



Joint United Nations Programme on HIV/AIDS

UNAIDS

UNHCR • UNICEF • WFP • UNDP • UNFPA
UNODC • ILO • UNESCO • WHO • WORLD BANK

United Nations General Assembly Special Session on HIV/AIDS

Monitoring the Declaration of Commitment on HIV/AIDS

GUIDELINES ON CONSTRUCTION OF CORE INDICATORS

July 2005



The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together ten UN agencies in a common effort to fight the epidemic: the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank.

UNAIDS, as a cosponsored programme, unites the responses to the epidemic of its ten cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV/AIDS on all fronts. UNAIDS works with a broad range of partners – governmental and nongovernmental, business, scientific and lay – to share knowledge, skills and best practices across boundaries.

Produced with environment-friendly materials

**United Nations General Assembly
Special Session on HIV/AIDS**

Monitoring the Declaration of Commitment on HIV/AIDS

**GUIDELINES ON CONSTRUCTION OF
CORE INDICATORS**

July 2005

The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together ten UN agencies in a common effort to fight the epidemic: the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank.

UNAIDS, as a cosponsored programme, unites the responses to the epidemic of its ten cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV/AIDS on all fronts. UNAIDS works with a broad range of partners – governmental and nongovernmental, business, scientific and lay – to share knowledge, skills and best practices across boundaries.

Produced with environment-friendly materials

UNAIDS/05.17E (English original, July 2005)

© Joint United Nations Programme on HIV/AIDS (UNAIDS) 2005.

All rights reserved. Publications produced by UNAIDS can be obtained from the UNAIDS Information Centre. Requests for permission to reproduce or translate UNAIDS publications—whether for sale or for noncommercial distribution—should also be addressed to the Information Centre at the address below, or by fax, at +41 22 791 4187, or e-mail: publicationpermissions@unaids.org.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of

UNAIDS concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by UNAIDS in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

UNAIDS does not warrant that the information contained in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use.

WHO Library Cataloguing-in-Publication Data

UNAIDS.

Monitoring the Declaration of Commitment on HIV/AIDS : guidelines on construction of core indicators.

1.HIV infections – statistics 2.Acquired immunodeficiency syndrome – statistics 3.Data collection – methods 4.Health status indicators 5.Quality indicators, Health care 6.Guidelines I.United Nations. General Assembly. Special Session on HIV/AIDS II.Title.

ISBN 92 9 173433 0

(NLM classification: WC 503.2)

UNAIDS – 20 avenue Appia – 1211 Geneva 27 – Switzerland
Telephone: (+41) 22 791 36 66 – Fax: (+41) 22 791 41 87
E-mail: unaids@unaids.org – Internet: <http://www.unaids.org>

The purpose of these guidelines is to provide National AIDS Councils (or equivalent) with technical guidance on how to measure the revised list of core indicators for the implementation of the Declaration of Commitment on HIV/AIDS, adopted by Member States of the United Nations during the United Nations General Assembly Special Session on HIV/AIDS in June 2001. These guidelines provide technical guidance on the detailed specifications of the core indicators, on the information required and the basis of their construction, and on their interpretation. The guidelines also aim to maximize the validity, internal consistency and comparability across countries and over time of the indicator estimates obtained. In particular, the guidelines aim to ensure consistency in the types of data and methods of calculation employed.



Joint United Nations Programme on HIV/AIDS

UNAIDS

UNHCR • UNICEF • WFP • UNDP • UNFPA
UNODC • ILO • UNESCO • WHO • WORLD BANK

UNAIDS
20 avenue Appia
1211 Geneva 27 • Switzerland
Telephone: (+41) 22 791 36 66
Fax: (+41) 22 791 41 87
E-mail: unaids@unaids.org
Internet: <http://www.unaids.org>

