



World Health  
Organization

**Monitoring and reporting  
on the health sector's response towards universal access to HIV/AIDS treatment, prevention, care and support  
2007-2010**

***WHO framework for global monitoring and reporting***

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**1. OBJECTIVE AND PURPOSE**

As countries scale up their national HIV/AIDS programmes towards the goal of universal access to prevention, treatment, care and support by 2010<sup>1</sup>, it is increasingly important to strengthen strategic information on the epidemic and national responses to inform policies and programmes, improve the effectiveness of interventions and promote accountability.

At the international level, WHO is committed since the 59<sup>th</sup> World Health Assembly in 2006 to monitor and report annually on global progress in countries' health sector responses towards universal access.<sup>2</sup> The health sector represents close to 60% of global resource needs, and progress in the health sector is a key measure of progress towards universal access, as well as broader Millennium Development Goals.

**This framework proposes a core set of indicators to *monitor* progress in the health sector's response to HIV/AIDS. 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>3</sup>. The framework also provides a basis for WHO to report on global progress towards universal access over time.**

In 2007, WHO collected data on the health sector response to HIV/AIDS from 143 countries in collaboration with national and international partners. These data were published in the second annual global progress report in 2008, complemented by data from other surveys and scientific literature.<sup>4</sup> Experiences from the first round of reporting have enabled improvements in the framework for the next year; however care has also been taken to keep changes to the minimum necessary in order to ensure consistency of indicators over time and assessment of trends. WHO is committed to continue to provide technical assistance to Member States to strengthen the generation and use of strategic information on the HIV epidemic and response in countries.

**2. GUIDING PRINCIPLES**

The framework has been designed to facilitate the generation of a standard set of core information to monitor and report on global progress in the health sector's response to HIV/AIDS. The main guiding principles for defining the framework have been:

- Build upon and collaborate with ongoing, related international efforts such as the UNGASS Declaration of Commitment, the Inter Agency Task Team on PMTCT and other partners
- Take responsibility for annual monitoring of health sector progress, while minimizing the burden of reporting on countries
- Promote investment in strengthening data generation and analysis in countries, including sex and age disaggregation

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<sup>1</sup> United Nations General Assembly. *Political Declaration on HIV/AIDS*, New York, United Nations, 2006.

<sup>2</sup> HIV/AIDS. *WHO's contribution to universal access to HIV/AIDS prevention, treatment and care: report by the Secretariat*. Geneva, WHO, 2006.

<sup>3</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.

<sup>4</sup> WHO, UNAIDS and UNICEF. *Towards Universal Access: Scaling up priority HIV/AIDS interventions in the health sector. Progress Report 2008*. Geneva, WHO, 2008.

- Within WHO, streamline global reporting formats and schedule with existing regional and country processes.

#### Harmonizing with partners and minimizing the burden of reporting on countries

Building upon ongoing international efforts for monitoring and reporting is one of the key guiding principles of the WHO framework. The framework brings together a broad spectrum of indicators to cover the *health sector* response; which are aligned to the maximum extent possible with related processes of partner agencies.

Of the 39 indicators in the framework, 11 are also UNGASS indicators; 7 are also being collected through the Inter Agency Task Team on PMTCT (UNICEF/WHO); 5 are collected by other WHO programmes (tuberculosis, blood safety; injection safety; and sexually transmitted infections; and at least 4 are being collected through population-based surveys.

For these indicators, WHO's monitoring and reporting process does not require new, specific data collection; but requests WHO country offices to collaborate with partners at country level to ensure that data are collected through one channel, and are shared among all interested partners for harmonized reporting.

**Comment [b1]:** Figures to be updated based on final list of indicators.

### **3. INDICATORS : MONITORING 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 counselling
- 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

The framework also includes a set of questions to monitor policy and programmatic components of the health sector response to HIV/AIDS.

### **4. MEASURING 3 DIMENSIONS OF PROGRESS TOWARDS UNIVERSAL ACCESS**

Access is a broad concept that 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>5</sup>. To make services available, affordable and acceptable is an essential pre-condition for "universal access".

<sup>5</sup> "Access", "utilization", "availability" and "coverage" are often used interchangeably to reflect on whether "people in need of something for their health actually getting it". See e.g. Tanahashi T. Health services coverage and its evaluation. Bulletin of the World Health Organization, 1978. 56:295–303.

