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# Monitoring and Evaluation of the Health Sector's Response to the HIV/AIDS Epidemic

*Report of the Expert Consultation  
Bali, Indonesia, 26–27 October 2007*

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New Delhi, February 2008

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## **List of abbreviations used in the WHO Universal Access framework**

ANC	Antenatal Care
ART	Antiretroviral Therapy
CHW	Community Health Worker
CPT	Co-trimoxazole preventive therapy
CTX	Co-trimoxazole
DHS	Demographic and Health Surveys
EHT	Essential Health Technologies (WHO)
FTE	Full Time Equivalent
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HCW	Health Care Worker
HMIS	Health Management Information Systems
IATT	Inter Agency Task Team (on PMTCT)
IDU	Injecting drug user
INH	Isoniazid
IPT	Isoniazid Preventative Therapy
IR	Indicator Registry (IR Cat.2 refers to the proposed list of non-UNGASS nationally recommended indicators currently being finalised)
L&D	Labor and Delivery
LMIS	Logistic Management Information Systems
MARPS	Most At Risk Populations
MCH	Maternal and Child Health
MDG	Millennium Development Goals
MERG	Monitoring and Evaluation Reference Group
MF	Mixed feeding

MSM	Men who have Sex with Men
PEP	Post Exposure Prophylaxis
PEPFAR	United States President's Emergency Plan for AIDS Relief
PITC	Provider Initiated Testing and Counselling
PMTCT	Prevention of Mother to Child Transmission
PSM	Procurement and Supply Management
SAM	Service Availability Mapping
SPA	Service Provision Assessment
STB	Stop TB (WHO)
SW	Sex Workers
TC	Testing and Counselling
UNGASS	United Nations General Assembly Special Session (on HIV/AIDS)
VAW	Violence against women
VCT	Voluntary Counselling and Testing

## 1. Introduction

An efficient monitoring and evaluation (M&E) system is the cornerstone for measuring a country's progress in providing universal access to prevention, care and treatment services by 2010 and achieving the Millennium Development Goals (i.e. to "halt and reverse the spread of HIV" by 2015). While the need for strong M&E systems has been increasingly recognized over the past two decades, adequate action has not been taken to fully apply, use and intricately link M&E to the planning and implementation of programme interventions. Thus, M&E systems in countries remain undervalued, under-implemented and under-used.

A technical consultation organized by the WHO Regional Office for South-East Asia held from 26 to 27 October 2007 in Bali, Indonesia, focused on key actions to strengthen M&E systems at the country level. Thirteen experts, including representatives from the Joint United States Programme on HIV/AIDS (UNAIDS) and WHO, attended the consultation which was chaired by Dr Phetsri Sirinirund, Senior Expert in Preventive Medicine, Department of Disease Control, Ministry of Public Health, Thailand. The specific objectives of the consultation were to:

- (1) Review country-level M&E systems and identify their common strengths, weaknesses and gaps.
- (2) Discuss key indicators on health sector response to the HIV/AIDS epidemic.
- (3) Identify steps for strengthening M&E at the country level and priority areas of support from WHO and partners.

This report presents the main discussion points, issues and the proposed steps for strengthening national M&E systems.

## 2. Review of country-level M&E systems

To understand the current situation in the Region, M&E systems were reviewed from selected countries—India, Indonesia, Nepal, Sri Lanka and Thailand. The M&E systems reflected the diversity in the magnitude of the

epidemic across countries in the Region. Thus, India and Thailand with large and mature epidemics have the most sophisticated M&E systems; whereas Sri Lanka, with a very low level epidemic is still in the process of setting-up a national M&E framework.

The need for strong M&E systems is well understood by national AIDS programmes and also that M&E systems cannot remain static and may need to be modified to generate new information to understand the epidemic better as it evolves over time. However, several constraints need to be overcome to fully apply M&E systems as an integral part of programme planning and implementation. In many countries, M&E systems were designed for donor projects. Such project-specific fragmented systems have led to duplication of efforts in collecting and reporting information. Furthermore, the information that is collected from the M&E systems is seldom analysed suitably or disseminated to appropriate stakeholders. Often M&E is looked upon as a requirement for donor reporting rather than a tool for guiding the national response to the epidemic. Box 1 summarizes key limitations in M&E systems in countries.

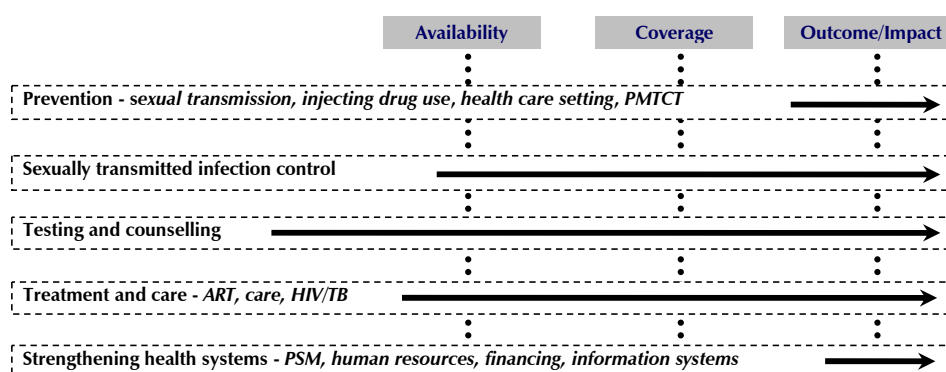
**Box 1: Constraints in M&E systems**

- Fragmentation of M&E systems leading to duplication of efforts in collecting and reporting information
- Limited commitment to and value accorded to M&E in making informed decisions
- Limited co-ordination and lack of linkages across interventions and among departments
- Weak health systems with limited staff and infrastructure
- Lack of completeness of reporting
- Questionable validity (accuracy) of information
- Uncertainty of size estimates of most-at-risk populations
- Inadequate analyses/ triangulation of data
- Failure to link M&E outputs with programme interventions
- Lack of systematic M&E reporting and dissemination

## 4. Key indicators to monitor the national health sector response to the HIV epidemic

To measure progress in health sector interventions towards universal access goals, each country should use a set of minimum key indicators. Figure 1 presents a generic framework of indicators to measure the availability, coverage and impact of health sector interventions. The health sector interventions include: testing and counseling, prevention (of mother-to-child transmission (PMTCT), sexual HIV transmission, and transmission through injecting drug use as well as prevention in the health care setting), and treatment and care (antiretroviral treatment (ART), care, for HIV/tuberculosis (TB) co-infection). It is also important to measure progress in strengthening key components of the health system to support the scale-up of priority interventions, e.g., procurement and supply management (PSM), human resources, financing and information systems.