Table of contents

Acknowledgements	5
Acronyms	6
Introduction	7
Purpose	7
Background	7
Core Indicators	8
National Indicators: Overview	8
National Indicators: Generalized, Concentrated or Low-Prevalence Epidemics	9
Global Indicators	10
Implementation at National Level	10
Indicator Construction	10
Measurement Tools and Data Sources	11
Numerators and Denominators	11
Disaggregated Data	13
Interpretation and Analysis	14
Concentrated or Low-Prevalence Epidemics	15
Role of Civil Society	15
Reporting	16
Core Indicators for Implementation of the <i>Declaration of Commitment</i>	19
Generalized Epidemics	21
National Commitment and Action indicators	21
1. Government funding for HIV/AIDS	22
2. Government HIV/AIDS policies	25
3. Life-skills-based HIV education in schools	28
4. Workplace HIV/AIDS control	30
5. Sexually transmitted infections: comprehensive case management	32
6. Prevention of mother-to-child transmission: antiretroviral prophylaxis	34
7. HIV treatment: antiretroviral combination therapy	36
8. Support for children affected by HIV/AIDS	38
9. Blood safety	39
Knowledge and Behaviour indicators	41
10. Young people: knowledge about HIV prevention	42
11. Sex before the age of 15 among young women and men	43
12. Higher-risk sex among young women and men	44
13. Young women and men's condom use with non-regular partners	45
14. Orphans' school attendance	47
Impact indicators	49
15. Reduction in HIV prevalence	50
16. HIV treatment: survival after 12 months on antiretroviral therapy	52
17. Reduction in mother-to-child transmission	54

Concentrated/Low-Prevalence Epidemics	55
National commitment and action indicators	55
1. Government funding for HIV/AIDS	
2. Government HIV/AIDS policies	
3. Most-at-risk populations: HIV testing	58
4. Most-at-risk populations: prevention programmes	59
Knowledge and Behaviour	61
5. Most-at-risk populations: knowledge about HIV prevention	62
6. Sex workers: condom use	64
7. Men who have sex with men: condom use	65
8. Injecting drug users: safe injecting and sexual practices	66
Impact indicators	69
9. Most-at-risk populations: reduction in HIV prevalence	70
Global commitment and action indicators	71
1. Amount of bilateral and multilateral financial flows (commitments and disbursements) for the benefit of low- and middle-income countries	72
2. Amount of public funds for Research and Development of preventive HIV vaccines and microbicides	73
3. Workplace HIV/AIDS control: transnational companies	74
4. Workplace HIV/AIDS control: international organizations	75
Appendices	77
1. Reporting Schedule for core indicators for implementation of the <i>Declaration of Commitment on HIV/AIDS</i>	78
2. Consultation/preparation process for the National Report on monitoring the follow-up to the Declaration of Commitment on HIV/AIDS	79
3. National Composite Policy Index	80
4. Methodology used for the coverage of selected services for HIV/AIDS prevention, care and support survey	103
5. Country reporting format	104
6. Selected bibliography	106

Acknowledgements

The development of the revised indicators for the implementation of the *Declaration of Commitment on HIV/AIDS* and these accompanying guidelines would not have been possible without the assistance of numerous individuals, institutions, organizations and countries.

We would especially like to thank the UNAIDS Monitoring and Evaluation Reference Group (including evaluation experts from cosponsors, partner agencies, academic institutions, and non-governmental organizations) for its guidance and regular feedback; and UNAIDS' Cosponsors and Secretariat focal points for their inputs and support throughout the entire process.