- **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 programs to inform the scaling up of access. Therefore, systematic monitoring of progress towards universal access needs to include availability and coverage as well.

## 5. DATA SOURCES AND MEASUREMENT

The matrix presented below is mainly composed of quantitative indicators that can be collected and reported through health information systems, programme records or surveys including population-based surveys, behavioural surveillance surveys, or facility-based surveys. Some denominators are derived through statistical modelling and include varying uncertainty ranges.

It should be noted that this framework does not capture every component of 'access', for example acceptability and quality of services. 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)

## 6. REPORTING PROCESS AND TOOL

WHO requests countries to report data on priority health sector HIV/AIDS interventions on an annual basis to enable global reporting. Data collection processes and timelines are aligned with complementary efforts of key **partners**, specially UNAIDS and UNICEF, and WHO colleagues at country and regional levels are committed to work with colleagues in partner agencies to ensure maximum synergy in efforts.

Data collection is facilitated through a **reporting form**, accompanied by a guidance note on indicator definitions and measurement. For indicators collected through programme statistics, it is the trend in *numerator* that is the most important to report. Wherever available, it is important to provide disaggregated data, specially by sex and by age, to monitor equity of access and progress in relation to the needs of specific populations. It would also be useful for countries to share other achievements and best practices, including 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, which provide valuable input for the annual global progress reports.

## FRAMEWORK FOR MONITORING THE HEALTH SECTOR RESPONSE TO HIV/AIDS:

### 1 - SUMMARY<sup>6</sup>

Intervention area	Availability	Coverage	Outcome/Impact
<b>(A)</b> <b>Testing &amp; counselling</b>	1. Number (and percentage) of health facilities where testing and counselling is available  2. Number (and percentage) of health facilities that provide virological testing services (e.g. PCR) for infant diagnosis on site or through dried blood spots	3. Number of people age 15 years and over who receive HIV testing and counselling and know the result  <b>4. Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results</b>  5. 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  6. Percentage of pregnant women who know their HIV status  <b>7. Percentage of most-at-risk population(s) who received an HIV test in the last 12 months and who know their results</b>  8. Percentage of TB clients who had an HIV test result recorded in the TB register	9. Percentage of people 15-49 years who know their HIV status
<b>(B)</b> <b>PMTCT</b>	10. Number (and percentage) of ANC facilities that provide both HIV testing and ARVs for PMTCT	<b>[6. Percentage of pregnant women who know their HIV status - same as indicator listed in testing section]</b>  <b>11. Percentage of HIV-infected pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission</b>  <i>[29. Percentage of infants born to HIV-infected women started on cotrimoxazole prophylaxis within two months of birth - same as indicator in care section]</i>  12. Percentage of infants born to HIV-infected women who receive an HIV test within 12 months  13. Distribution of feeding practices (exclusive breastfeeding, replacement feeding, mixed feeding/other) for infants born to HIV-infected women	<b>14. Percentage of HIV-infected infants born to HIV-infected mothers</b>
<b>(C)</b> <b>Prevention in the health care setting</b>	<b>15. Percentage of donated blood units screened for HIV in a quality-assured manner</b>  16. Percentage of health care facilities where all therapeutic injections are given with new, disposable, single use injection equipment  17. Percentage of health facilities with PEP services available		

<sup>6</sup> **Bolded** indicators are **UNGASS** indicators.