**Figure 1:** Framework for measuring health sector response to the HIV/AIDS epidemic



No one size fits all. The generic list of indicators (Annex 3) applies variably to countries depending on the type of epidemic, how mature it is and the nature of the national response. Thus, each country needs to adapt and use a country-specific list of core national indicators. Moreover, there is a need to include additional indicators to the generic global list to account for the unique features of the epidemic in the Region. These monitoring indicators are:

- (1) **Sexually transmitted infections (STIs):** The HIV epidemic in the South-East Asia Region (SEAR), is largely driven by sex work and there is a huge burden of STIs. Important indicators to monitor STIs and sex work interventions are:
  - Number and percentage of targeted service delivery points for sex workers where STI services are provided, including information and condoms.
  - Percentage of most-at-risk population (sex workers, injecting drug users, men who have sex with men) using condoms.
  - Number of new STI infection cases at health facilities per 100 000 population per year.
- (2) **Quality of counseling and testing services:** The quality of counseling and testing services, particularly with regard to maintaining confidentiality, remains debatable and needs close monitoring. Suggested additional indicators to monitor confidentiality compliance, counseling and testing are:
  - Number and percentage of service delivery points where HIV testing is provided following the principles of confidentiality, counseling and consent.
  - Percentage of population who had an HIV test and reported to have received confidential pre- and post-test counseling.
- (3) **Human resources development:** Adequate and trained health workers are critical to scaling-up health sector interventions towards universal access to HIV prevention, care and treatment. There is a need to better define indicators to monitor the national response to human resources development for HIV.

## 5. Next steps for strengthening national M&E systems

***Member States (with support from WHO, UNAIDS and other partners) should:***

- Review current M&E systems in the country and urgently implement a minimum M&E package that is suitable for the type of epidemic and its maturity.

- The essential ingredients of the M&E package may include: a national M&E plan, an M&E unit, key performance indicators, technical working group, adequate budget, dedicated staff, adequate infrastructure, standard data collection forms, channels for data flow, data analyses, use and dissemination, and quality assurance.
- Monitor the operationalization of M&E systems against these minimal required standards.
- Create a core team of national M&E experts in the country. The core M&E team members may be from the Ministry of Health, other ministries, academia, civil societies, and the private sector.
- Recruit and train adequate M&E staff at the national and the sub-national levels and build their capacity, particularly for data analyses and use.
- Improve the estimation of the size of most-at-risk populations. Train staff in mapping and methodologies for size estimations of populations with high-risk behaviours.
- Monitor the quality of data by regular supervision and provide feedback for improving completeness and accuracy of data.
- Monitor compliance of the health services to the principles of counseling, confidentiality and consent, in implementing the HIV counseling and testing services.
- Support annual review of M&E/strategic information data. Organize regular joint meetings of country level M&E staff and programme staff and ensure that key performance indicators are identified, achieved and also linked to programmatic interventions.
- Prepare and disseminate an annual M&E country report, which includes analyses and the latest data on the epidemic situation, programme performance and outcomes.

***WHO in conjunction with UNAIDS and other partners should:***

- Advocate for increasing the importance of the M&E system as an integral and vital component of the HIV policy formulation and programme development process.

- Document regional best practices on M&E processes and the value added to policy and programmes.
- Organize annual intercountry meetings of national programme and M&E staff to encourage the use and linkage of strategic information generated by M&E systems with programme planning and implementation.
- Constitute a regional technical expert group that will meet periodically to discuss and resolve technical issues on M&E as well as monitor progress in strengthening the M&E system at the country level.
  - Ensure linkage of the discussions and recommendations of the regional technical expert group with those of the national technical working group on M&E.
- Harmonize technical support on M&E to countries among WHO, UNAIDS and other partners.

## Annex 1

# Programme

**Friday, 26 October 2007**

Welcome, introduction and objectives of the meeting

### **Objective 1: To review country-level M&E systems and identify common strengths, weaknesses and gaps**

- Analyses of strengths and weaknesses of current M&E systems in the country: Country examples
  - India, Dr D Bachani
  - Indonesia, Dr Dyah Erti Mustikawati
  - Nepal, Ms Isabel Tavitian-Exley
  - Sri Lanka, Dr Neelamani Punchihewa
  - Thailand, Dr Petchsri Sirinirund
- Summary of priority gaps that need to be addressed in the next two years.
  - Discussion

### **Objective 2: To discuss key indicators and targets on health sector response to HIV/AIDS and the mechanisms to report those indicators**

- Presentation of WHO's framework of key indicators and targets on health sector response to HIV/AIDS
  - Ms Chika Hayashi, WHO Geneva
- Discussion
  - Indicators currently being collected in the countries at the national level and the feasibility of reporting on WHO UA framework
  - Harmonization of efforts in collecting and reporting on national indicators

***Saturday, 27 October 2007***

**Objective 3: To identify priority areas for technical assistance at the country level and identify next steps for strengthening M&E for the health sector response to HIV/AIDS at country level**

*Panel discussions*

- Next steps for strengthening M&E
- Priority areas of technical assistance required by national programmes
- Summary and Recommendations

## Annex 2

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### Annex 3

## Key indicators for monitoring the health sector response to the HIV/AIDS epidemic

A. Testing and counseling	Country-specific utility				
	Thailand	India	Indonesia	Nepal	Sri Lanka
1. Number and percentage of service delivery points where testing and counseling is available	√	√	√	√	√
2. Number and percentage of service delivery points where HIV testing is provided following the principles of confidentiality, counseling and consent.	√	√	√	√	√
3. Percentage of health facilities that provide virological testing services(PCR) for infant diagnosis on site through dried blood spots		√			
4. Number and percentage of people aged 15 and over who receive HIV testing and counseling and know their results		√	√		
5. Number and percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results (UNGASS 2008 #7/ NP M&E Guideline OT 20)		√	√		
6. Percentage of population who had an HIV test reported to have received confidential pre-and post-test counseling.					
7. Proportion of sexually active young men and women 15-24 who had an HIV test in the preceding 12 months and who know their results		√	√		
8. Percentage of pregnant women who know their HIV status	√	√	√	√	
9. Percentage of most-at-risk population (s) who received an HIV test within the last 12 months and who know their results (UNGASS 2008 #8/NP M&E Guideline OP 17)	√	√	√	√	√

10. Percentage of TB patients who had an HIV test result recorded in the TB register (and know their HIV status)	√	√	√	√	√
11. Percentage of people 15-49 years who know their HIV status		√	√		
<b>B. PMTCT</b>	<b>Country-specific utility</b>				
<b>Indicators</b>	<b>Thailand</b>	<b>India</b>	<b>Indonesia</b>	<b>Nepal</b>	<b>Sri Lanka</b>
12. Percentage of ANC facilities that provide both HIV testing and ARVs for PMTCT on site	√	√	√	√	
13. Percentage of HIV infected pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission (UNGASS 2008 #5/NP M&E Guideline OT 21)	√	√	√	√	√
14. Percentage of infants born to HIV infected women who receive an HIV test within 12 months	√	√	√	√	
15. Distribution of feeding practices (exclusive breastfeeding, replacement feeding, mixed feeding/other) for infants of HIV infected women					
16. Percentage of HIV-infected infants born to HIV-infected mothers (UNGASS 2008 #25/NP M&E Guideline TO-5)	√	√	√	√	√
<b>C. Prevention in health care settings</b>	<b>Country-specific utility</b>				
<b>Indicators</b>	<b>Thailand</b>	<b>India</b>	<b>Indonesia</b>	<b>Nepal</b>	<b>Sri Lanka</b>
17. Percentage of donated blood units screened for HIV in a quality assured manner (UNGASS 2008 #3/NP M&E Guideline OP 13)	√	√	√	√	√
18. Percentage of health care facilities where all therapeutic injections are given with new, disposable, single-use injection equipment				√	√
19. Percentage of health facilities with PEP available	√	√	√	√	√

