

**INTERIM EVALUATION OF  
*TAKING ACTION:*  
THE UK GOVERNMENT'S  
STRATEGY FOR  
TACKLING HIV AND AIDS IN  
THE DEVELOPING WORLD**

**Measuring Success: Indicators  
and Approaches (DRAFT)**

**ANNEXES**

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DEPARTMENT FOR INTERNATIONAL DEVELOPMENT

EVALUATION REPORT EVTBA

***Interim Evaluation of ‘Taking Action: The UK Government’s Strategy for Tackling HIV and AIDS in the Developing World’***

**Measuring Success: Indicators and Approaches for the Final Evaluation**

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This working paper is a draft and should not yet be cited:

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## Annex 1: Documents Reviewed

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## Annex 2: Detailed Indicator Descriptions

Indicator Number	Indicator Name	Indicator Description	Data Source	Frequency of Collection	Responsibility within DFID
<b>INTERNATIONAL INDICATORS</b>					
INT1	AIDS funding requirements for low and middle income countries	This is a global estimate of the funds needed to respond to HIV and AIDS in low and middle income countries. Limitations include limited availability of data and inherent uncertainty about the future.	UNAIDS through work of Resource Needs Steering Committee (UNAIDS, 2006a)	Annually	GAPT
INT2	Amount of financial flows for the benefit of low- and middle-income countries	This is a global estimate of the funds available to respond to HIV and AIDS in low and middle income countries. UNAIDS estimates include household, national and donor spending.	UNAIDS – best data currently available from Latin America (UNAIDS, 2006a)	Annually	GAPT
INT3	International political environment	<p>Currently, there appears to be no established system for tracking the international political environment for HIV and AIDS. UNGASS indicators are less well-developed in this area than at country level. For example, recommended policy indicators at this level only cover organisations' workplace policies (UNAIDS, 2005a). Possible areas of thematic focus might include:</p> <ul style="list-style-type: none"> <li>Evidence base – is there any new evidence which has implications for the international response?</li> </ul>	To be determined – currently there seems to be no available source of this analysis. Possibilities would be for this to be done by a group of donors, UNAIDS or civil society organisations.	To be determined	

Indicator Number	Indicator Name	Indicator Description	Data Source	Frequency of Collection	Responsibility within DFID
		<ul style="list-style-type: none"> <li>• Values – what are the norms and values influencing the international response to HIV and AIDS?</li> <li>• Focus – are there some areas of the international response which get more focus than others?</li> <li>• Consensus/conflict – to what extent is there consensus over these issues?</li> <li>• Funds available and needed – see INT1 and 2</li> <li>• Players – who are the major players globally?</li> </ul>			
INT4	Organisational effectiveness summaries	DFID is exploring the possibility of developing a balanced scorecard approach to measuring multilateral effectiveness. Currently, this is likely to be quite general but could be extended to specific thematic areas such as HIV and AIDS	Organisational effectiveness summaries produced by DFID	Annually	
INT5	Percentage of young women and men aged 15-24 who are HIV infected	MDG indicator – this has been primarily tracked through antenatal data <sup>1</sup> but population-based data is now available in some countries. Absence of global data for 2001 means that this indicator can only be tracked	UN Statistical Division database (UNSD, 2006) – 26 African countries including 11/16 PSA countries – capital city only  UNAIDS reporting on UNGASS	Annually	CLEAR team/CSG – whoever has MDG responsibility in latest reorganisation

<sup>1</sup> For method see UNAIDS, 2005

Indicator Number	Indicator Name	Indicator Description	Data Source	Frequency of Collection	Responsibility within DFID
		for individual countries and not globally.	Declaration of Commitment (UNAIDS, 2006a)		
INT6	Unmet need for contraception	Currently, a number of indicators relevant to reproductive health are tracked as part of monitoring progress towards reaching the MDGs <sup>2</sup> . However, none of these really tracks access to SRH services comprehensively. DFID supports proposals to replace this indicator with one which measures unmet need for contraceptives. Data for this indicator is currently being collected through DHSs using an agreed method (Sonfield, 2006).	Primary data source is population-based survey, such as DHS. Currently figures for unmet contraceptive need are available for some countries on the UNFPA website.	Every 3-5 years	Team responsible for SRH – Julia Bunting at present?
INT7	Number and percentage of men, women and children with advanced HIV infection receiving combination antiretroviral therapy	This number is tracked globally by UNAIDS, although it is not always clear if this is number of people starting treatment or currently on treatment. There is a need for disaggregated data for women, young people and members of vulnerable populations	UNAIDS reports (e.g. UNAIDS, 2006a). In the past “3 by 5” generated reports (UNAIDS/WHO, 2005). It is unclear what reports will be generated by the “universal access” process.	At least annually	GAPT
INT8	Length and predictability of international financing for HIV and AIDS	Essentially, this would involve tracking the length of funding agreements of major donors to HIV and AIDS responses and the proportion of funding disbursed	Ideally, this would be tracked internationally by UNAIDS but it is currently unclear the extent to which this is done. Most of their work seems to be on	Annually	GAPT