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ANC(s)	Antenatal Clinic(s)
API	AIDS Programme Effort Index
BSS	Behavioural Surveillance Survey
CCA	Common Country Assessment
CRIS	Country Response Information System
DAC	Development Assistance Committee
DHS	Demographic and Health Survey
EC	European Community
FHI	Family Health International
HIV	Human Immunodeficiency Virus
IDU(s)	Injecting Drug User(s)
ILO	International Labour Organization
MICS	Multiple Indicator Cluster Survey
NA	Not Applicable
NAC(s)	National AIDS Committee(s)
NAP	National AIDS Programme
NAS	HIV/AIDS National Spending Assessment
NGO(s)	Nongovernmental Organization(s)
NIDI	Netherlands Interdisciplinary Demographic Institute
NSP	National Strategic Plan
OECD	Organisation for Economic Co-operation and Development
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PRSP	Poverty Reduction Strategy Papers
SPA	Service Provision Assessment
STD(s)	Sexually Transmitted Disease(s)
STI(s)	Sexually Transmitted Infection(s)
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCTAD	United Nations Conference on Trade and Development
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

Introduction

Purpose

The primary purpose of this document is to provide key constituents, who are actively involved in an individual country's response to HIV and AIDS, with essential information on core indicators that measure the effectiveness of the national response. These guidelines will also help ensure the transparency of the process used by national governments and UNAIDS to prepare progress reports on implementation of the UNGASS *Declaration of Commitment on HIV/AIDS*.

Countries are strongly encouraged to integrate the core indicators into their ongoing monitoring and evaluation activities. These indicators are designed to help countries assess the current state of their national response while simultaneously contributing to a better understanding of the global response to the AIDS pandemic, including progress towards meeting the *Declaration of Commitment* targets. Given the parallel applications of the indicators, the guidelines in this document are designed to improve the quality and consistency of data collected at country level, which will enhance the accuracy of conclusions drawn from the data at both regional and global levels.

This document also includes an overview of global indicators that will be used by UNAIDS and its partners to assess key components of the response that are best measured on a worldwide basis.

Background

At the close of the groundbreaking United Nations General Assembly Special Session (UNGASS) on HIV/AIDS in June 2001, 189 Member States adopted the *Declaration of Commitment on HIV/AIDS*. The *Declaration of Commitment* reflects global consensus on a comprehensive framework to achieve the Millennium Development Goal of halting and beginning to reverse the HIV/AIDS epidemic by 2015.

Recognizing the need for multisectoral action on a range of fronts, the *Declaration of Commitment* addresses global, regional and country-level responses to prevent new HIV infections, expand health-care access and mitigate the epidemic's impact. Although it was governments that initially endorsed the *Declaration of Commitment*, the document's vision extends far beyond the governmental sector—to private industry and labour groups, faith-based organizations, nongovernmental organizations and other civil-society entities, including organizations of people living with HIV.

Under the terms of the *Declaration of Commitment*, success in the response to AIDS is measured by the achievement of concrete, time-bound targets. The *Declaration* calls for careful monitoring of progress in implementing agreed-on commitments and requires the United Nations Secretary-General to issue progress reports annually. These reports are designed to identify problems and constraints and recommend action to accelerate realization of the *Declaration's* targets.

In keeping with these mandates, in 2002 the UNAIDS Secretariat collaborated with UNAIDS Cosponsors and other partners to develop a series of core indicators to measure progress in implementing the *Declaration of Commitment*. The core indicators were grouped into four broad categories: (i) national commitment and action; (ii) national knowledge and behaviour; (iii) national impact; and (iv) global commitment and action. Once the indicators were developed, the UNAIDS Monitoring and Evaluation Unit established clear definitions for each indicator and mechanisms for collecting information on an ongoing basis.

In 2003, 103 Member States submitted national reports to UNAIDS based on the original core indicators. Of these reports, 29 were from sub-Saharan Africa, 17 from Asia and the Pacific, 21 from Latin America and the Caribbean, 14 from Eastern Europe and Central Asia, eight from North African and the Middle East and 14 from high-income countries. In most cases, National AIDS Committees or equivalent bodies oversaw compilation of the national report and more than three quarters of them included

input from three or more government ministries. Civil society was involved in the preparation of roughly two thirds of the reports and people living with HIV and AIDS were involved in just over half of them.