<b>D. Prevention of HIV through sexual transmission and IDU</b>	<b>Country-specific utility</b>				
<b>Indicators</b>	<b>Thailand</b>	<b>India</b>	<b>Indonesia</b>	<b>Nepal</b>	<b>Sri Lanka</b>
20. Number and percentage of targeted service delivery points for sex workers where a package of services is provided including STI services, information and condoms.	√	√	√	√	√
21. Number and percentage of targeted service delivery points, where needle and syringe programmes are available		√	√	√	
22. Number and percentage of targeted service delivery points where opioid substitution therapy is available	√	√	√	√	√
23. Percentage of most-at-risk populations reached with HIV prevention programmes in the past 12 months (UNGASS 2008 #9/NP M&E Guideline OP 11)	√	√	√	√	√
24. Percentage of most-at-risk population (sex workers, IDU, MSM) using condom during their last sexual intercourse.	√	√	√	√	√
25. Percentage of men and women 15-49 years who have had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse	√	√	√		√
26. Percentage of most-at-risk population who are HIV infected (UNGASS 2008 #23/NP M&E Guideline I-2)	√	√	√	√	√
<b>E. Sexually transmitted infections</b>	<b>Country-specific utility</b>				
<b>Indicators</b>	<b>Thailand</b>	<b>India</b>	<b>Indonesia</b>	<b>Nepal</b>	<b>Sri Lanka</b>
27. Percentage of pregnant women tested for syphilis per year	√	√		√	√
28. Percentage of syphilis among antenatal attendees	√	√	√	√	√
29. Prevalence of STIs (syphilis, gonorrhoea) among sex workers	√	√	√	√	√
30. Number of new STI infection cases at health facilities per 100 000 population per year.				√	

<b>F.G. ART and care</b>	<b>Country-specific utility</b>				
<b>Indicators</b>	<b>Thailand</b>	<b>India</b>	<b>Indonesia</b>	<b>Nepal</b>	<b>Sri Lanka</b>
31. Percentage of health facilities that offer ART	√	√	√	√	√
32. Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy (UNGASS 2008 #4/NP M&E Guideline OT 23)	√	√	√	√	√
33. Percentage of adults and children with HIV still alive and known to be on treatment 12 months after initiation of antiretroviral therapy (UNGASS 2008 #24/NP M&E Guideline TO-4)	√	√	√	√	√
34. Percentage of individuals who are still on treatment and who are still prescribed a standard first line regimen after 12 months from the initiation of treatment		√	√		√
35. Life years added due to ART					
36. Percentage of adults and children enrolled in HIV care and eligible for CTX prophylaxis (according to national guideline) currently receiving CTX prophylaxis	√		√	√	√
37. Percentage of infants born to HIV infected women started on co-trimoxazole prophylaxis within two months of birth					√
<b>H. HIV/TB</b>	<b>Country-specific utility</b>				
<b>Indicators</b>	<b>Thailand</b>	<b>India</b>	<b>Indonesia</b>	<b>Nepal</b>	<b>Sri Lanka</b>
38. Percentage of estimated HIV positive incident TB cases that received treatment for TB and HIV. (UNGASS 2008 #6/NP M&E Guideline OT 25)	√	√	√	√	
39. Percentage of newly registered TB clients who are recorded to be HIV+ who were started on or continued on CPT					
40. Percentage of individuals newly enrolled in HIV care starting Isoniazid Preventative Therapy					
41. Percentage of individuals enrolled in HIV care who were screened for TB at last visit	√	√		√	√

I. Health systems indicators	Country-specific utility				
Indicators	Thailand	India	Indonesia	Nepal	Sri Lanka
42. Percentage of health facilities dispensing ARV which have experienced stock-outs of ARV in the last 12 months	√	√	√		√
43. Percentage of health facilities providing ART using CD4 monitoring in line with national guideline/policies on site or through referral	√	√	√		√
44. Number of FTE health care providers (clinicians, nurses, midwives, CHWs, administrators and clerks) trained in providing HIV care treatment and prevention per 1000 clients on ART		√			

## **Monitoring and reporting on the health sector's response towards universal access to HIV/AIDS treatment, prevention, care and support**

### ***Framework for global monitoring and reporting in the South-East Asia Region***

This framework proposes a core set of indicators to monitor and report on regional progress in the health sector's response towards universal access. It includes indicators to monitor the scale-up of priority health sector interventions for HIV prevention, treatment, care and support; as well as policy and programmatic questions related to the national response<sup>1</sup>.

#### **1. *Priority interventions for scaling up HIV/AIDS prevention, care and treatment in the health sector***

The framework comprises of indicators to measure progress in scaling up priority interventions in the health sector; which are key areas where countries must invest in order to achieve progress towards universal access:

- Testing and counseling
- Prevention – PMTCT, prevention in the health care settings, prevention of sexual HIV transmission and prevention of transmission through injecting drug use
- Treatment and care – antiretroviral therapy, care, HIV/TB
- Sexually transmitted infections control
- Health systems – drug procurement and supply management, human resources, health financing, health information systems.

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<sup>1</sup> It should be noted that this framework is designed to facilitate global reporting; and does not represent all indicators necessary to adequately monitor various components of HIV programmes, and regions and countries should collect what is important and useful in their setting beyond what this document lists.

## 2. **Measuring three dimensions of progress towards universal access**

Access is a broad concept which for the purpose of monitoring the health sector, can be divided into the following three components:

- **Availability** defined in terms of reach-ability (physical access), affordability (economic access) and acceptability (socio-cultural access) of services that meet a minimum standard of quality<sup>2</sup>. To make services available, affordable and acceptable is an essential pre-condition for "universal access".
- **Coverage** defined as the proportion of the population who receive an intervention among those who need it. Coverage is influenced by supply (provision of services) and demand by people in need of services.
- **Outcome/Impact** defined in terms of behavioural change, reduced new infection rates or survival improvements; it is the result of coverage of services, modulated by the efficiency and effectiveness of the interventions and changes in other relevant factors. Impact goals have been set in the context of the MDGs and the UNGASS declaration on HIV/AIDS.

While the impact goals reflect the ultimate purpose of interventions, impact indicators alone will not sufficiently monitor programmes to inform the scaling up of access. Therefore, systematic monitoring of progress towards universal access needs to include availability and coverage as well.

Note: Some denominators are modelled estimates with values including varying uncertainty ranges. For indicators collected through programme statistics, it is the trend in **numerator** that is the most important to report.