<sup>2</sup> For example, condom use rate of the contraceptive prevalence rate (Ind. 19); condom use at last high-risk sex (Ind. 19a); percentage of population aged 15-24 with comprehensive correct knowledge of HIV/AIDS (Ind. 19b); and contraceptive prevalence rate (Ind. 19c)

Indicator Number	Indicator Name	Indicator Description	Data Source	Frequency of Collection	Responsibility within DFID
		within the fiscal year for which it was scheduled <sup>3</sup> .	absolute value of need and available resources although a recent report did comment on an increase in long-term funding availability (UNAIDS, 2006a).		
INT9	Annual global investment in HIV and AIDS research	This indicator focuses specifically on research of benefit to low and middle income countries. It therefore excludes much general AIDS research. It does however include research on vaccines and microbicides.	UNAIDS reports global figures for vaccine and microbicide research (UNAIDS, 2006a). It is unclear if they track other forms of HIV and AIDS research relevant to low and middle income countries.	Annually	GAPT
INT10	Harmonised international system for HIV/AIDS monitoring and evaluation	This qualitative indicator measures the degree of harmonisation in the international system for HIV/AIDS monitoring by identifying systems which have multi-agency endorsement and comparing them with each other	It is currently unclear if this is being done. There are a number of separate multiagency initiatives to harmonise these indicators, namely UNGASS monitoring, the 'Global Fund' toolkit and proposed indicators for universal access. A number of agencies, e.g. UNAIDS have signed up to all these initiatives but it is not clear who is responsible for ensuring harmonisation between these.	Every two years	GAPT
<b>COUNTRY INDICATORS</b>					
NAT1	AIDS funding requirements for individual PSA countries	This is an estimate of the financial resources needed by a country to respond effectively to HIV and AIDS	It is currently unclear if UNAIDS has data for individual countries. Countries with Global Fund grants made such	UNAIDS annually. Global Fund for each new	GAPT – if comes from UNAIDS

<sup>3</sup> Indicator 7 for the Paris Declaration

Indicator Number	Indicator Name	Indicator Description	Data Source	Frequency of Collection	Responsibility within DFID
			estimates as part of the application process.	and phase 2 application	
NAT2	National AIDS expenditure in individual PSA countries	This is an estimate of the financial resources available to a country to respond effectively to HIV and AIDS. Many countries have figures for budgets but these may be limited in scope and may not correspond to expenditure. UNAIDS supports National AIDS Spending Assessments but to date these have been mostly done in Latin America	UNAIDS report to UNGASS (UNAIDS, 2006a) and proposals to the Global Fund	UNAIDS annually. Global Fund for each new and phase 2 application	GAPT
NAT3	National Composite Policy Index	This indicator has been defined by UNAIDS and tracks policy in a number of defined areas. Since the index was first tracked in 2001, the process has been strengthened to provide for civil society involvement. However, results of country reports are not as prominent in the most recent report prepared by UNAIDS for UNGASS (UNAIDS, 2006a) as they were in an earlier report (UNAIDS, 2003, pp38-56).	Country reports to UNGASS aggregated by UNAIDS. It is currently unclear how much more data UNAIDS has available than is published in the report (UNAIDS, 2006a).	Every two years	GAPT
NAT4	Number of PSA countries with harmonised funding for	This indicator could be tracked both descriptively <sup>4</sup> and quantitatively <sup>5</sup> . Various forms of pooling are possible including	Currently, this data does not seem to be available in an aggregated form. It may be possible to collect the	Annually	Evaluation Team

<sup>4</sup> By simply describing whether or not there is a pooling mechanism and what it looks like

<sup>5</sup> By seeking to quantify financial flows through pooled and non-pooled mechanisms

