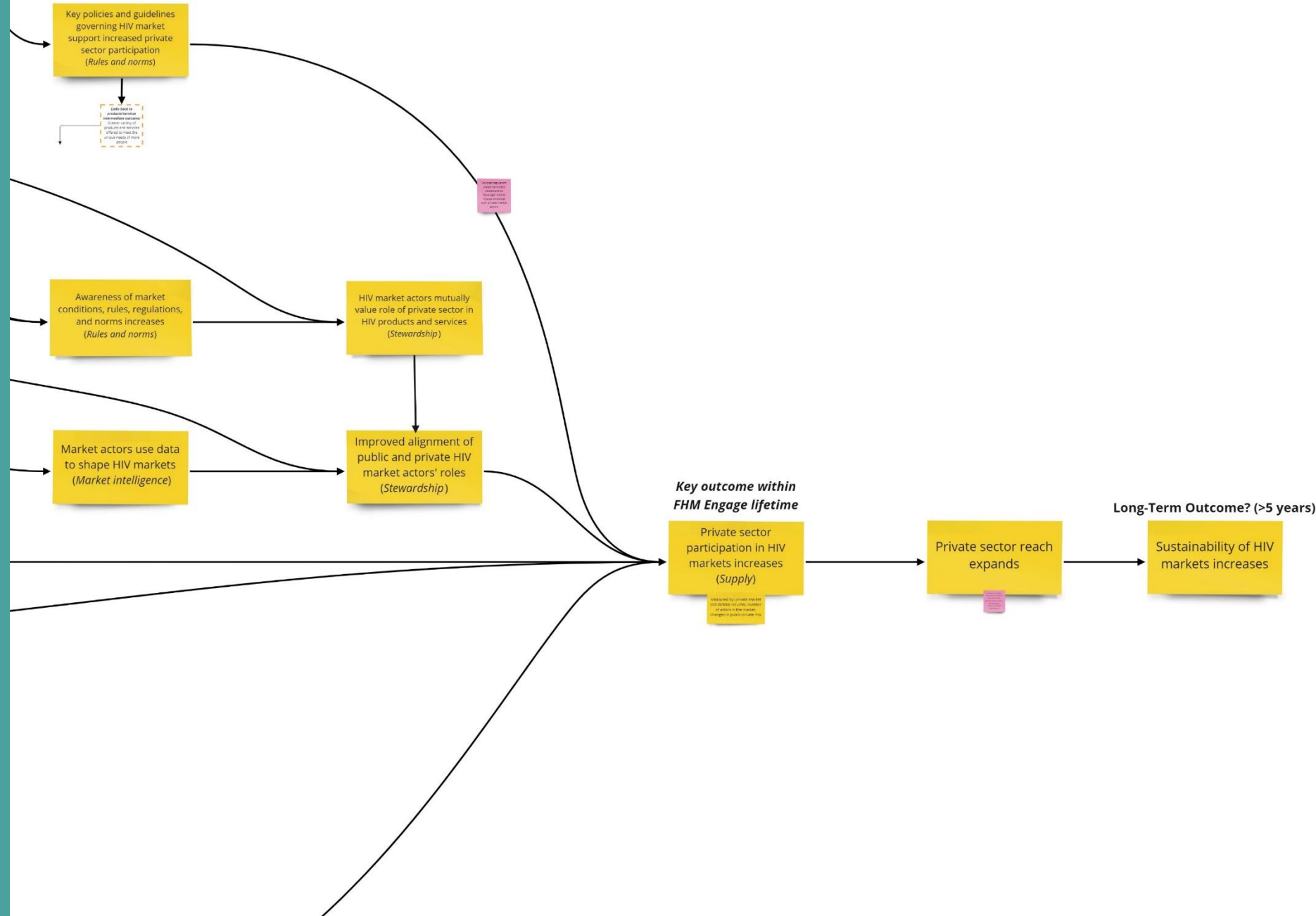
A Key to Interpreting the HIV TOC

Key to components of the TOC:

- **Yellow rectangles:** five-year stakeholder-identified outcomes
- **Green rectangles:** “buckets” of current activities shepherded or implemented by stakeholders
 - Individual contributions by stakeholders are also included (see far-left of the diagram)
- **Orange squares:** intermediate outputs/outcomes required to link outcomes to activities
 - – – **Dotted orange squares:** links to intermediate outputs/outcomes on other pathways (to prevent crossing lines/ease interpretability of TOC!)
- **Pink squares:** assumptions identified by stakeholders and during subsequent validation and TOC build-out
- **Bold black lines:** impact pathways/linkages between activities, intermediate outcomes, and outcomes
- **Thinner black lines:** feedback loop, interrelationships, and/or mutual reinforcements between different map elements