The matrix presented below is mainly composed of quantitative indicators that can be collected and reported through health information systems, programme records, or population-based surveys. Although it is complemented with some programmatic questions at the end, it does not capture every component of 'access', for example acceptability and quality of services, which require special studies.

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<sup>2</sup> "Access", "utilization", "availability" and "coverage" are often used interchangeably to reflect on whether "people in need of something for their health are actually getting it". See e.g. Tanahashi T. Health services coverage and its evaluation. Bulletin of the World Health Organization, 1978. 56:295–303.

Countries are encouraged to monitor and measure, through special studies or other means, other components of universal access which do not explicitly appear in the indicator matrix but are determinants influencing the attainment of universal access. Examples include:

- Affordability of services within a country
- Equity of intervention access and coverage (age/sex if not routinely disaggregated, occupational group, sexual orientation, socio-economic and other demographic categorizations, vulnerable groups, other groups that may receive differential treatment or less likely to receive services)
- Quality of interventions and services provided
- Acceptability of services, user perceptions of service provision
- Effectiveness of services provided (to improve implementation).

Likewise, although the monitoring framework matrix contains only specific aspects of availability, coverage, and outcome/impact focusing on data that is easier to collect, the annual global progress report on universal access (UA) will also include qualitative information and showcase country examples as well as situational analyses to show progress towards universal access in its many dimensions. Thus, we would be grateful if countries can also share with us what is not in the indicator matrix. For example, country events and policies implemented to facilitate UA; various studies or analyses undertaken on different aspects of universal access within their settings; and lessons learned in operationalizing and scaling up interventions.

### **3. *Universal access and target setting***

Universal access is the goal that countries and the international community are committed to. *When and how* a country will reach this goal may vary depending on baseline epidemiological patterns, political environment, existing policies, health service delivery infrastructure, and other health system and other factors unique to a country. Yet, all countries try to overcome various obstacles to reach universal access in their own settings. *For proper programme planning, countries have been encouraged to set ambitious country-specific targets that can be used to plan and monitor their own progress towards UA.*

## Framework for monitoring the health sector response to HIV/AIDS

### 1. Summary<sup>3</sup>

Intervention area	Availability	Coverage	Outcome/Impact
<b>(A) Testing &amp; counselling</b>	➤ Number and percentage of health facilities where testing and counseling is available	<ul style="list-style-type: none"> <li>➤ Number (and percentage) of people aged 15 years and over who receive HIV testing and counseling and know the result</li> <li>➤ <b>Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results</b></li> </ul>	➤ Percentage of people aged 15-49 years who know their HIV status
	➤ Number and percentage of service delivery points where HIV testing is provided following the principles of confidentiality, counseling and consent	➤ Percentage of population who had an HIV test reported to have received confidential pre-and post-test counseling.	
	➤ Percentage of health facilities that provide virological testing services (e.g. PCR) for infant diagnosis on site or through dried blood spots	<ul style="list-style-type: none"> <li>➤ Proportion of sexually active young men and women aged 15-24 who had an HIV test in the preceding 12 months and who know the results</li> <li>➤ Percentage of pregnant women who know their HIV status</li> <li>➤ <b>Percentage of most-at-risk population(s) who received an HIV test in the last 12 months and who know their results</b></li> <li>➤ Percentage of TB clients who had an HIV test result recorded in the TB register</li> </ul>	
<b>(B) PMTCT</b>	➤ Percentage of ANC facilities that provide both HIV testing and ARVs for PMTCT	<p><i>Percentage of pregnant women who know their HIV status [same as indicator listed in testing section]</i></p> <ul style="list-style-type: none"> <li>➤ <b>Percentage of HIV-infected pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission</b></li> </ul>	➤ <b>Percentage of HIV-infected infants born to HIV-infected mothers</b>

<sup>3</sup> Indicators in **bold** are UNGASS indicators

Intervention area	Availability	Coverage	Outcome/Impact
		<p>Percentage of infants born to HIV-infected women started on cotrimoxazole prophylaxis within two months of birth [same as indicator in care section]</p> <ul style="list-style-type: none"> <li>➤ Percentage of infants born to HIV-infected women who receive an HIV test within 12 months</li> <li>➤ Distribution of feeding practices (exclusive breastfeeding, replacement feeding, mixed feeding/other) for infants born to HIV-infected women</li> </ul>	
<b>(C) Prevention in the health care setting</b>	<ul style="list-style-type: none"> <li>➤ Percentage of donated blood units screened for HIV in a quality-assured manner</li> <li>➤ Percentage of health care facilities where all therapeutic injections are given with new, disposable, single use injection equipment</li> <li>➤ Percentage of health facilities with PEP services available</li> </ul>		
<b>(D) Prevention of sexual transmission of HIV and prevention of HIV transmission through IDU</b>	<ul style="list-style-type: none"> <li>➤ Number and percentage of targeted service delivery points for sex workers where a package of services is provided including STI services, information and condoms.</li> <li>➤ Number and percentage of targeted service delivery points where needle and syringe programmes are available</li> <li>➤ Number and percentage of targeted service delivery points where opioid substitution therapy is available</li> </ul>	<ul style="list-style-type: none"> <li>➤ Percentage of most-at-risk populations reached with HIV prevention programmes in the past 12 months</li> <li>➤ Percentage of most-at-risk population (sex workers, IDU, MSM) using condom during their last sexual intercourse</li> <li>➤ Percentage of women and men 15-49 who have had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse</li> </ul>	<ul style="list-style-type: none"> <li>➤ Percentage of most-at-risk populations who are HIV infected</li> </ul>

Intervention area	Availability	Coverage	Outcome/Impact
	<ul style="list-style-type: none"> <li>➤ Number and percentage of targeted service delivery points where a package of services is provided for male sex workers/ MSM including STI services, information and condoms</li> </ul>		
<b>(E) Sexually transmitted infections</b>	<p>Number and percentage of targeted service delivery points for sex workers where STI services are provided.</p> <p>Number and percentage of targeted service delivery points where a package of services is provided for male sex workers/ MSM including STI services, information and condoms.</p>	<ul style="list-style-type: none"> <li>➤ Proportion of women accessing Antenatal Care (ANC) services who are tested for syphilis</li> </ul>	<ul style="list-style-type: none"> <li>➤ Prevalence of syphilis among antenatal attendees</li> <li>➤ Prevalence of STIs (syphilis, gonorrhoea) among sex workers</li> <li>➤ Number of new STI infection cases at health facilities per 100 000 population per year.</li> </ul>
<b>(F) ART</b>	<ul style="list-style-type: none"> <li>➤ Percentage of health facilities that offer ART (i.e. prescribe and/or provide clinical follow-up)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy</li> </ul>	<ul style="list-style-type: none"> <li>➤ Percentage of adults and children with HIV still alive and known to be on treatment 12 months after initiation of antiretroviral therapy</li> <li>➤ Percentage of individuals who are still on treatment and who are still prescribed a standard first-line regimen after 12 months from the initiation of treatment</li> <li>➤ Life years added due to ART</li> </ul>