Indicator Number	Indicator Name	Indicator Description	Data Source	Frequency of Collection	Responsibility within DFID
	HIV/AIDS	<p>health sector support, budget support and support to NACs<sup>6</sup>. Pooling may occur in-country or internationally, e.g. with the Global Fund</p> <p><b>Note:</b> Part of the retrospective review in the final evaluation should address the extent to which:</p> <ol style="list-style-type: none"> <li>1. There is a lead donor supporting coordination efforts.</li> <li>2. There is a minimum level for funding from donors</li> <li>3. There has been any reduction in the number of donors funding HIV and AIDS</li> </ol>	<p>descriptive version of the indicator from DFID country offices but the quantitative version will only be possible as national AIDS spending assessments are conducted in more countries.</p> <p>If no system is established, some data could be collected from country case studies during the final evaluation.</p>		
NAT5	Number of PSA countries reporting each/all of Three Ones in place	<p>Essentially to measure this indicator there is need to define the criteria that have to be met for each of the 'Ones' and who is going to assess these. In addition, it may be desirable to go beyond simply stating whether these things exist and to assess how well they function.</p> <p><b>Note:</b> Part of the retrospective review in the final evaluation should address the extent to which:</p> <ol style="list-style-type: none"> <li>1. The UK has urged governments to turn the principles of the Three Ones into action.</li> <li>2. The UK's work with national governments and other partners, including UNAIDS, has strengthened domestic planning, coordination and</li> </ol>	UNAIDS published aggregated international figures (UNAIDS, 2006a) but these were not broken down by individual country although presumably the aggregated figures were based on national reports.	For each UNGASS update – presumably every 2-3 years	GAPT

<sup>6</sup> Or their equivalent



Indicator Number	Indicator Name	Indicator Description	Data Source	Frequency of Collection	Responsibility within DFID
NAT6	Core UNGASS Indicators	<p>monitoring.</p> <p>UNAIDS has defined a set of indicators for tracking progress against the UNGASS declaration of commitment (UNAIDS, 2005a). These are briefly described in annex 6 (p40) where they are also compared with other harmonised approaches to HIV/AIDS monitoring and evaluation (WHO et al, 2006; UN General Assembly, 2006)</p>	UNGASS country reports which are aggregated by UNAIDS (e.g. UNAIDS, 2006a)	Every two years	GAPT?
NAT7	Qualitative review of national AIDS response	<p>If the commitments in <i>Taking Action</i> regarding the kind of national responses the UK will support are to be monitored, some kind of tool will be needed to do this. Regional Divisions within DFID have already done some work on this. It is proposed to establish a working group which will review the need for this indicator and how it might be measured.</p> <p>Note: In summary issues to be considered in this qualitative assessment include the extent to which national programmes:</p> <ol style="list-style-type: none"> <li>1. Are comprehensive, integrating programmes that prevent, treat, care and mitigate the impact of AIDS</li> <li>2. Include nationally led treatment</li> </ol>	<p>Currently, there is no system for conducting qualitative assessments specific for <i>Taking Action</i>. Possible options are:</p> <ol style="list-style-type: none"> <li>1. To try to extract information from existing reviews, such as Joint Annual Programme Reviews</li> <li>2. To try to tailor existing review processes to collect this information more systematically</li> <li>3. To ask DFID country offices to report on this as part of an expanded reporting system for <i>Taking Action</i></li> <li>4. To make it part of the</li> </ol>	End of strategy evaluation	Evaluation Team

Indicator Number	Indicator Name	Indicator Description	Data Source	Frequency of Collection	Responsibility within DFID
		<p>and care responses that follow the DFID policy on treatment and care</p> <ol style="list-style-type: none"> <li>3. Include a focus on food security</li> <li>4. Ensure that affordability is not a barrier to accessing health and education, or to services such as HIV testing and contraception.</li> <li>5. Promote the greater involvement of people living with HIV and AIDS</li> <li>6. Are scaling up and coordinating civil society initiatives</li> <li>7. Involve the private sector</li> <li>8. Analyse and overcome blockages to scaling up</li> <li>9. Address issues of human resources for health in both the short and long-term</li> <li>10. Strengthen the links between AIDS and sexual and reproductive health programmes</li> </ol>	<p>Final Evaluation, at least in some selected countries as case studies</p> <p>Given DFID's commitment to harmonisation and country-led approaches, there are concerns that nothing should be done which gives the impression of one donor unilaterally evaluating a country's response. For this reason, options 1 and 2 are probably preferable, perhaps validated by a small number of case studies as part of 4.</p> <p><b>Note:</b> This indicator uses the same template as UK11 and could perhaps be combined.</p>		
NAT8	Length and predictability of national financing for HIV and AIDS	Essentially, this would involve tracking the length of funding agreements of major donors to the national HIV and AIDS response and the proportion of funding disbursed within the fiscal year for which it was scheduled <sup>7</sup> .	Ideally, this should form part of the National AIDS Account, but these are not being measured in most countries yet and it is unclear the extent to which this information is included in that method.	Annually	?Not sure we can do
NAT9	Number of countries with functioning national M&E system for	This is part of NAT5, i.e. focused on the third of the Three Ones	UNAIDS published aggregated international figures (UNAIDS, 2006a) but these were not broken down by individual	For each UNGASS update – presumably	GAPT