<b>(D) Prevention of sexual transmission of HIV and prevention of HIV transmission through IDU</b>	18. Number of needle and syringe programme sites per 1000 injecting drug users 19. Number of opioid substitution therapy sites per 1000 injecting drug users	20. (a) Percentage of injecting drug users reached with HIV prevention programmes in the past 12 months (b) Percentage of sex workers reached with HIV prevention programmes in the past 12 months (c) Percentage of men who have sex with men reached with HIV prevention programmes in the past 12 months	21. (a) Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected. (b) Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse (c) Percentage of female and male sex workers reporting and use of a condom with their most recent client (d) Percentage of men reporting the use of a condom the last time they had anal sex with a male partner  22. Percentage of most-at-risk populations who are HIV infected
<b>(E) ART</b>	23. Number (and percentage) of health facilities that offer ART (i.e. prescribe and/or provide clinical follow-up)	24. Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	25. Percentage of adults and children with HIV still alive and known to be on treatment 12 months after initiation of antiretroviral therapy  26. Percentage of patients initiating antiretroviral therapy at the site during a selected period who are taking an appropriate first-line regimen 12 months later
<b>(F) Care</b>		27. Percentage of adults and children enrolled in HIV care and eligible for CTX prophylaxis (according to national guidelines) currently receiving CTX prophylaxis  28. Percentage of infants born to HIV-infected women started on cotrimoxazole prophylaxis within two months of birth	
<b>(G) HIV/TB</b>		29. Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV  30. Percentage of newly registered TB patients who are recorded to be HIV+, who were started on or continued on CPT  31. Percentage of individuals newly enrolled in HIV care starting Isoniazid Preventative Therapy  32. Percentage of individuals enrolled in HIV care who had TB status completed during their last visit	
<b>(H) Sexually transmitted infections</b>	33. Number of targeted service delivery points for sex workers where STI services are provided per 1000 sex workers	34. Proportion of women accessing Antenatal Care (ANC) services who are tested for syphilis	35. Prevalence of syphilis among sex workers, men who have sex with men and antenatal attendees
<b>(I) Health systems</b>	36. Percentage of health facilities dispensing ARV that have experienced stock-outs of ARV in the last 12 months		
	37. Percentage of facilities providing ART using CD4 monitoring in line with national guidelines/policies, on site or through referral		



**FRAMEWORK FOR MONITORING THE HEALTH SECTOR RESPONSE TO HIV/AIDS :**  
**2 - LIST OF INDICATORS (BY INTERVENTIONS)**

**(A) TESTING AND COUNSELLING**

<i>ID #</i>	<i>Indicator type</i>	<i>Indicator</i>	<i>Disaggregation</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Related References/ Other sources requesting data</i>	<i>Measurement tool</i>
#1	Availability	Number (and percentage) of health facilities where testing and counselling is available		Number of health facilities where testing and counselling is available, including both health and non-health facilities.	Total number of health facilities <sup>7</sup>	IR Cat. 2 <sup>8</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 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	Total number of health facilities <sup>9</sup>	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>7</sup> In countries with generalized epidemics, the number of health facilities providing the intervention may be combined with a denominator such as the total number of health facilities in the country to monitor progress towards universal access.

<sup>8</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.

<sup>9</sup> In countries with generalized epidemics, the number of health facilities providing the intervention may be combined with a denominator such as the total number of health facilities in the country to monitor progress towards universal access.

<b>ID #</b>	<b>Indicator type</b>	<b>Indicator</b>	<b>Disaggregation</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Related References/ Other sources requesting data</b>	<b>Measurement tool</b>
<b>#3</b>	Coverage	Number of people age 15 years and over* who receive HIV testing and counselling and know the result	By age: 15-19, 20-24, 25+, unknown/unrecorded age By sex By serostatus	Number of people* who receive testing and counselling 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		IR Cat 2	Program monitoring tools - reporting forms aggregating information from various registers and records (e.g. ANC, TB, STI, TC, VCT, under 5, MCH, HMIS, hospital records); program reports, NGO records
<b>#4</b>	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 (eg. DHS)
<b>#5</b>	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 (eg. DHS), or other surveys
<b>#6</b>	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>
<b>#7</b>	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

ID #	Indicator type	Indicator	Disaggregation	Numerator	Denominator	Related References/ Other sources requesting data	Measurement tool
#8	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
#9	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 (eg. DHS), or other surveys

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

**Comment [b2]:** Reporting on indicators in this section will be combined with IATT PMTCT Report Card. Indicator wording to be aligned with M&E guidance.

ID#	Indicator type	Indicator	Disaggregation	Numerator	Denominator	Related References/ Other sources requesting data	Measurement tool
#10	Availability	Number (and percentage) of ANC facilities that provide both HIV testing and ARVs for PMTCT <sup>10</sup>		Number of ANC facilities that provide both HIV testing and ARVs for PMTCT on site	Total number of ANC facilities	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]					

<sup>10</sup> For generalized epidemics. In low-level or concentrated epidemics, it may be more relevant to monitor only the availability of HIV testing in ANC facilities, depending on the country context.