Co-created Outcomes: Crafting a Vision for the Next 5+ Years



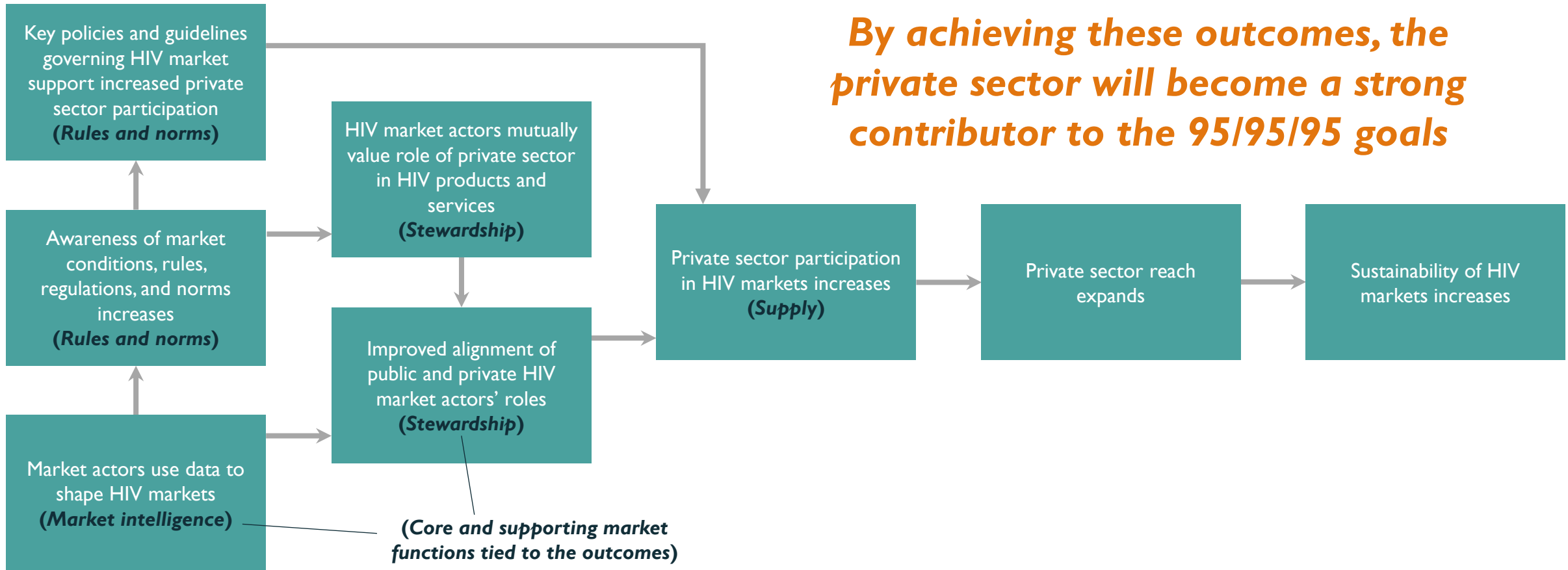
We are Seeking Outcomes that are the Result of Answering Three Questions

How is working through the private sector going to get us the 95/95/95 outcomes?

Where does the private sector have influence across these different outcomes?

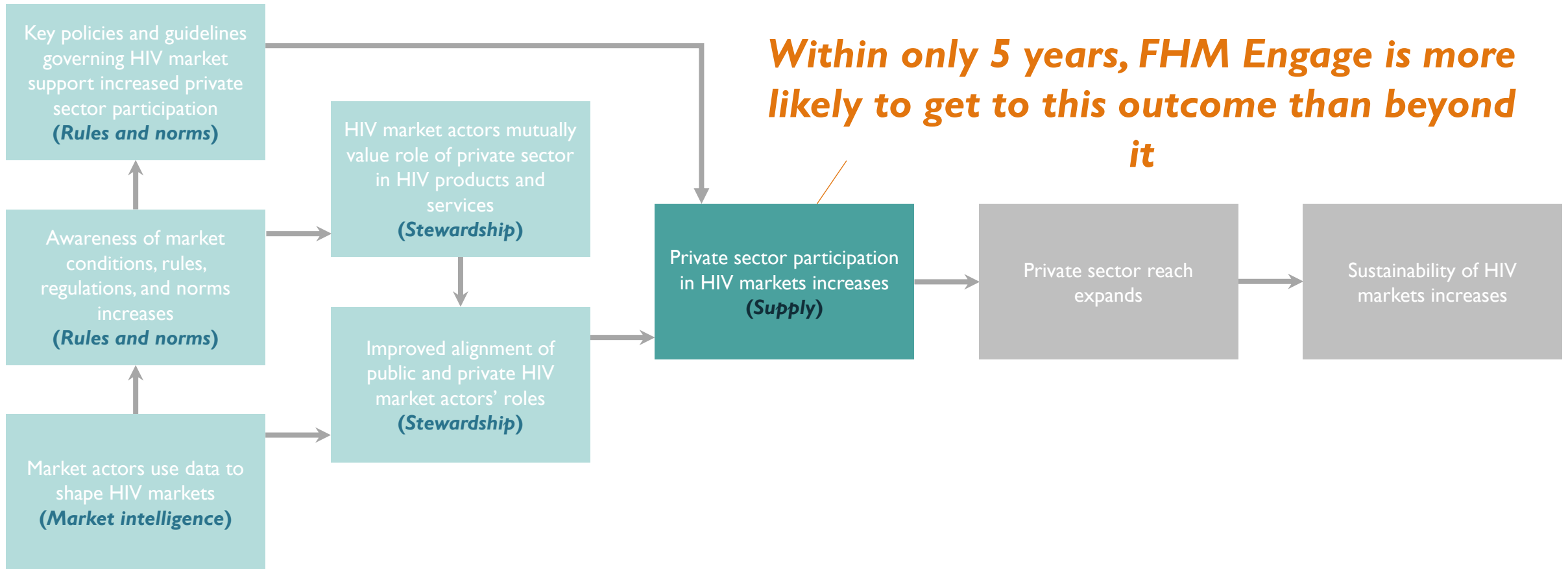
What does the private sector's role look like in five years?