<sup>7</sup> Indicator 7 for the Paris Declaration

Indicator Number	Indicator Name	Indicator Description	Data Source	Frequency of Collection	Responsibility within DFID
	HIV and AIDS		country although presumably the aggregated figures were based on national reports.	every 2-3 years	
<b>UK GOVERNMENT CONTRIBUTION</b>					
UK1	UK funding for AIDS-related work	This measures UK spending on HIV and AIDS in developing countries and is at the heart of the main spending target in <i>Taking Action</i> of £1.5b over three years. Last published figures were for 2003/4 although figures for 2004/5 and 2005/6 are due to be published soon. Method is being finalised. Issues relating to this are discussed in working paper 1 of this evaluation (SSS, 2006).	DFID's management information systems, including PRISM	Annually	SRSG
UK2	UK funding for work with OVC	This measures the portion of UK spending on HIV and AIDS in developing countries that benefits orphans and vulnerable children <sup>8</sup> . Issues relating to this are discussed in working paper 1 of this evaluation (SSS, 2006). To date, no figures have been published for this spending because coding of projects/programmes using the OVC sector code is not yet complete.  <b>Note:</b> Part of the retrospective review	DFID's management information systems, including PRISM	Annually	SRSG

<sup>8</sup> That is projects/programmes with a PIMS marker for either AIDS or reproductive health and an OVC sector code

Indicator Number	Indicator Name	Indicator Description	Data Source	Frequency of Collection	Responsibility within DFID
		<p>should address:</p> <ol style="list-style-type: none"> <li>Whether or not additional funding has been provided for the implementation of UNICEF's Strategic Framework for the Protection, Care and Support of Orphans and Children made vulnerable by HIV and AIDS</li> </ol>			
UK3	UK influence at international events and with global institutions	<p>Challenges with tracking this include difficulties in defining measurable indicators and potentially hindering progress by declaring political targets in advance of negotiations. It is proposed that this will be assessed during the final evaluation of Taking Action by looking back at achievements in international events and with global institutions, identified in advance by DFID's Global AIDS Policy Team<sup>9</sup>.</p> <p><b>Note:</b> Part of the retrospective review should address:</p> <ol style="list-style-type: none"> <li>The extent to which the UK has promoted political leadership to advocate for the rights of women, young people and vulnerable groups</li> <li>The extent to which the UK has promoted leadership by and among women, young people and vulnerable groups</li> <li>The extent to which the UK has promoted human rights in relation to tackling HIV and AIDS</li> </ol>	Global AIDS Policy Team work plan will provide information on important international events during the remainder of the period of Taking Action. Progress will primarily be assessed through review of relevant secondary sources.	End of strategy evaluation	Evaluation team

<sup>9</sup> A number of international events were identified in *Taking Action* and these are listed in table 1, p**Error! Bookmark not defined.** (MIL4-6). In addition, *Taking Action* committed the UK government to promoting the Global Coalition on Women and AIDS, and the ICPD agenda on sexual and reproductive health.