# 11	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 - <i>Same as indicator in Care section</i> ]					
# 12	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 ( <i>proxy for number of infants born to HIV-infected women</i> )	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>
# 13	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>
# 14	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**

<b>ID#</b>	<b>Indicator type</b>	<b>Indicator</b>	<b>Disaggregation</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Related References/ Other sources requesting data</b>	<b>Measurement tool</b>
<b># 15</b>	Availability	<b>Percentage of donated blood units screened for HIV in a quality-assured manner</b>		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	<b>UNGASS #3</b>  IR Cat.2  WHO Blood Safety programme	WHO Blood Safety survey (Global Database on Blood Safety)
<b># 16</b>	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
<b># 17</b>	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	All health facilities	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)**

Comment [b3]: To be finalized.

ID#	Indicator type	Indicator	Disaggregation	Numerator	Denominator	Related References/ Other sources requesting data	Measurement tool
# 18	Availability	Number of needle and syringe programme (NSP) sites per 1000 injecting drug users (IDUs)	By district	Number of NSP sites	Estimated number of injecting drug users (IDUs) in 1000		National programme records IDU population size estimates
# 19	Availability	Number of opioid substitution therapy (OST) sites per 1000 injecting drug users (IDUs)	By district	Number of OST sites	Estimated number of injecting drug users (IDUs) in 1000		National programme records IDU population size estimates
# 20 (a)	Coverage	Percentage of injecting drug users (IDU) reached with HIV prevention programmes in the past 12 months	By age (<25, 25+) By sex	Number of IDU respondents who replied "yes" to all (knowing where to get an HIV test; given condom; given sterile needle/syringes or OST). (as per UNGASS guidelines)	Total number of respondents surveyed	UNGASS #9 IR Cat.2	Behavioural surveillance surveys Special surveys
20 (b)	Coverage	Percentage of sex workers (SW) reached with HIV prevention programmes in the past 12 months	By age (<25, 25+) By sex	Number of SW respondents who replied "yes" to both (knowing where to get an HIV test; given condom). (as per UNGASS guidelines)	Total number of respondents surveyed	UNGASS #9 IR Cat.2	Behavioural surveillance surveys Special surveys
20 (c)		Percentage of men who have sex with men (MSM) reached with HIV prevention programmes in the past 12 months	By age (<25, 25+) By sex	Number of MSM respondents who replied "yes" to both (knowing where to get an HIV test; given condom). (as per UNGASS guidelines)	Total number of respondents surveyed	UNGASS #9 IR Cat.2	Behavioural surveillance surveys Special surveys
# 21 (a)	Outcome	Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected	By age (<25/25+) By sex	Number of respondents who report using sterile injecting equipment the last time they injected drugs (as per UNGASS guidelines)	Number of respondents who report injecting drugs in the last month	UNGASS #21	Behavioural surveillance surveys Special surveys
(b)	Outcome	Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse	By age (<25/25+) By sex	Number of respondents who reported that a condom was used the last time they had sex (as per UNGASS	Number of respondents who report having had sexual intercourse in the last month	UNGASS #20	Behavioural surveillance surveys Special surveys

(c)	Outcome	<b>Percentage of female and male sex workers reporting the use of a condom with their most recent client</b>	By age (<25/25+) By sex	<i>guidelines)</i> Number of respondents who reported that a condom was used with their last client (as per UNGASS guidelines)	Number of respondents who reported having commercial sex in the last 12 months	<b>UNGASS #18</b>	Behavioural surveillance surveys  Special surveys
(d)	Outcome	<b>Percentage of men reporting the use of a condom the last time they had anal sex with a male partner</b>	By age (<25/25+)	Number of respondents who reported that a condom was used the last time they had anal sex (as per UNGASS guidelines)	Number of respondents who reported having had anal sex with a male partner in the last six months	<b>UNGASS #19</b>	Behavioural surveillance surveys  Special surveys
# 22	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) TREATMENT AND CARE : Antiretroviral therapy (ART)**

ID#	Indicator type	Indicator	Disaggregation	Numerator	Denominator	Related References/ Other sources requesting data	Measurement tool
# 23	Availability	Number (and percentage) of health facilities that offer ART (i.e. prescribe and/or provide clinical follow-up)		Number of health facilities offering ART	Total number of health facilities <sup>11</sup>	IR Cat. 2	National programme records  Health facility surveys: eg. SPA, SAM (if conducted in the country for the reporting period)
# 24	Coverage	<b>Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy</b>	By sex By age (<15, 15+);  y 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 <b>currently</b> 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	<b>UNGASS #4</b>  IR Cat.2	Facility ART registers, national programme records (numerator)  <i>Denominator modelled</i>

<sup>11</sup> In countries with generalized epidemics, the number of health facilities providing the intervention may be combined with a denominator such as the total number of health facilities in the country to monitor progress towards universal access.