8 Interconnected Outcomes



By achieving these outcomes, the private sector will become a strong contributor to the 95/95/95 goals

8 Interconnected Outcomes



11 Types of Activities Identified to Achieve the Outcomes

Convening market development groups for key HIV products
(All functions)

Expanding private sector data collection and availability
(Market intelligence)

HIV clinical service provision (PMTCT, NIMART, etc.)
(Supply)

Expanding service modalities
(Supply)

Advocacy and engagement
(All functions)

Health financing
(Financing)

Expanding testing
(Supply)

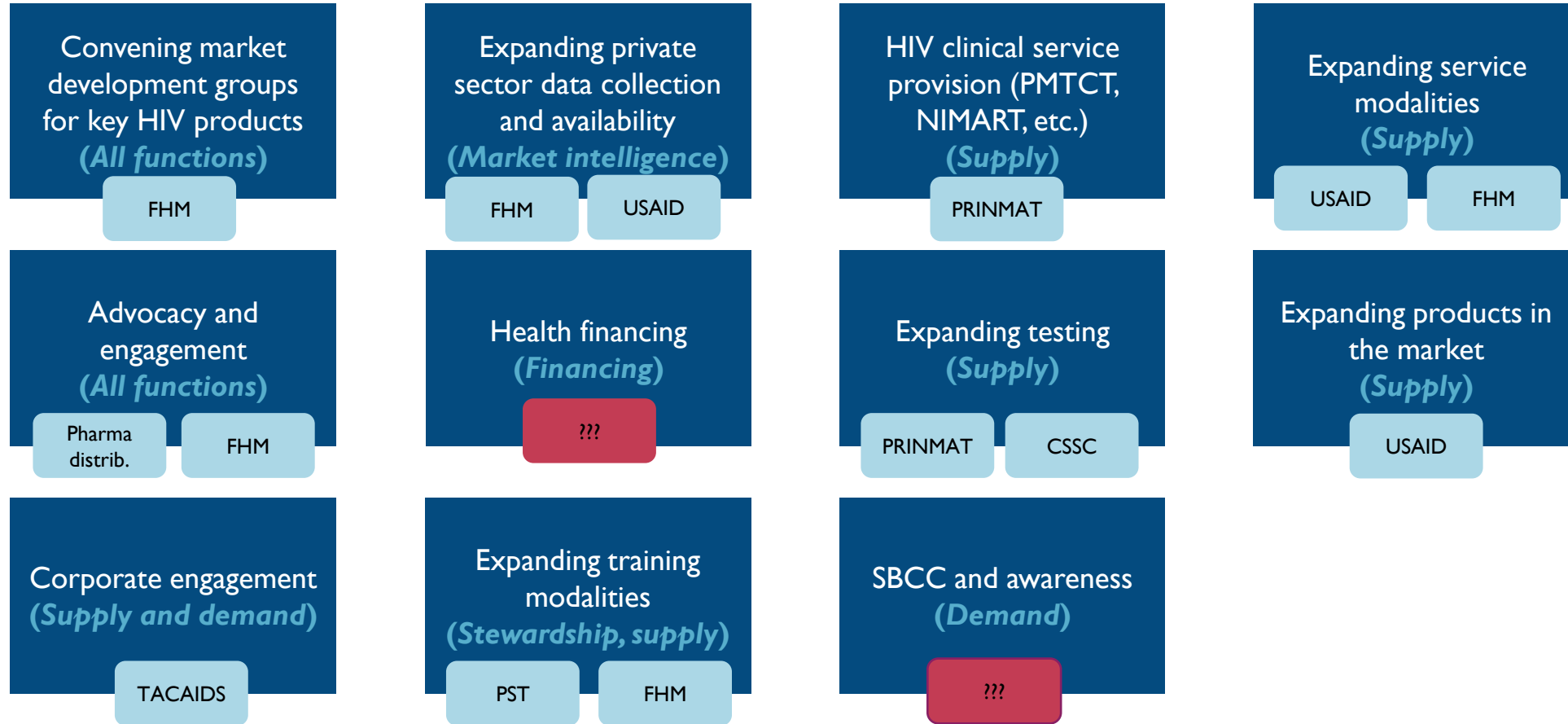
Expanding products in the market
(Supply)

Corporate engagement
(Supply and demand)

Expanding training modalities
(Stewardship, supply)

Social and behavior change communication (SBCC) and awareness
(Demand)

Market Actors are Currently Carrying out Many of These Activities¹



1. This mapping of market actors to activities is not meant to be exhaustive. It is driven by what was shared by the participants during the August 2022 TOC workshop. Potential gaps may exist around health financing for HIV products and services and SBC/awareness, but this requires further validation.

