

UNGASS Declaration of Commitment on HIV/AIDS: Core Indicators' revision

Updated version following MERG recommendations

Context

In light of country reports, regional workshops and comments received by a variety of stakeholders, there is a need to improve the already well-established list of core and additional indicators developed three years ago. As general comments, national return forms were in most cases not filled out. Additional indicators were not successfully considered by countries, with the exception of the coverage indicator for IDUs; disaggregated data by age group and sex was not common although it was required several times in the introduction of the guidelines and in the reporting forms. It is suggested to make it mandatory in the detailed description of the indicator.

In revising indicators, the following general rules should be applied:

- **No dramatic increase in the number of core indicators**
- **No changes in the four indicators that are MDG goals**
- **Use of existing indicators and tools to avoid confusion**

Concentrated versus generalized epidemics

There is a general consensus about the need to repackage the UNGASS core indicators guideline as it was felt inappropriate for concentrated epidemics. The current version is indeed too general and not properly addressing the diversity of the epidemic. The following key points need to be taken into account while repackaging the guidelines:

- Tailor and package existing core indicators for different types of epidemics;
- Differentiate between “applicable” and “specific” indicators for concentrated epidemics; and
- Prioritize those specific indicators for most at risk groups according to feasibility issues (coverage versus behaviour indicators)

Indicators one by one

1. Global Commitment and action

The proposed changes relate to indicators 2 and 5.

(2): “Amount of public funds available for research and development of vaccines and microbicides”

Suggested Action: To amend methodology so that private sector funding is captured

(5): “Assessment of HIV/AIDS advocacy efforts”

Suggested Action: To develop a methodology for indicator 5 with ALR department before the end of 2004 or use existing ones (indicators 1 and 2) that could constitute “proxy indicators” for advocacy or focus on a thematic area such as gender (see recommendations from the gender paper distributed at the MERG meeting)

2. National commitment and action

(1) “Amount of national funds spent by governments on HIV/AIDS”: No action needed

(2) National Composite Policy Index

Suggested Action: A way to improve the usefulness of the policy index indicators is to:

- Attach to most of them questions about the **implementation** of the policy such as “Is this policy implemented?”
- Ask subsequent questions about **coverage** such as: What percent of youth in the capital city have reasonably convenient access to information about safe sexual practices? What percent of pregnant women in the capital city have reasonably convenient access to programs to prevent mother-to-child transmission of HIV? How do services in other urban areas compare to those in the capital city? How do services in rural areas compare to those in the capital city?
- Merge the current API index with the Policy index and use lessons learnt from the API exercise.
- Place more emphasis on **gender policy implementation** and include a section on **Monitoring on Evaluation** in the Policy index under section A “Strategic plan”.

For more details on the Policy Index recommendations, see Annex on page 4 and subsequent comments made by the MERG working group on policy and gender.

3. National programme and behavior

(1) *Life skills education in schools*. It is recommended to expand the definition of life-skills (not too precise for the number of hours required for standard tuition)

(2) *Workplace policies*. It is suggested to expand the definition of employer (avoid too much direction for total number of employers to be surveyed and distribution private and public sector companies)

(3) *STI comprehensive case management*. It is suggested to delete the current additional indicator (percentage of public STI clinics where VCT services for HIV are provided and/or referred to other facilities)

(4) *MTCT*. It is suggested to delete the current additional indicator (Percentage of public ANC attendees using clinics where VCT services for HIV are provided and/or referred to other facilities)

(5) *ARV*. There is a need to revise the estimate for the “proportion of people with advanced HIV infection”. The proportion currently recommended for use in the calculation (15%) is a crude estimate.

(6) *IDU*. It is recommended to add the coverage indicator used for 2003 reporting as “additional indicator”:

Percentage of injecting drug users who are reached with HIV/AIDS prevention services

(7) *Young people knowledge*. No comments (**MDG indicator and UNGASS target**).

(8) *Condom use* (**MDG indicator**). There is a need to add indicators on sexual debut and high risk sex to address the ABC issue. Possible indicators for consideration are:

Option 1:

Add the two current additional indicators: median age at first sex and the proportion reporting high risk sex in the last year

Option 2 (proposed by the MERG working group):

Indicator on sexual debut

- Sex by age 15 (with additional breakdown for ages 15-19 years) (Youth manual indicator 16)
- Sex by age 18 for ages 20-24 years
- Proportion of respondents who have never had sex -- for 15-19 and 20-24

High risk sex in the last year (Youth manual indicator 17)

- Percent who have had more than one partner in the last year
- Proportion of sexually active young people who had an HIV test in the past 12 months and know the results (15-24) (Youth manual indicator 23)

(9) *Orphans' school attendance* (**MDG indicator**). It is suggested to add another coverage indicator. Below are suggestions made by the MERG working group:

- External support for households for high prevalence countries (OVC 5, CS 10)
- OVC Program Effort Index (OVC 8)

4. Impact indicators

1. **Percentage of young people aged 15-24 who are HIV-infected (UNGASS target and MDG goal)** No comments.