Intervention area	Availability	Coverage	Outcome/Impact
<b>(F) Care</b>		<ul style="list-style-type: none"> <li>➤ Percentage of adults and children enrolled in HIV care and eligible for CTX prophylaxis (according to national guidelines) currently receiving CTX prophylaxis</li> <li>➤ Percentage of infants born to HIV-infected women started on cotrimoxazole prophylaxis within two months of birth</li> </ul>	
<b>(G) HIV/TB</b>		<ul style="list-style-type: none"> <li>➤ Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV</li> <li>➤ Percentage of newly registered TB patients who are recorded to be HIV+, who were started on or continued on CPT</li> <li>➤ Percentage of individuals newly enrolled in HIV care starting Isoniazid Preventative Therapy</li> <li>➤ Percentage of individuals enrolled in HIV care who were screened for TB at last visit</li> </ul>	
<b>(H) Health systems strengthening</b>	<ul style="list-style-type: none"> <li>➤ Percentage of health facilities dispensing ARV that have experienced stock-outs of ARV in the last 12 months</li> <li>➤ Percentage of facilities providing ART using CD4 monitoring in line with national guidelines/policies, on site or through referral</li> <li>➤ Number of FTE health care providers trained in and providing HIV care, treatment and prevention per 1000 clients on ART</li> </ul>		

## 2. List of indicators (by interventions)

### (A) Testing and counselling

ID #	Indicator type	Indicator	Disaggregation	Numerator	Denominator	Related References/ Other sources requesting data	Measurement tool
#1	Availability	Number and percentage of health facilities where testing and counselling is available	By health facility type	Number of health facilities where testing and counselling is available, including both health and non-health facilities.	a) Total number of health facilities b) Targeted number of health facilities where testing and counseling should be available based on national programme plans	IR Cat. 2 <sup>4</sup>	National programme records  For health facilities- Health facility surveys: eg. SPA, SAM (if conducted in the country for the reporting period)
#2	Availability	Number and percentage of service delivery points where HIV testing is provided following the principles of confidentiality, counseling and consent		Number and percentage of service delivery points where HIV testing is provided following the principles of confidentiality, counseling and consent	Total number of service delivery points surveyed		Health facility surveys
#3	Availability	Percentage of health facilities that provide virological testing services (e.g. PCR) for infant diagnosis on site or through dried blood spots		Number of health facilities that have the capacity to provide virological testing services for infant diagnosis on site or through dried blood spots	a) Total number of health facilities b) Targeted number of health facilities where virological testing services for infant diagnosis should be available based on national programme plans	IATT PMTCT Report Card Questionnaire  (UNICEF/WHO)	National programme records  Health facility surveys: eg. SPA, SAM (if conducted in the country for the reporting period)

<sup>4</sup> IR Cat. 2 refers to indicators that are included in Category 2 of the 'Indicator Registry' being coordinated by UNAIDS, i.e., it refers to indicators that are recommended at the national level to complement UNGASS indicators.

ID #	Indicator type	Indicator	Disaggregation	Numerator	Denominator	Related References/ Other sources requesting data	Measurement tool
#4	Coverage	Number (and percentage) of people age 15 years and over* who receive HIV testing and counseling and know the result	By age: 15-19, 20-24, 25+, unknown/ unrecorded age By sex By serostatus	Number of people* who received testing and counseling in the last 12 months and know the result  * 'people age 15 years and over' refers to anyone receiving testing & counselling in the last 12 months	General population  For <i>concentrated and low level epidemics</i> :  Adults - estimated population size of MARPS Children - Estimated number of children born to MARPS	IR Cat 2	Programme monitoring tools - reporting forms aggregating information from various registers and records (e.g. ANC, TB, STI, TC, VCT, under 5, MCH, HMIS, hospital records); programme reports, NGO records
#5	Coverage	<b>Percentage of women and men aged 15-49 years who received an HIV test in the last 12 months and who know their results</b>	By age 15-19, 20-24, 25-49 By sex	Number of respondents aged 15-49 who have been tested for HIV during the last 12 months and who know the results	Number of all respondents aged 15-49	<b>UNGASS #7</b> IR Cat.2	Population-based surveys (e.g. DHS)
#6	Coverage	Percentage of population who had an HIV test reported to have received confidential pre and post test counseling.	By age 15-24 and 25+ By sex	Number of persons who had an HIV test reported to have received confidential pre- and post-test counseling.	Number of respondents included in the sample		Special surveys such as behavioural surveillance surveys
#7	Coverage	Proportion of sexually active young people 15-24 years who had an HIV test in the last 12 months and who know their results	By age 15-19, 20-24 By sex	Number of respondents aged 15-24 who are sexually active and had an HIV test in the preceding 12 months and who know the results	Respondents aged 15-24 who have had sex in the preceding 12 months	IR Cat.2	Population-based surveys (e.g. DHS), or other surveys

ID #	Indicator type	Indicator	Disaggregation	Numerator	Denominator	Related References/ Other sources requesting data	Measurement tool
#8	Coverage	Percentage of pregnant women who know their HIV status	By age <25, 25+ By serostatus	Number of pregnant women (accessing ANC/L&D sites) who know their HIV status (includes women who are tested and those who were not tested due to previously confirmed HIV positive status)	Estimated number of pregnant women	IATT, PMTCT Report Card Questionnaire (UNICEF/WHO) IR Cat.2	National programme monitoring records  (Aggregated facility records).  <i>Denominator can be extracted from existing estimates</i>
#9	Coverage	<b>Percentage of most-at-risk population(s) who received an HIV test in the last 12 months and who know their results</b>	By MARPs population (SW, IDU, MSM) By sex By age (<25/25+)	Number of most-at-risk population respondents who have been tested for HIV during the last 12 months and who received the results	Number of most-at-risk population respondents included in the sample	<b>UNGASS #8</b> IR Cat.2	Special surveys such as behavioural surveillance surveys
#10	Coverage	Percentage of TB patients who had an HIV test result recorded in the TB register	By serostatus	Number of TB patients who had an HIV test result recorded in the TB register  <i>This should include those TB cases that were previously known as HIV-positive or their negative HIV result from previous testing was acceptable to the clinician (e.g. done in the last 3-6 months in a reliable laboratory)</i>	Total number of TB patients	WHO Stop TB programme	National programme records
#11	Outcome/ Impact	Percentage of people 15-49 years who know their HIV status	By serostatus By sex	Number of people 15-49 years ever tested for HIV and received test results	Total number of all respondents 15-49 years		Population based surveys  (e.g. DHS), or other surveys