Planned FHM Engage Year 2 Activities

These activities listed below are included in the most recent iteration of the FHM Engage Year 2 workplan. They are somewhat different than the set of activities envisioned in the August 2022 workshop and may continue to evolve since– as of October 21, 2022 – the FHM Engage workplan is not yet approved.

Convening market development groups for key HIV products
(All functions)

- Sub-Activity 1.2 – Facilitate a healthy market for HIV STKs
- Sub-activity 1.3 – Facilitate a healthy market for PrEP

Health financing
(Financing)

- Sub-Activity 3.3 – Explore opportunities for including HIV products and services in health financing schemes

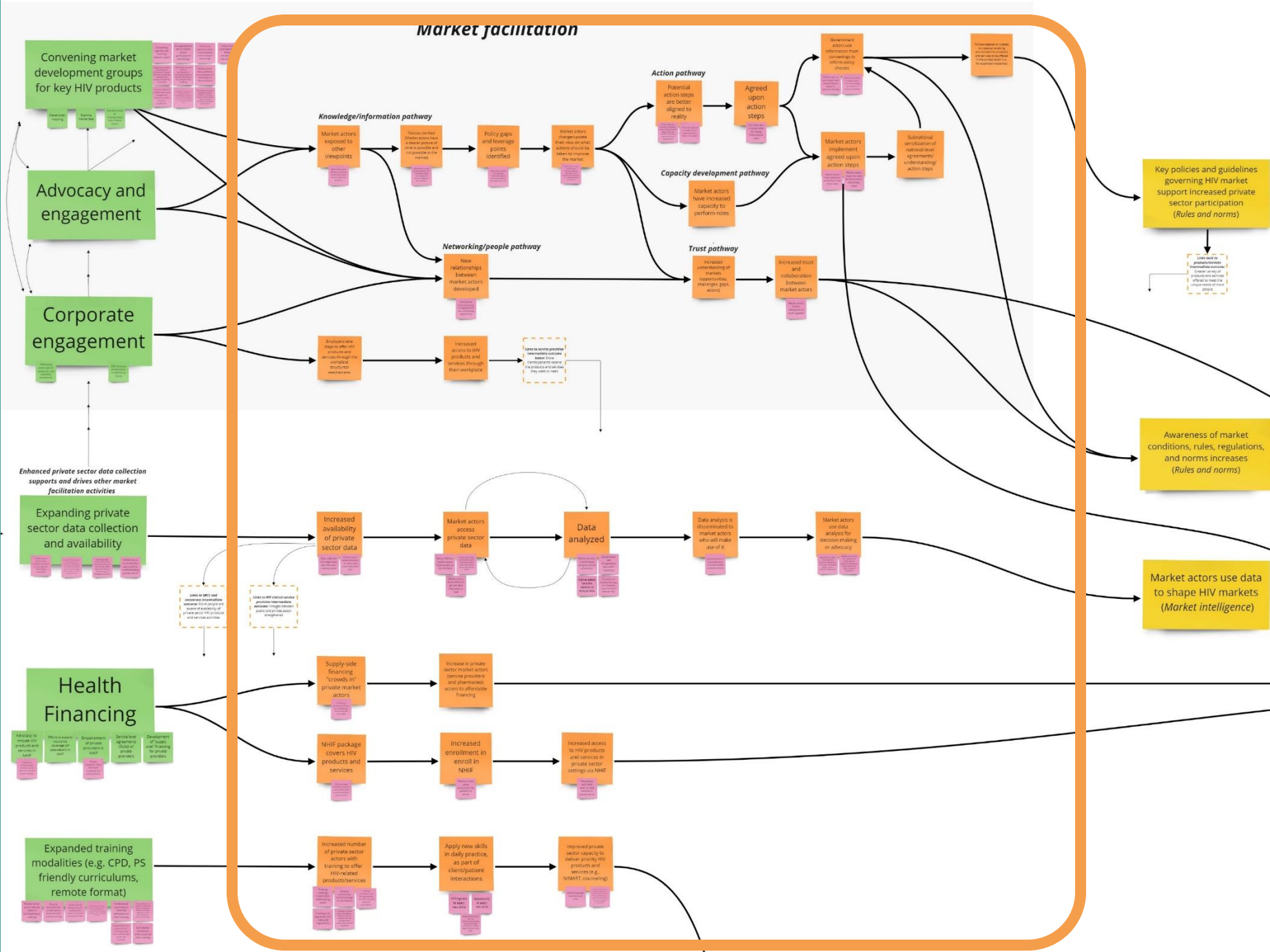
Expanding private sector data collection and availability
(Market intelligence)