ID#	Indicator type	Indicator	Disaggregation	Numerator	Denominator	Related References/ Other sources requesting data	Measurement tool
					and eligible)		
# 25	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+) If available, also by 1 <sup>st</sup> line and 2 <sup>nd</sup> line regimens	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	UNGASS #24 IR Cat.2	National programme records Cohort/group analysis forms Special studies on ART survival
# 26	Impact	Percentage of patients initiating ART at the site* during a selected time period who are taking an appropriate* first-line ART regimen 12 months later	<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+) If available, also provide data on #/% who have switched to or are on a second-line regimen	Number of patients initiating ART at the site during the selected time period who are on an appropriate first-line ART regimen (including substitutions* of one appropriate first-line regimen for another, but not substitutions of dual- or mono-therapy or an inappropriate three-drug regimen) 12 months from ART initiation.	Number of patients initiating ART at the site during a selected time period, excluding from this number, if available, the patients who transferred out during the 12 months after initiating ART. <i>Patients who died, stopped ART, switched to second-line ART*, or were lost to follow-up must be included in the denominator.</i>		National programme records Cohort analysis forms
# 27	Impact	<u>Life-years added due to ART</u>					<i>Modelled</i>

Comment [b4]: TO BE DELETED.

## (F) TREATMENT AND CARE : Care

ID#	Indicator type	Indicator	Disaggregation	Numerator	Denominator	Related References/ Other sources requesting data	Measurement tool
# 27	Coverage	Percentage of adults and children enrolled in HIV care* and eligible for CTX prophylaxis (according to national guidelines) currently receiving CTX prophylaxis	By age (<5, 5-14, 15+)	Number of adults and children receiving CTX prophylaxis among those enrolled in HIV care*  <i>*Include 'active' patients,</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

		*HIV care includes those enrolled in pre-ART as well as ART		<i>seen at clinic at least once within last year (this does not include HIV-exposed infants who have yet been confirmed HIV-positive and therefore not enrolled in HIV care -- see below)</i>			
# 28	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 (proxy for number of infants born to HIV-infected women)	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

**(G) TREATMENT AND CARE : HIV/TB**

<b>ID#</b>	<b>Indicator type</b>	<b>Indicator</b>	<b>Disaggregation</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Related References/ Other sources requesting data</b>	<b>Measurement tool</b>
<b># 29</b>	Coverage	<b>Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV</b>	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  Also provide the number of people with HIV enrolled in HIV care but not yet receiving ART who were started on TB treatment within the reporting year.	Estimated number of incident tuberculosis cases in people living with HIV	<b>UNGASS #6</b>  IR Cat. 2	Currently, facility-based ART registers. If reportable, national programme records
<b># 30</b>	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
<b># 31</b>	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)
<b># 32</b>	Coverage	Percentage of individuals enrolled in HIV care who had TB status completed during their last visit		Number of individuals enrolled in HIV care who had TB status completed during their last visit	HIV-infected adults and children enrolled in HIV care and seen at clinic at least once within the last 12 months		Annual Review of facility records or Special study

## (H) SEXUALLY TRANSMITTED INFECTIONS

ID #	Indicator type	Indicator	Disaggregation	Numerator	Denominator	Related References/ Other sources requesting data	Measurement tool
# 33	Availability	Number of targeted service delivery points for sex workers (SW) where STI services are provided per 1000 SW	By district	# of targeted service delivery points for SW where STI services are provided	Estimated number of SW in 1000		National programme records  Population size estimate of sex workers
# 34	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
# 35	Impact	Prevalence of syphilis among sex workers, men who have sex with men and antenatal attendees	By SW, MSM and ANC attendees; By age 15-19, 20-24, 25+; By sex	Number of SWs, MSMs, antenatal attendees aged 15 and over years who tested positive for syphilis	Number of SWs, MSM antenatal attendees aged 15 and over who had an RPR syphilis test		National programme monitoring reports (from RCH programme) or sentinel surveillance

**Comment [Y5]: I deleted "RPR" here. Which should be addressed in the Operational Manual by integrating the points below by George. Dongbao**

The most common approach to determining seroprevalence is to screen with a reaginic test (VDRL or RPR) and have positive results confirmed by a treponemal test (e.g. TPHA, MHATP, rapid treponemal test). Newer rapid tests based on treponemal tests, however, allow the use of these for screening. Whichever approach is used, the proposed indicator requires both a positive reaginic test and a positive treponemal test. Just a reaginic test, or just a treponemal test, while useful in some situations for therapeutic purposes, is not sufficiently specific for surveillance purposes. It is possible, also, for false-negative and false-positive tests to occur with either type of test and quality assurance is important wherever these tests are used.