Indicator Number	Indicator Name	Indicator Description	Data Source	Frequency of Collection	Responsibility within DFID
		<p>5. The extent to which the UK has supported legislative reform to combat stigma and discrimination experienced by people living with HIV</p> <p>6. The extent to which the UK has advocated internationally for policies, plans and resources that address people's rights to sexual and reproductive health, and continue to address controversial issues such as safe abortion and harmful and coercive practices</p>			
UK4	In-country political influence exerted by FCO and DFID	<p>Challenges with tracking this include difficulties in defining measurable indicators, potentially hindering progress by declaring political targets in advance of negotiations and identifying mechanisms for collecting this data from both DFID and FCO offices in country. It is proposed that this will be assessed during the final evaluation of Taking Action through case studies in selected countries.</p> <p><b>Note:</b> Part of the retrospective review should address:</p> <ol style="list-style-type: none"> <li>1. The extent to which the UK has promoted political leadership to advocate for the rights of women, young people and vulnerable groups</li> <li>2. The extent to which the UK has promoted leadership by and among women, young people and vulnerable groups</li> <li>3. The extent to which the UK has promoted human rights in relation to</li> </ol>	<p>FCO and DFID in-country documents may contain prospective plans for exerting political influence. However, these may be described in general terms only, e.g. Country Assistance Plans.</p> <p>In addition, some regional divisions/country offices have been producing reports on progress in implementing Taking Action and these may contain relevant information.</p>	End of strategy evaluation	Evaluation team

Indicator Number	Indicator Name	Indicator Description	Data Source	Frequency of Collection	Responsibility within DFID
		<p>tackling HIV and AIDS</p> <p>4. The extent to which the UK has supported legislative reform to combat stigma and discrimination experienced by people living with HIV</p> <p>5. The extent to which the UK has worked to ensure that equity and rights are prioritised, including in poverty reduction strategy processes and in the decision-making process around scaling up treatment</p> <p>6. The extent to which the UK has advocated nationally for policies, plans and resources that address people's rights to sexual and reproductive health, and continue to address controversial issues such as safe abortion and harmful and coercive practices</p>			
UK5	UK support to key regional political institutions	<p>Institutions mentioned in Taking Action are:</p> <ul style="list-style-type: none"> <li>• The African Union</li> <li>• New Partnership for Africa's Development (NEPAD)</li> <li>• UN Economic Commission for Africa</li> <li>• Asia-Pacific Leadership Forum (APLF)</li> <li>• Commission for Africa</li> <li>• SADC</li> </ul> <p>Support will be assessed both quantitatively (in terms of finances) and qualitatively.</p>	DFID's Management Information Systems should have information on funds involved. Qualitative information may need to be gathered through interviews.	End of strategy evaluation	Evaluation team
UK6	Support to multilateral	This involves assessing documents relating to	It is proposed to track this indicator by retrospective	End of strategy	Evaluation team (IDAD for more)

Indicator Number	Indicator Name	Indicator Description	Data Source	Frequency of Collection	Responsibility within DFID
	organisations as reflected in ISPs <sup>10</sup>	<p>multilaterals to determine how well HIV is covered within those documents and how well what was planned has been implemented. A system of scoring ISPs was used during this evaluation for preparation of working paper 1 (SSS, 2006, p70).</p> <p><b>Note:</b> Part of the retrospective review should address the extent to which:</p> <ol style="list-style-type: none"> <li>1. Individual multilateral agencies have demonstrated effectiveness</li> <li>2. Individual multilateral agencies are significant funders</li> <li>3. Individual multilateral agencies provide high level technical assistance</li> <li>4. Individual multilateral agencies have a coordination role</li> <li>5. Individual multilateral agencies have strengthened their capacity to support effective national action</li> <li>6. The UK has used its influence, and membership of institutions' governing bodies, to improve the effectiveness, equity and efficiency of international support for national responses to AIDS</li> <li>7. Particular agencies have been supported to do the following: <ul style="list-style-type: none"> <li>• UNFPA – to make contraception more freely available by improving access and reducing prices</li> </ul> </li> </ol>	review during the end of strategy evaluation. This will be based on available information, including ISPs	evaluation	frequent monitoring)

<sup>10</sup> This indicator will also apply to the Global Fund although it is not strictly a multilateral agency and its relationship with DFID is not governed by an ISP. Its performance indicators, agreed by its Board, will be treated by DFID as if they formed part of an ISP

Indicator Number	Indicator Name	Indicator Description	Data Source	Frequency of Collection	Responsibility within DFID
		<ul style="list-style-type: none"> <li>World Food Programme and UNICEF to improve planning systems for food security</li> </ul>			
UK7	Amount of AIDS funding through multilaterals	This measures how much of the UK's spending on AIDS goes through multilateral agencies. This is already part of the calculations done for overall spend on HIV and AIDS although that method still has to be finalised.	DFID's reports on AIDS spending	Annually	SRSG
UK8	UK HIV/AIDS funding through multilaterals in post-conflict/other countries	To measure this indicator, the countries in question need to be clearly identified. Then DFID would need to identify the total amount of UK money spent on HIV and AIDS in country. Clarity would be needed as to whether this is bilateral funds only or also includes multilateral spend <sup>11</sup> . Then the portion of spend through multilateral agencies needs to be identified. Again clarity is needed as to whether this includes both bilateral <sup>12</sup> and	Unclear – would probably need data from both country offices and SRSG. If it is not considered feasible to do this on a systematic basis for all relevant countries, it might be possible to do something along these lines for one or more countries as case studies in the final evaluation.	Unclear	SRSG if possible