2. Reduction in Mother to Child transmission. This is a weak indicator. (Target attached).

Suggested additions in the list of core indicators:

Blood safety: Screening of blood units for transfusion

ANNEX
DRAFT NATIONAL COMPOSITE POLICY INDEX
QUESTIONNAIRE

Strategic plan

1. Has your country developed a national multisectoral strategy to combat HIV/AIDS? (Multisectoral strategies should include, but not be limited to, the health, education, labour, and agriculture sectors)

Yes

No

N/A

IF YES

<i>Sectors included</i>	<i>Strategy/Action framework</i>	<i>Focal point/Responsible</i>
Health	Yes No	Yes No
Education	Yes No	Yes No
Labour	Yes No	Yes No
Transportation	Yes No	Yes No
Military	Yes No	Yes No
Youth	Yes No	Yes No
Others to specify*	Yes No	Yes No

* Any of the following: Agriculture, Finance, Human resources, Minerals and energy, Planning, Public works, Tourism, Trade and Industry,....

Comments:

Does the strategic framework include:	
a. formal program goals?	Yes No
b. detailed budget of costs?	Yes No
c. indications of funding sources?	Yes No
d. a monitoring and evaluation plan?	Yes No

2. Has your country integrated HIV/AIDS into its general development plans (such as its National Development Plans, United Nations Development Assistance Framework, Poverty Reduction Strategy Papers and Common Country Assessments)?

Yes

No

N/A

If YES, in which development plan? _____

Covering which aspects?

Prevention of HIV	Yes No
Care and support	Yes No
HIV/AIDS Impact alleviation	Yes No
Reduction of gender inequalities	Yes No
Reduction of income inequalities	Yes No
Others:	

3. Does your country have a functional national multisectoral HIV/AIDS management/coordination body?

Yes

No

N/A

Terms of reference?	Yes No
Defined membership?	Yes No
Action plan?	Yes No
Functional secretariat?	Yes No
Date of last meeting	Date:

Comments:

4. Does your country have a functional national HIV/AIDS body that promotes interaction among government, the private sector and civil society?

Yes

No

N/A

Terms of reference?	Yes No
Defined membership?	Yes No
Action plan?	Yes No

Functional secretariat?	Yes No
Date of last meeting	Date:

Comments:

5. Does your country have a functional HIV/AIDS body that assists in the coordination of civil society organizations?

Yes

No

N/A

Terms of reference?	Yes No
Defined membership?	Yes No
Action plan?	Yes No
Functional secretariat?	Yes No
Date of last meeting	Date:

Comments:

6. Has your country evaluated the impact of HIV/AIDS on its socioeconomic status for planning purposes?

Yes

No

N/A

IF Yes, has it informed resource allocation decisions Yes No

Comments:

7. Does your country have a strategy for addressing HIV/AIDS issues among its national uniformed services, including armed forces and civil defence forces?

Yes

No

N/A

Was this strategy implemented? Yes No

IF YES, which activities have been implemented in the last year?

Comments:

Prevention

1. Does your country have a general policy or strategy to promote information, education and communication (IEC) on HIV/AIDS?

Yes No N/A

If yes, in the last year, did you implemented an active program to promote accurate HIV/AIDS reporting by the media? Yes No

Comments:

2. Does your country have a policy or strategy promoting reproductive and sexual health education for young people?

Yes No N/A

If Yes, is HIV education part of the curriculum in primary schools (Yes No) and in secondary schools (Yes No)?

If Yes, is this strategy taking into account the different needs of young men and young women? (Yes, No)?

If Yes, What percent of youth in urban areas have reasonably convenient access to information about safe sexual practices?*

If Yes, What percent of youth in rural areas have reasonably convenient access to information about safe sexual practices?*

*(less than 25%; between 25 and 50%; between 50 and 75%; more)

Comments:

3. Does your country have a policy or strategy that promotes IEC and other health interventions for groups with high or increasing rates of HIV infection?