**(B) Prevention: Prevention of mother-to-child transmission (PMTCT)**

ID #	Indicator type	Indicator	Disaggregation	Numerator	Denominator	Related References/ Other sources requesting data	Measurement tool
#12	Availability	Percentage of ANC facilities that provide both HIV testing and ARVs for PMTCT		Number of ANC facilities that provide both HIV testing and ARVs for PMTCT on site	a) Total number of ANC facilities b) Targeted number of ANC facilities based on national programme plans	IATT/PMTCT Report Card Questionnaire (UNICEF/WHO) IR Cat. 2	National programme records  Health facility surveys: eg. SPA, SAM (if conducted in the country for the reporting period)
#6	Coverage	[Percentage of pregnant women who know their HIV status - Same as indicator in T&C section]					
#13	Coverage	<b>Percentage of HIV-infected pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission</b>		Number of HIV-infected pregnant women who received antiretrovirals during the last 12 months to reduce mother-to-child transmission	Estimated number of HIV-infected pregnant women in the last 12 months	<b>UNGASS #5</b> IATT/PMTCT Report Card Questionnaire (UNICEF/WHO) IR Cat.2	National programme records aggregated from health facility records (numerator)  ANC surveillance or estimation model (denominator)
#29	Coverage	[Percentage of infants born to HIV-infected women started on cotrimoxazole prophylaxis within two months of birth - Same as indicator in Care section]					
#14	Coverage	Percentage of infants born to HIV-infected women who receive an HIV test within 12 months	by virological tests within 2 months, and the rest	Number of infants born to HIV-infected women who received an HIV test within 12 months in the preceding 12 months	Estimated number of HIV-infected pregnant women giving birth in the preceding 12 months (proxy for number of infants born to HIV-infected women)	IATT/PMTCT Report Card Questionnaire (UNICEF/WHO) IR Cat.2	National programme records aggregated from health facility records (numerator)  <i>Denominator: estimation model or use of ANC surveillance and other data to develop a proxy estimate</i>

ID #	Indicator type	Indicator	Disaggregation	Numerator	Denominator	Related References/ Other sources requesting data	Measurement tool
#15	Coverage	Distribution of feeding practices (exclusive breastfeeding, replacement feeding, mixed feeding/other) for infants born to HIV-infected women		Number of infants born to HIV-infected women who receive: a) exclusive breastfeeding; b) replacement feeding; c) mixed feeding(MF)/ other	Number of exposed infants whose feeding practice was assessed (through the mother) at or before 6 months	IATT PMTCT Report Card Questionnaire (tbc for Dec 2007)  IR Cat. 2	National programme monitoring records aggregated from health facility records  <i>Denominator: estimation model or use of ANC surveillance and other data to develop a proxy estimate</i>
#16	Impact	<b>Percentage of HIV-infected infants born to HIV-infected mothers</b>				<b>UNGASS #25</b>  IR Cat.2	<i>Modelled.</i>

**(C) Prevention: Prevention in health care settings**

ID #	Indicator type	Indicator	Disaggregation	Numerator	Denominator	Related References/ Other sources requesting data	Measurement tool
#17	Availability	Percentage of donated blood units screened for HIV in a quality-assured manner		Number of donated blood units screened for HIV in blood centres/blood screening laboratories that have both (1) followed documented standard operating procedures, and (2) participated in an external quality assurance scheme	Total number of blood units donated	UNGASS #3 IR Cat.2  WHO Blood Safety programme	WHO Blood Safety survey (Global Database on Blood Safety)
#18	Availability	Percentage of health care facilities where all therapeutic injections are given with new, disposable, single use injection equipment		Number of health care facilities where all therapeutic injections are given with new, disposable, single use injection equipment	Number of health facilities assessed for the survey	WHO Injection Safety programme	WHO Injection Safety Assessment Tool
#19	Availability	Percentage of health facilities with post-exposure prophylaxis (PEP) services available		Number of facilities with PEP available for those who are at risk of HIV infection through occupational and/or non-occupational exposure to HIV	a) All health facilities b) Targeted number of health facilities where PEP should be available based on national programme policy/ protocol/plans	IR Cat.2	National programme records  Health facility surveys: eg. SPA, SAM (if conducted in the country for the reporting period)

**(D) Prevention: Prevention of sexual transmission of HIV and prevention of transmission through injecting drug use (IDU)**

ID #	Indicator type	Indicator	Disaggregation	Numerator	Denominator	Related References / Other sources requesting data	Measurement tool
#20		Number and percentage of targeted service delivery points for sex workers where a package of services is provided including STI services, information and condoms.		Number of targeted service delivery points where a package of services is provided for sex workers	Total number of targeted* service delivery points  <i>*Targeted number of service delivery points where sex worker interventions are available based on national programme plans</i>		National programme records
#21	Availability	Number and percentage of targeted*service delivery points where needle and syringe programmes are available		Number of targeted* service delivery points where needle and syringe exchange programmes are available	Total number of targeted* service delivery points  <i>*Targeted number of service delivery points where needle and syringe programme should be available based on national programme plans</i>		National programme records  For health facilities- Health facility surveys: eg. SPA, SAM (if conducted in the country for the reporting period)
#22	Availability	Number and percentage of targeted* service delivery points where opioid substitution therapy is available		Number of targeted* service delivery points where opioid substitution therapy is available	Total number of targeted* service delivery points  <i>*Targeted number of service delivery points where opioid substitution should be available based on national programme plans</i>		National programme records  For health facilities- Health facility surveys: eg. SPA, SAM (if conducted in the country for the reporting period)
#23	Availability	Number and percentage of targeted service delivery points where a package of services is provided for male sex workers/ MSM including STI services, information and condoms.		Number of targeted service delivery points where a package of services is provided for male sex workers/ MSM.	Total number of targeted* service delivery points  <i>*Targeted number of service delivery points where MSM targeted interventions are available based on national programme plans</i>		National programme records

ID #	Indicator type	Indicator	Disaggregation	Numerator	Denominator	Related References / Other sources requesting data	Measurement tool
#24	Coverage	<b>Percentage of most-at-risk populations reached with HIV prevention programmes in the past 12 months</b>	By MARPS group (IDUs, SW, MSM) By age (<25, 25+) By sex	Number of most-at-risk population respondents who replied "yes" to both (knowing where to get an HIV test; given condom); as well as "yes" to (given sterile needle/ syringes) for IDUs (as per UNGASS guidelines)	Total number of respondents surveyed	<b>UNGASS #9</b> IR Cat.2	Behavioural surveillance surveys Special surveys
#25	Coverage	Percentage of most-at-risk population (sex workers, IDU, MSM) using condom during their last sexual intercourse.	By population group	Number of respondents who reported that a condom was used with their last client	Number of respondents who reported having commercial sex in the (or anal sex in case of MSM) last 12 months	<b>UNGASS #18, 19, 20</b> IR Cat.2	Behavioural surveillance surveys Special surveys
#26	Coverage	<b>Percentage of women and men 15-49 who have had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse</b>	By age 15-19, 20-24, 25-49, By sex	Number of respondents who reported having had more than one sexual partner in the last 12 months who also reported that a condom was used the last time they had sex	Number of respondents who reported having had more than one sexual partner in the last 12 months	<b>UNGASS #17</b> IR Cat.2	Population based surveys (eg. DHS)
#27	Impact	<b>Percentage of most-at-risk populations who are HIV infected</b>	By MARPS group (IDUs, SW, MSM), By age (<25, 25+) By sex	Number of members of most-at-risk population who test positive for HIV	Number of members of most-at-risk population tested for HIV	<b>UNGASS #23</b> IR Cat.2	Serosurveillance data among MARPS