- Sub-Activity 1.1– Condom dashboard to facilitate improved stakeholder decision-making
- Sub-Activity 1.4 – Community pharmacy mapping to explore potential for antiretroviral therapy (ART) decentralization

Expanding training modalities
(Stewardship, supply)

- Sub-Activity 1.2 - Review the training modules for private sector distribution of HIV STKs and support CSSC and the PST to roll out training for HIV self-testing

Intermediate Outputs and Outcomes: Linking Activities to Outcomes



Identifying Intermediate Outputs, Outcomes, and Impact Pathways Requires Iterative, If/Then Thinking

– Working *backwards* from outcomes:

- What must happen first before you can expect to reach the outcome?

– Working *forwards* from activities:

- What is the immediate, expected output, and/or result from a planned activity or set of activities?

– Identifying impact pathways:

- What additional or subsequent action is required to arrive at the result of an activity?
- How do these actions relate to and/or reinforce one another?
- What outcomes result from multiple impact pathways?

Intermediate Outcomes and Impact Pathways at a Glance

– 40 intermediate outputs/outcomes identified across 11 activity areas

– Some activity areas have distinct impact pathways that have minimal overlap with expected outcomes from other activity areas:

- Health financing
- Data collection and availability



*At greater risk of happening in siloes,
being disconnected from other parts of the market?*

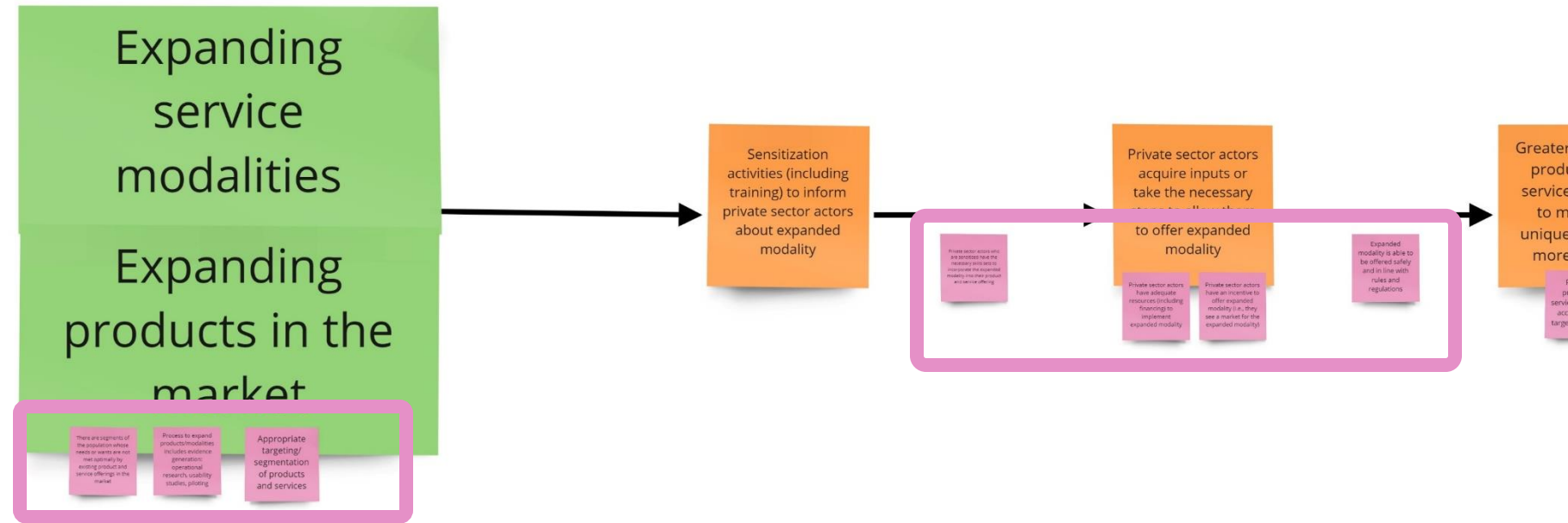
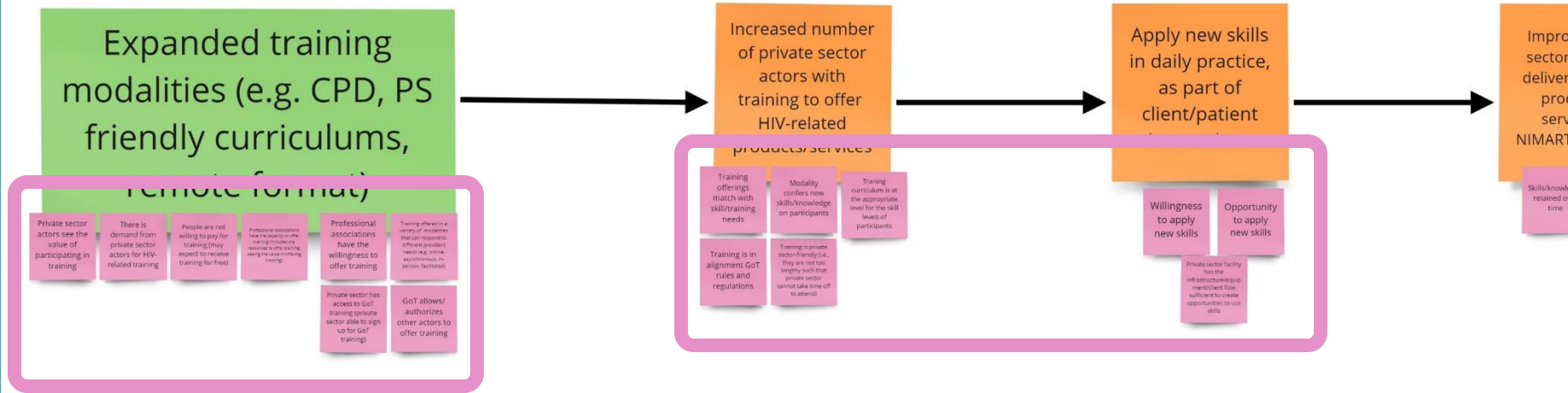
– Other activity areas have overlapping/converging impact pathways:

- “Market facilitation” activity areas: convening market actors, advocacy and engagement
- Service delivery activity areas: expanding training, product, and service modalities; delivering clinical services; expanding testing



*Present more coordination challenges,
more actions contingent on the actions of others?*

Identifying Assumptions: What Conditions/Factors Support or Derail the TOC?



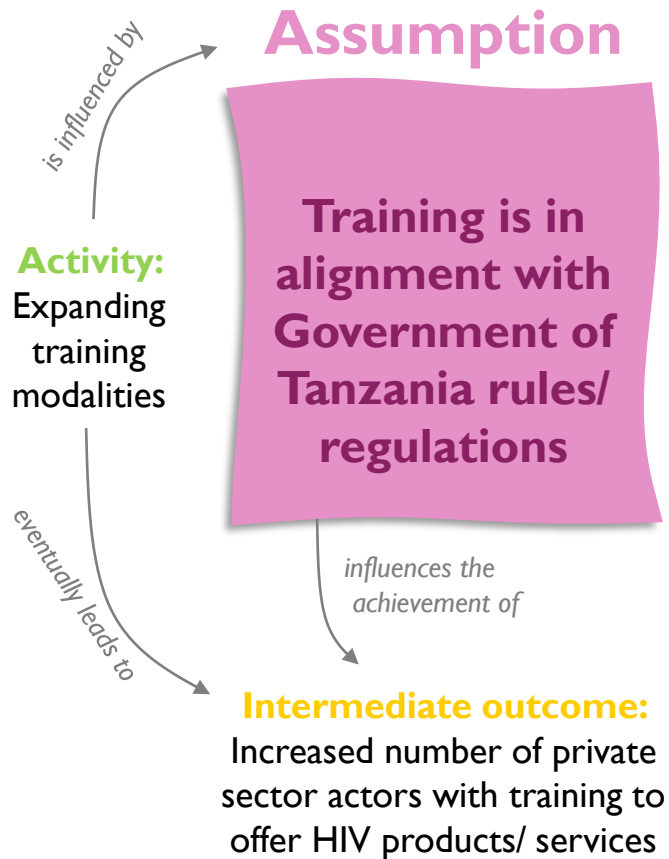
Why Articulate Assumptions?

- **Assumptions are necessary factors or conditions for change:** If market actors can find ways to influence assumptions, then they have a greater chance of achieving TOC outcomes
- **Accounting for assumptions helps market actors identify additional adaptations** to facilitate outcome achievement
- **Market actors with limited time and resources must prioritize key assumptions** to test, monitor, and/or address:
 - **Test:** active identification of what a market actor should adapt if the assumption does not hold and trying different options to see which might be most effective
 - **Monitor:** tracking the context as it changes indicates when a TOC refresh may be warranted
 - **Address:** eliminate assumptions within market actors' control

Assumptions in the Context of a Health Area TOC

- **Assumptions are *many and varied* in health area TOCs** with multiple actors, activities, and dynamics (like this one)
 - 80+ assumptions identified in this TOC!
- **A few key characteristics of assumptions are:**
 - **How important they are to the impact pathway:** Is the assumption's influence on the impact pathway large, small, or somewhere in between?
 - **How much information we have about them:** Do we have a lot of knowledge and understanding of how the assumption influences the impact pathway? Or do we have a lot of questions?
 - **How easy or difficult they are to address:** How much effort would a market actor have to expend to address the assumption? This depends on *how important* they are and *how much information* we have about them
- **Market actors are not always in full knowledge or control of these factors or conditions**
 - **But** if market actors are aware of assumptions, then they can monitor and address

Example of an *Easier* to Address Assumption...