Yes No N/A

If Yes:

Special programs for injecting drug users, including Risk reduction information, education and counseling?	Yes No
Needle and syringe programs?	Yes No
Drug substitution treatment?	Yes No
Special programs for men who have sex with men	Yes No
Special programs for sex workers	Yes No
Special programs for youth	Yes No
Special program for prison inmates	Yes No
Other vulnerable populations	Yes No

Comments:

What proportion is covered with outreach programs specifically designed for the population group?	Proportion covered* (%)
Sex workers	
Men who have sex with men	
Injecting drug users	
Prisoners	
Children living on the streets	
Other vulnerable population	

*(less than 25%; between 25 and 50%; between 50 and 75%; more)

4. Does your country have a policy or strategy that promotes IEC and other health interventions for cross-border migrants, mobile people, refugees, displaced persons?

Yes

No

N/A

If Yes, please list the groups for which activities have been developed in the last year

5. Does your country have a policy or strategy to expand access, including among vulnerable groups, to essential preventative commodities? (These commodities include, but are not limited to, condoms, sterile needles and HIV tests.)

Yes

No

N/A

If Yes

A functioning logistics system for essential HIV/AIDS drugs?	Yes No
A social marketing program for condoms?	Yes No
A blood safety program?	Yes No
A program to ensure safe injections in health care settings?	Yes No
Other programs?	Yes No

Comments:

6. Does your country have a national policy or strategy to reduce mother-to-child HIV transmission?

Yes

No

N/A

If Yes, what percentage (or absolute number) of pregnant women are currently benefiting of this program?

(less than 25%; between 25 and 50%; between 50 and 75%; more)

Human rights

1. Does your country have laws and regulations that protect people living with HIV/AIDS against discrimination (such as general non-discrimination provisions and those that focus on schooling, housing, employment, etc.)?

Yes

No

N/A

Are they programs designed to change attitudes of discrimination and stigmatization associated with HIV/AIDS to understanding and acceptance?	Yes No
Is information regularly collected on cases of human rights and HIV/AIDS abuses, and on cases of discrimination?	Yes No
If Yes, was this information used as a basis for policy and reform?	Yes No
Is there a policy prohibiting HIV screening for general employment purposes (appointment, promotion, training, benefits).	Yes No

Comments:

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2. Does your country have laws and regulations that protect groups of people identified as being especially vulnerable to HIV/AIDS discrimination (i.e., groups such as IDUs, MSM, sex workers, youth, mobile populations, and prison inmates)?

Yes

No

N/A

If yes, please list groups:

Does your country have laws and regulations that are still obstacles to HIV prevention and care for vulnerable populations? Please list:

Has the Government, through political and financial support, involve vulnerable populations in HIV/AIDS policy design and program implementation? Yes No
 If yes, give examples:

3. Does your country have a policy to ensure equal access, between men and women, to prevention and care, with emphasis on vulnerable populations?

Yes No N/A

Comments:

4. Does your country have a policy to ensure that HIV/AIDS research protocols involving human subjects are reviewed and approved by an ethics committee?

Yes No N/A

Comments:

Care and support

1. Does your country have a policy or strategy to promote comprehensive HIV/AIDS care and support, with emphasis on vulnerable groups? (Comprehensive care includes, but is not limited to, VCT, psychosocial care, access to medicines, and home and community-based care.)

Yes No N/A

If yes, please list the components:

• HIV voluntary counselling and testing	Yes No
• Psychosocial support for PLHA and their families	Yes No
• Nutritional care	Yes No
• STI care and family planning services	Yes No
• Home-based care	Yes No
<i>Other:</i>	

Comments:

Yes No In progress Years covered:

4. Is there a Monitoring and Evaluation functional Unit or Department?

Yes No In progress

IF Yes,

Based in NAC or equivalent? Yes No

Based in Ministry of health? Yes No

Elsewhere? Yes No

5. Is there a committee or working group that meets regularly coordinating Monitoring and Evaluation activities, including surveillance? Yes regular, Yes irregular, No

6. To what degree (Low to High) are UN, bi-laterals, other institutions sharing M&E results and analysis in the frame of the M&E plan?

Comments:

7. Have individual agency programs been reviewed to harmonize M&E indicators with those of your country? Yes No

8. Does the unit manage a central database?

IF Yes, what type is it?

9. Is there a functional Health Information System?

Yes: National level: Sub-national*:	No:
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* If yes, please specify the level, i.e., district

10. Is there a functional Education Information System?

Yes: National level: Sub-national*:	No:
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• If yes, please specify the level, i.e., district

11. Do you publish a regular evaluation report on HIV/AIDS, including surveillance activities? Yes No