**(E) Sexually transmitted infections**

ID #	Indicator type	Indicator	Disaggregation	Numerator	Denominator	Related References/ Other sources requesting data	Measurement tool
#	Availability	Number and percentage of targeted service delivery points for sex workers where STI services are provided. (same as #20)		Number of targeted* service delivery points for sex workers where STI services are provided	Total number of targeted* service delivery points for sex workers  <i>*A targeted service delivery point is one where a special effort has been made to provide STI services for sex workers (male or female)</i>		National programme records
# 28	Coverage	Proportion of women accessing Antenatal Care (ANC) services who are tested for syphilis		Number of women attending ANC services for at least one visit in the last 12 months and who were tested for syphilis	Number of women attending ANC services for at least one visit in the last 12 months	WHO Global Strategy on STI and congenital syphilis elimination	DHS  National programme records aggregated from health facility data
# 29	Impact	Prevalence of syphilis among antenatal attendees	By age 15-19, 20-24, 25+	Number of antenatal attendees aged 15 and above years and who tested RPR positive for syphilis	Number of antenatal attendees aged 15 and above who had an RPR syphilis test		National programme monitoring reports (from RCH programme) or sentinel surveillance
# 30	Impact	Prevalence of STIs (syphilis, gonorrhoea) among sex workers	By age 15--24, 25+	Number of sex workers with an STI	Number of sex workers surveyed		Cross-sectional surveys
# 31	Impact	Number of new STI infection cases at health facilities per 100 000 population per year.	By age 15--24, 25+	Number of new STI infection cases reported at health	Adult population of the catchment area/district		National programme monitoring reports

**(F) Treatment and care: Antiretroviral therapy (ART)**

ID #	Indicator type	Indicator	Disaggregation	Numerator	Denominator	Related References/ Other sources requesting data	Measurement tool
#32	Availability	Percentage of health facilities that offer ART (i.e. prescribe and/or provide clinical follow-up)		Number of health facilities offering ART	a) Total number of health facilities b) Targeted number of facilities where ART should be available based on national programme plans	IR Cat. 2	National programme records  Health facility surveys: eg. SPA, SAM (if conducted in the country for the reporting period)
#33	Coverage	<b>Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy</b>	By sex By age (<15, 15+); By 1 <sup>st</sup> and 2 <sup>nd</sup> line regimen By MARPS and other risk groups	Number of adults and children with advanced HIV infection who are currently receiving antiretroviral therapy in accordance with the nationally approved treatment protocol (or WHO/UNAIDS standards) at the end of the reporting period	Estimated number of adults and children with advanced HIV infection (i.e. those estimated to need antiretroviral therapy)  If available, also provide the number of people known to be ART eligible (ART eligibility assessment conducted and eligible)	<b>UNGASS #4</b> IR Cat.2	Facility ART registers, national programme records (numerator)  <i>Denominator modelled</i>
#34	Impact	<b>Percentage of adults and children with HIV still alive and known to be on treatment 12 months after initiation of antiretroviral therapy</b>	<i>If available, also provide data for treatment cohorts 24, 36, 48... months after initiation of antiretroviral therapy.</i> By sex By age (<15, 15+)  <i>If available, also by 1<sup>st</sup> line and 2<sup>nd</sup> line regimens</i>	Number of adults and children who are still alive and on antiretroviral therapy at 12 months after initiating treatment during the reporting period	Total number of adults and children who initiated antiretroviral therapy who were expected to achieve 12-month outcomes within the reporting period, <i>including</i> those who have died since starting ART, those who have stopped ART, and those recorded as lost to follow-up	<b>UNGASS #24</b> IR Cat.2	National programme records  Cohort/group analysis forms  Special studies on ART survival

ID #	Indicator type	Indicator	Disaggregation	Numerator	Denominator	Related References/ Other sources requesting data	Measurement tool
#35	Impact	Percentage of individuals who are still on ART and who are still prescribed a standard first-line regimen after 12 months from the initiation of treatment	<i>If available, also provide data for treatment cohorts 24, 36, 48... months after initiation of antiretroviral therapy.</i> By sex By age (<15, 15+)  <i>If available, also provide data on #/% who have switched to or are on a second-line regimen</i>	Number of individuals who are still on ART and who are still prescribed a standard first-line regimen 12, 24, etc. months after initiating treatment	Total number of individuals initiating treatment on a first-line regimen in the ART start-up group in the previous 12, 24, etc. months		National programme records  Cohort analysis forms
#36	Impact	Life-years added due to ART					<i>Modelled</i>

**(G) Treatment and care: Care**

ID #	Indicator type	Indicator	Disaggregation	Numerator	Denominator	Related References/ Other sources requesting data	Measurement tool
#37	Coverage	Percentage of adults and children enrolled in HIV care* and eligible for CTX prophylaxis (according to national guidelines) currently receiving CTX prophylaxis  *HIV care includes those enrolled in pre-ART as well as ART	By age (<5, 5-14, 15+)	Number of adults and children receiving CTX prophylaxis among those enrolled in HIV care*  <i>*Include 'active' patients, seen at clinic at least once within last year (this does not include HIV-exposed infants who have not yet been confirmed HIV-positive and therefore not enrolled in HIV care -- see below)</i>	Number of adults and children enrolled in HIV care* who are eligible for CTX prophylaxis based on national criteria		Annual review of facility records or special study
#38	Coverage	Percentage of infants born to HIV-infected women started on cotrimoxazole prophylaxis within two months of birth		Number of infants born to HIV-infected women started on cotrimoxazole prophylaxis within two months of birth in the preceding 12 months	Estimated number of HIV-infected pregnant women giving birth in the preceding 12 months ( <i>proxy for number of infants born to HIV-infected women</i> )	IATT/PMTCT Report Card Questionnaire (UNICEF/WHO)  IR Cat.2	Health facility records and registers, including pre-ART and ART registers depending on country context /National programme records

**(H) Treatment and care: HIV/TB**

ID #	Indicator type	Indicator	Disaggregation	Numerator	Denominator	Related References/ Other sources requesting data	Measurement tool
#39	Coverage	Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV	By sex	Number of adults with advanced HIV infection who are currently receiving antiretroviral therapy in accordance with the nationally approved treatment protocol (or WHO/UNAIDS standards) and who were started on TB treatment (in accordance with national TB programme guidelines) within the reporting year	Estimated number of incident tuberculosis cases in people living with HIV	UNGASS #6 IR Cat. 2	Currently, facility-based ART registers. If reportable, national programme records
#40	Coverage	Percentage of newly registered TB patients who are recorded to be HIV+, who were started on or continued on CPT		Number of newly registered TB patients recorded to be HIV+ who started on or continued to receive CPT	Total number of newly registered TB patients recorded to be HIV+	WHO Stop TB programme	TB programme records
#41	Coverage	Percentage of individuals newly enrolled in HIV care starting Isoniazid Preventative Therapy (IPT)		Number of individuals newly enrolled in HIV care started on IPT	Number of individuals newly enrolled in HIV care in the last 12 months		Annual Review of facility records/registers documenting individuals newly enrolled in HIV care in the last 12 months  (If national policy on INH prophylaxis/guidelines exist)
#42	Coverage	Percentage of individuals enrolled in HIV care who were screened for TB at last visit		Number of individuals enrolled in HIV care who were screened for TB at last visit	Number of individual HIV care records examined		Annual Review of facility records or Special study