From a global perspective, there were serious limitations to the data submitted in 2003 for the UNAIDS *Progress Report on the Global Response to the HIV/AIDS Epidemic (Global Progress Report)*. For example, while almost all of the countries completed the National Composite Policy Index questionnaire, only 40% of the countries that submitted reports supplied information related to other national indicators. In addition, less than 20% of the national-level data submitted was disaggregated by gender, age, location, etc., which further complicated the ability to draw valid conclusions from the data. There was also an uneven level of reporting between regions, with the highest proportion of responding countries per region coming from sub-Saharan Africa and the lowest level of reporting from countries in North Africa and the Middle East.

Core Indicators

This document focuses on the national-level indicators, although it does include basic information on the global indicators. In order to improve the quality of data that is submitted for the 2006 *Global Progress Report*, refinements were made to the national indicators and their accompanying guidelines. These refinements (reflected in this manual) also take into account input received from a variety of important stakeholders, including National AIDS Committees or their equivalents, civil-society organizations and people living with HIV and AIDS. In addition, the guidelines now address specific monitoring needs of countries with concentrated or low-prevalence epidemics.

For countries with a generalized epidemic, the refinements include minor revisions to four indicators and the addition of five core indicators. A separate set of nine core indicators has been developed specifically for countries with concentrated or low-prevalence epidemics. All of the refinements are an extension of the well-established list of core indicators developed in 2002 and they rely on many of the same measurement tools to avoid any confusion or complication (see a complete list of the core indicators on page 19).

National Indicators: Overview

The national indicators are important for two reasons. First, they can help individual countries evaluate the effectiveness of their national response, which reinforces the value of including these indicators in national monitoring and evaluation frameworks. Second, when data from multiple countries is analysed collectively, the indicators can provide critical information on the effectiveness of the response at regional and global levels while simultaneously supplying countries with insights into the efforts of other national-level responses.

The core national-level indicators are divided into three categories.

- *National commitment and action.* These indicators focus on policy and the strategic and financial inputs for the prevention of the spread of HIV infection, the provision of care and support for people who are infected and the mitigation of the social and economic consequences of high levels of morbidity and mortality due to AIDS. They also capture programme outputs, coverage and outcomes; for example, the prevention of mother-to-child transmission and treatment with antiretroviral combination therapy.
- *National knowledge and behaviour.* These indicators cover a range of specific knowledge and behaviour outcomes, including accurate knowledge of HIV transmission, age at first sex, sexual behaviours and school attendance among orphans.
- *National-level programme impact.* These indicators focus on the extent to which the other national programme activities have succeeded in reducing rates of HIV infection and its impact on adults and children receiving antiretroviral therapy.

Most of these national indicators are **applicable** for all countries. However, certain indicators may not be appropriate in some countries because the data gathered might convey an inaccurate picture of a country's epidemic. For example, the new knowledge and behaviour indicators related to most-at-risk populations are mainly relevant in countries with concentrated epidemics, although countries with generalized epidemics should also collect data on those indicators if they have a concentrated sub-epidemic among a specific group. Conversely, countries with a concentrated epidemic are encouraged to collect data on broader activities such as life-skills education, sexual behaviours among young people and workplace programmes as a mechanism to track trends that could influence the nature of the national response.

Four of the national indicators are also **Millennium Development Indicators**. These indicators measure progress against the Millennium Development Goals, which are part of the Millennium Declaration that was adopted by all 189 Member States of the United Nations General Assembly in 2000. These four indicators relate to knowledge among young people about HIV, condom use, school attendance among orphans and the percentage of young people who are infected with HIV.

Four of the national indicators have an **additional indicator**, which can provide valuable supplemental data. For example, the core indicator on HIV treatment, which states, "percentage of people with advanced HIV infection receiving antiretroviral combination therapy," has an additional indicator to measure the "percentage of health facilities with the capacity to deliver appropriate care to people living with HIV/AIDS." If resources are available, countries are encouraged to collect and analyse data for these additional indicators in order to better understand their national response and to contribute to global knowledge about the epidemic. In most cases, the data for the additional indicators is already being collected for one or more of the core indicators.