**(I) HEALTH SYSTEMS : Drug procurement and supply management, laboratories**

ID#	Indicator type	Indicator	Disaggregation	Numerator	Denominator	Related References/ Other sources requesting data	Measurement tool
#36	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 stockouts
#37	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	Program records, laboratory network records, Health facility surveys
#39	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

Comment [b6]: TO BE DELETED.

## FRAMEWORK FOR MONITORING THE HEALTH SECTOR RESPONSE TO HIV/AIDS :

### 3 - NATIONAL POLICY AND PROGRAMMATIC QUESTIONS

Intervention	Indicator
<b>National health sector planning</b>	<ul style="list-style-type: none"> <li>▪ Does the country have a national health sector strategic plan for HIV/AIDS?</li> <li>▪ What is the time period covered by the plan? Is there a schedule to review and renew the plan?</li> </ul>
<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 the country have a national policy on HIV testing and counselling (TC)? If yes, does the policy include coverage for the cost of HIV tests? Does the policy promote provider-initiated TC? Please provide a copy (preferably in electronic form) of this policy.</li> <li>▪ Does the country have national guidelines on how providers are to implement provider-initiated TC at health facilities? If yes, does it include guidance on obtaining consent? Ensuring confidentiality? Facilitating disclosure? Please provide a copy (preferably in electronic form) of these guidelines.</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 <i>in health care facilities</i> in accordance with 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>• Does the country have a national policy/protocol for post-exposure prophylaxis (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. violence against women)?</li> <li>Or both?</li> </ul> </li> <li>• Is PEP implemented and available : <ul style="list-style-type: none"> <li>- Only in reference hospital/centres (tertiary level) ?</li> <li>- At regional or district levels?</li> <li>- At all ART centres including at community level?</li> <li>- All of the above</li> </ul> </li> <li>• Are there efforts to provide prevention for high HIV-prevalence groups such as TB patients and their families/partners?</li> </ul>
<b>Sexual and IDU prevention</b>	<ul style="list-style-type: none"> <li>• 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/needled 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 was it last updated?</li> </ul>
<b>TB/HIV (3 Is)</b>	<ul style="list-style-type: none"> <li>▪ Are services providing HIV care and treatment implementing and documenting efforts to screen people living with HIV for TB?</li> <li>▪ Does the country have guidelines on INH prophylaxis for people living with HIV? Does the HIV programme include IPT as part of its essential approach to HIV care?</li> <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>- Most-at-risk populations (IDUs, sex workers, MSM)</li> </ul> </li> </ul>

Comment [b7]: To be reviewed.

	<ul style="list-style-type: none"> <li>- Other specific populations</li> </ul> <p>And report annually?</p> <ul style="list-style-type: none"> <li>▪ Does the country carry out DHS surveys with HIV testing? What is the periodicity of these surveys?</li> <li>▪ Has a sexual behavior 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 prevention and assessment 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 HIVDR "early warning" indicators from ART sites - Yes, all ART sites / Yes, representative ART sites / Yes, some ART sites / No.</li> <li>- Surveys to monitor HIVDR prevention and related factors in sentinel ART sites</li> <li>- HIV transmission threshold surveys in one or more areas where ART has been widespread in <math>\geq 3</math> years</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 national policies or guidelines for procurement and supply management of ARVs and other essentials medicines and commodities including test kits?</li> </ul>
<b>Human resources</b>	<ul style="list-style-type: none"> <li>• Does your country have policies or to address the health human resources shortages, such as tasking shifting from physicians to lower level health workers, if relevant?? 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>

**Comment [Y8]:** Suggested by Julia Lynn. Txema need to look at it and synthesize. Deleted according to Txema's comments.

Appendix: List of abbreviations used in the WHO UA 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