Level of importance

Medium

If training is not aligned, then that increases regulatory/compliance risk for those offering training and undermines usefulness for those participating

Level of information

High

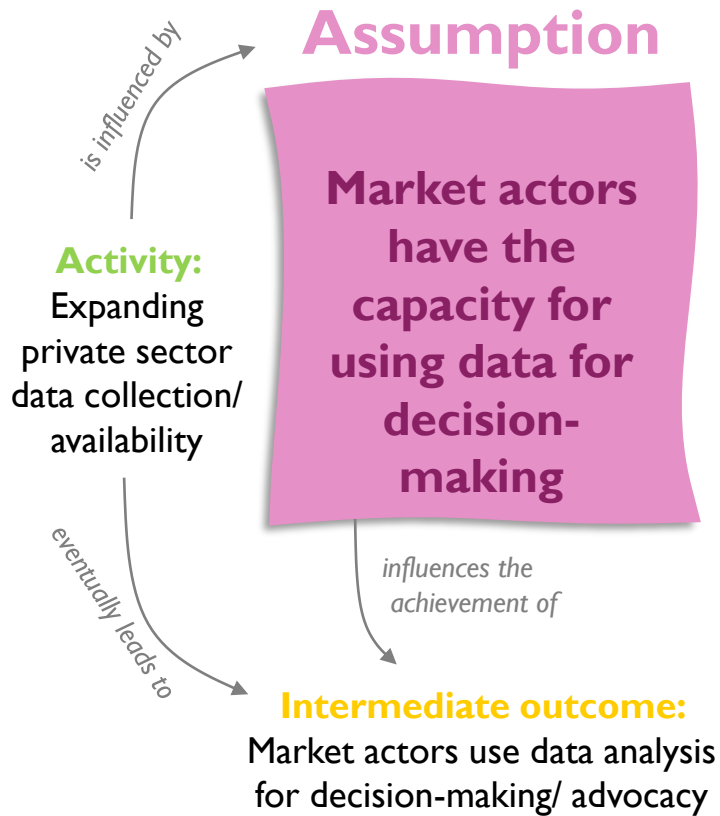
Government of Tanzania rules and regulations are publicly available, making it possible for those offering training to assess alignment

Level of difficulty to address

Low

Activity leads can address proactively by taking steps to ensure training curriculum aligns with rules/regs, targets the approved provider cadres, and collaborate with Government of Tanzania to clarify uncertainty

Example of a *More Difficult* to Address Assumption...



Level of importance

High

Market actors are unlikely to use data and evidence when making decisions if they lack the skill sets needed to uncover insights from the data they have access to

Level of information

Medium

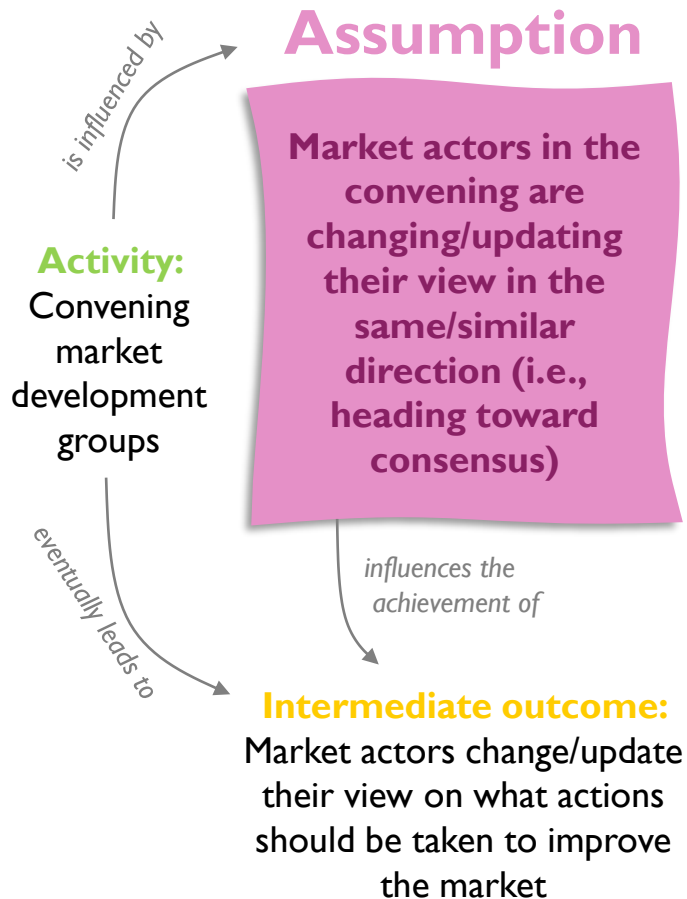
Market actors readily acknowledge there is “not a culture of data use,” though there is considerable uncertainty about why this is the case

Level of difficulty to address

High

Could address by adding in training or capacity building into activity designs, but currently difficult due to large number of actors, presumably varied capacity across actors, and lack of specific resources/activities that are assessing or building capacity

Example of an Assumption With *More Information* Available...