**(I) Health systems strengthening: Drug procurement and supply management, laboratories, human resources**

ID #	Indicator type	Indicator	Disaggregation	Numerator	Denominator	Related References/ Other sources requesting data	Measurement tool
#43	Availability	Percentage of health facilities dispensing ARV which have experienced stock-outs of ARV in the last 12 months		Number of facilities dispensing ARV that experienced one or more stock-outs of required ARVs over the past 12 months	Total number of facilities dispensing ARV	IR Cat.2	LMIS reports  Health facility survey including relevant information on stock-outs
#44	Availability	Percentage of facilities providing ART using CD4 monitoring in line with national guidelines/policies, on site or through referral	By public and private facilities	Number of facilities providing ART using CD4 monitoring in line with national guidelines/policies, on site or through referral	Total number of designated ART sites (public and private)	IR Cat. 2	Programme records, laboratory network records, health facility surveys
#45	Availability	Number of FTE health care providers trained in and providing HIV care, treatment, and prevention, per 1000 clients on ART	By cadre of health workers	Number of FTE (full-time equivalent) trained health care providers, by cadres (clinicians, nurses-midwives, technicians, lay providers, others, etc) trained in and providing HIV care, treatment and prevention	Number of ART clients/1000	IR Cat.2	Health facility surveys if relevant question is included; special surveys

## Framework for monitoring the health sector response to HIV/AIDS

### 3 National policy and programmatic questions

Intervention	Indicator
<b>National targets</b>	<ul style="list-style-type: none"> <li>▪ For each intervention area, please provide any national targets that have been set.</li> <li>▪ Does the country have plans to review or set any targets between now and 2010? If so, when?</li> </ul>
<b>Testing and counselling</b>	<ul style="list-style-type: none"> <li>▪ Does your national HIV testing and counselling (TC) policy and/or guidelines include both client- initiated TC and provider-initiated TC?</li> <li>▪ Please send us a copy (preferably in electronic form) of this policy or guidelines or both</li> <li>▪ For generalized epidemic countries: Does your policy/guidelines state that providers should initiate TC in all patient encounters (regardless of presenting symptoms or facility type)? If yes, please attach the actual text that states this.</li> <li>▪ For low-level and-or concentrated epidemic: Does your policy/guidelines indicate that providers target most-at-risk and vulnerable populations with TC (according to your epidemic profile)? Please list MARP and vulnerable groups relevant to your setting and indicate whether providers initiate TC to them <b>in health care facilities</b> according to your policy/guideline</li> </ul>
<b>PMTCT</b>	<ul style="list-style-type: none"> <li>▪ When were the national PMTCT guidelines last updated?</li> </ul>
<b>Prevention in the health care setting</b>	<ul style="list-style-type: none"> <li>▪ Is there a national policy/protocol for PEP?</li> <li>▪ If yes, does it cover:                             <ul style="list-style-type: none"> <li>– Occupational exposure (e.g. exposure through needlestick prick in health care setting)?</li> <li>– Non-occupational exposure (e.g. VAW)?</li> <li>– Or both?</li> </ul> </li> </ul>
<b>Sexual and IDU prevention</b>	<ul style="list-style-type: none"> <li>▪ In how many districts (or other administrative units) in your country do you perceive that MARPS (SW, IDU, MSM) play an important role in HIV transmission? (by MARPS)</li> <li>▪ How many of these districts ensure availability of condoms targeted to MARPS? (by MARPS)</li> </ul>
<b>Antiretroviral therapy/Care</b>	<ul style="list-style-type: none"> <li>▪ When were the national ART guidelines last updated?</li> <li>▪ Are there guidelines on CTX provision for HIV patients? If yes, when were these last updated?</li> <li>▪ Are there guidelines on INH prophylaxis for HIV patients?</li> </ul>

Intervention	Indicator
<b>TB/HIV</b>	<ul style="list-style-type: none"> <li>▪ Does the country have an infection control policy for TB to be applied in facilities?</li> </ul>
<b>Surveillance</b>	<ul style="list-style-type: none"> <li>▪ Does the country carry out systematic surveillance in:               <ul style="list-style-type: none"> <li>– ANC attendees</li> <li>– Special populations (IDUs, sex workers, MSM)</li> <li>– Other specific populations</li> </ul> </li> </ul> <p>And report annually?</p> <ul style="list-style-type: none"> <li>▪ Has a sexual behaviour survey been conducted in the country? In which year? Which population groups were included?</li> </ul>
<b>M&amp;E</b>	<ul style="list-style-type: none"> <li>▪ Does the country have a national M&amp;E plan covering HIV/AIDS response in the health sector? (with identified collection tools and clear indication of data flow to collect national indicators based on and harmonized where appropriate with internationally recognized indicators).</li> <li>▪ When was a review of the M&amp;E system last conducted for ART? for PMTCT? for T&amp;C?</li> </ul> <p>Please send us a copy (preferably in electronic form) of any M&amp;E plan/framework and/or documents describing your M&amp;E system.</p>
<b>HIV Drug Resistance</b>	<ul style="list-style-type: none"> <li>▪ Does the country have an HIV drug resistance strategy in place?</li> <li>▪ Does the HIV drug resistance strategy include the following elements?               <ul style="list-style-type: none"> <li>➢ Regular evaluation of readily available and collectable HIVDR "early warning" indicators from all ART sites (or all sites capable of reporting and representing at least 75% of ART patients or representative sentinel sites)</li> <li>➢ HIVDR transmission threshold surveys: identify geographic areas, populations, timing</li> <li>➢ Sentinel monitoring of HIVDR emerging in treated populations and related ART programme factors: identify sentinel sites and timing</li> <li>➢ Preparation of national annual HIVDR report and recommendations</li> </ul> </li> </ul>
<b>Procurement and Supply Management</b>	<ul style="list-style-type: none"> <li>▪ Are there provisions in place to address stock-outs when there is a shortage of drugs and commodities, including test kits?</li> </ul>
<b>Human resources</b>	<ul style="list-style-type: none"> <li>▪ Does your human resource policy in the health sector allow the expansion/strengthening of the current workforce by reorganization of tasks among cadres and hiring of non-professional workers? (e.g. prescription of ART by nurses; T&amp;C by community health workers; (with appropriate supervision)? Please elaborate.</li> </ul>
<b>Health financing</b>	<ul style="list-style-type: none"> <li>▪ Does your country have a policy (in the public sector) to provide for free the following: drugs for ART; CTX; laboratory monitoring; HIV testing?</li> </ul>