National Indicators: Generalized, Concentrated or Low-Prevalence Epidemics

Since the *Global Progress Report* of 2003, new core indicators were developed to better understand the nature and scope of the response to HIV and AIDS at the national level. In addition, there are now recommendations for use of separate sets of indicators for countries with generalized epidemics and those with concentrated or low-prevalence epidemics.

For countries with generalized epidemics, there are five new core indicators (see Figure 1 below). A complete list of national-level indicators for generalized epidemics appears on page 19 of this manual. (It should be noted that one of the original national indicators—percentage of injecting drug users who have adopted behaviours that reduce transmission of HIV—has been shifted to the set of indicators for countries with concentrated or low-prevalence epidemics.)

Figure 1

Five New Core Indicators for Generalized Epidemics

- Percentage of orphans and vulnerable children whose households received free basic external support in care for the child.
- Percentage of transfused blood units screened for HIV.
- Percentage of young women and men who have had sex before the age of 15.
- Percentage of young women and men aged 15–24 who have had sex with a non-marital, non-cohabitating partner in the last 12 months.
- Percentage of adults and children with HIV still alive and known to be on treatment 12 months after initiation of antiretroviral treatment.

For countries with concentrated or low-prevalence epidemics, the set of nine priority indicators includes four indicators from the national commitment and action category, four from the knowledge and behaviour category and one from the impact category (see Figure 2 below).

Figure 2

Nine Core Indicators for Concentrated or Low-Prevalence Epidemics

- Amount of national funds disbursed by governments in low- and middle-income countries.
- National Composite Policy Index.
- Percentage of [most-at-risk population(s)] who received HIV testing in the last 12 months and know the results.
- Percentage of [most-at-risk population(s)] reached with HIV/AIDS prevention programmes.
- Percentage of [most-at-risk population(s)] who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.
- Percentage of female and male sex workers reporting the use of a condom with their most recent client.
- Percentage of men reporting use of a condom the last time they had anal sex with a male partner.
- Percentage of injecting drug users who have adopted behaviours that reduce transmission of HIV, i.e., who avoid using non-sterile injecting equipment and use condoms, in the last 12 months. (Applies only to countries where injecting drug use is an established mode of HIV transmission.)
- Percentage of [most-at-risk population(s)] who are HIV infected.

Note: The term “most-at-risk populations” included in the above-mentioned indicators should be replaced with a defined segment of the population (e.g., sex workers, injecting drug users, men who have sex with men), which are being measured. In countries where there are multiple most-at-risk populations, the indicators should be reported for each population.

Global Indicators

The global indicators are designed to provide information on levels of international support for key elements of the global response and to identify trends in that support. The indicators measure donor funding for HIV and AIDS in low- and middle-income countries, the amount of public funds for research and development of vaccines and microbicides, and the percentage of transnational companies and international organizations with HIV/AIDS workplace policies/programmes. In light of the international requirements of the data collection process, UNAIDS and its partners are responsible for calculating the global indicators.

Implementation at National Level

This section of the manual addresses issues related to gathering, analysing, interpreting and reporting data for the core national-level indicators. Countries needing additional information on implementation should seek technical assistance from their Expanded Theme Groups and monitoring and evaluation working groups. The evaluation unit at the UNAIDS Secretariat is also available to provide support and can be reached via email at UNGASSindicators@unaids.org.

Indicator Construction

This manual includes detailed guidelines for the construction of each national indicator. These guidelines include the purpose of the indicator, its applicability in a given country, the frequency with which relevant data should be gathered, recommended measurement tools, recommended methods of measurement and a summary interpretation of the indicator. Where an additional indicator is suggested to supplement the core indicator, it is also described as part of the guidelines. However, detailed information on measurement tools, methods of measurement and interpretation for the additional indicators is not included in this manual (see Appendix 6, Bibliography).