Level of importance

High

If the market actors come to consensus, then they are less likely to take complementary actions – and actions they do take are likely to be fragmented and less effective

Level of information

High

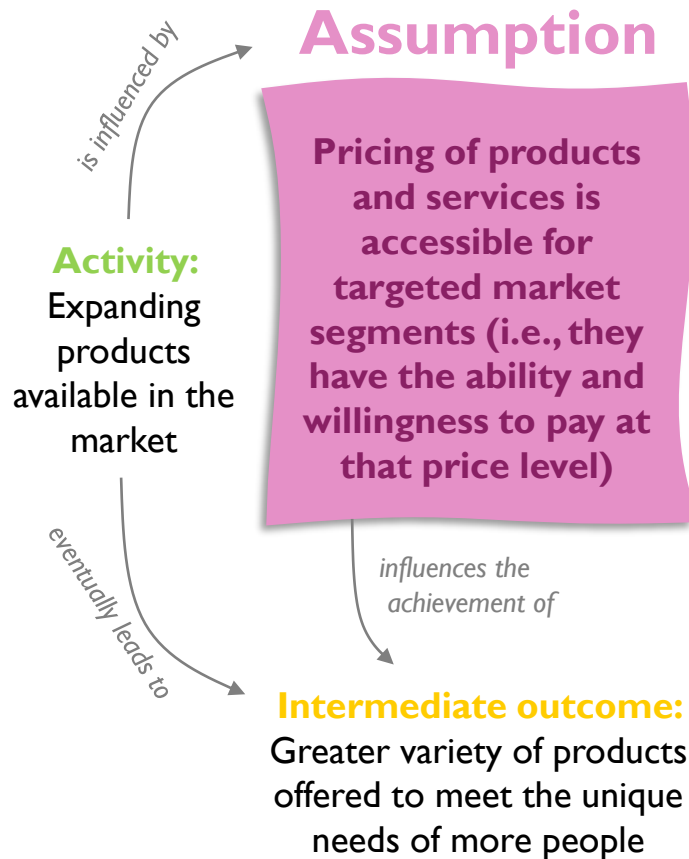
Through the process of convening groups, the degree of consensus becomes apparent

Level of difficulty to address

Low

Activity leads can take steps as a part engagement to monitor and facilitate consensus building

Example of an Assumption With *Less Information* Available...



Level of importance

High

If prices are not in line with expectations, then the product will not have a viable market and will fail, leading to less variety

Level of information

Low

Currently there is little-to-no willingness-to-pay (WTP) data available in Tanzania for most HIV products and services

Level of difficulty to address

Medium

Activity leads can implement WTP and other consumer-level surveys to inform pricing; these require dedicated resources to generate high-quality, dependable data

Market actors must pair WTP surveys with monitoring of sales data to calibrate pricing over time

6

Next steps: Using the TOC to
Inform Future Work

Using the TOC to Inform Ongoing Strategy Discussions

Market actors (including but not limited to FHM Engage) could use the TOC to inform their *strategic decisions* by considering the following questions:

– **What activities are missing?**

– **Are there enough stakeholders engaged in each activity area?**

- Where can FHM Engage local network implementing partners (NIP) play a role (and eventually lead)?

– **Which of the outcomes (or intermediate outcomes) are highest priority?**

- How do these map back to activity areas?
- Have we allocated resources according to these priorities?
- Are there sequencing considerations for achieving these outcomes? (i.e., do we need to focus on one outcomes before we can achieve the others?)

Prioritizing and Addressing Assumptions

Market actors can support achievement of TOC outcomes by *prioritizing and then addressing* assumptions by asking the following questions:

Prioritizing assumptions

- Which of the assumptions in the TOC are most salient?
- Which of the assumptions in the TOC do we have the weakest understanding of? (i.e., do we lack data and evidence to know whether the assumption holds?)

Addressing assumptions

- For important assumptions for which we have a limited information or a weak understanding, how can we generate evidence to better understand whether the assumption holds?
- Can we pre-emptively address the assumption by altering the activity design?
- Do we need to implement additional data collection or research efforts to test the assumptions and decrease information uncertainty?

Using the TOC to Measure our Progress

Market actors could use the TOC to inform how we will *measure progress toward outcomes* over time

This may involve ‘converting’ the TOC into a *results framework* and *defining ways to measure* key outcomes over time

- To measure increases in private sector participation in HIV markets some high-level indicators of participation might include:
 - Size of private sector market (annual revenue and sales/service volume)
 - Number of private sector actors offering HIV products and services
 - Change in public-private mix
- Use FHM Engage’s market development approach (MDA) “diagnose” processes to establish baselines where appropriate

THANK YOU

FOR MORE INFORMATION, PLEASE CONTACT:

[Name Redacted]



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