<sup>11</sup> The latter could be very difficult to identify as it would require asking multilaterals to identify how much UK money they spent in a particular country. This might be relatively straightforward for some agencies, e.g. the Global Fund, but it could prove impossible for others. To get a really complete picture of UK spending in-country, it would be necessary to include other centrally-funded activities, such as PPAs, research etc.

<sup>12</sup> Funds spent by country offices through UN agencies are classified as bilateral spend.



Indicator Number	Indicator Name	Indicator Description	Data Source	Frequency of Collection	Responsibility within DFID
		<p>multilateral funds.</p> <p>Note: Part of the end of strategy evaluation should assess:</p> <ol style="list-style-type: none"> <li>1. If multilaterals are providing more effective support in middle income countries</li> <li>2. Use of innovative approaches to joint working in difficult environments based on Burma model<sup>13</sup></li> </ol>			
UK9	UK support to increase access to medicines	<p>Qualitative indicator based on the five questions listed below<sup>14</sup>:</p> <p>Note: Part of the end of strategy evaluation should assess the extent to which the UK:</p> <ol style="list-style-type: none"> <li>1. Supported countries to improve access to medicines including through increasing poor people's access to health services (disaggregated for women and children)</li> <li>2. Supported developing countries to understand and make use of flexibilities within WTO rules governing intellectual property</li> <li>3. Worked with the pharmaceutical industry to ensure the long-term supply of affordable medicines to developing countries</li> <li>4. Worked with the pharmaceutical industry to stimulate 'best practice' by companies as they engage in developing country markets</li> <li>5. Stimulated increased research and development of medicines and healthcare products relevant to developing country health needs</li> </ol>	Questions asked of key informants during final evaluation	End of strategy evaluation	Evaluation team and Global Health Partnerships in PD

<sup>13</sup> See p35 of *Taking Action*

<sup>14</sup> Based on DFID et al., 2004

Indicator Number	Indicator Name	Indicator Description	Data Source	Frequency of Collection	Responsibility within DFID
UK10	UK funding to HIV and AIDS response by country (including multilateral)	This would measure the UK's spending on HIV and AIDS at country level. It is relatively straightforward to get this for bilateral spend. In order to get this for multilateral spend (and for some other funding mechanisms, e.g. PPAs) agencies would need to be able to report how much they had spent on HIV and AIDS in country and how much of that was UK funding <sup>15</sup> .	For bilateral spend, data could be obtained from SRSG and country offices. Some data is contained in working paper 1 of this evaluation (SSS, 2006, annex 14, p.96)	Annually	SRSG (Elaine to confirm whether will be able to do multilateral breakdown by country with ARIES)
UK11	Qualitative review of UK support to AIDS response	If the commitments in <i>Taking Action</i> regarding the kind of support provided by the UK to national AIDS responses are to be monitored, some kind of tool will be needed to do this. Regional Divisions within DFID have already done some work on this. It is proposed to establish a working group which will review how this indicator might be measured.  Note: In summary issues to be considered in this qualitative assessment include the extent to which UK support for the national HIV and AIDS response:	To date, both Africa and Asia Divisions have collected some information on this from country offices. This process could be harmonised across regional divisions using a standardised checklist of core questions.	End of strategy evaluation	Regional Divisions/Country Offices – Evaluation Team to lead through???

<sup>15</sup> In some cases, this might be straight forward. For example, the Global Fund knows how much it spends on AIDS in a particular country and what proportion of its total resources comes from the UK. This percentage could be applied across all countries. A similar approach could be used for UNAIDS. For other agencies, e.g. UNICEF, it might be more complex because globally only a portion of the UK's contribution is counted as contributing to HIV and AIDS. It is unclear if the same percentage could be used across all countries or if agencies have separate estimates of spending on HIV and AIDS in country.

Indicator Number	Indicator Name	Indicator Description	Data Source	Frequency of Collection	Responsibility within DFID
		<ol style="list-style-type: none"> <li>1 Is captured in country assistance plans</li> <li>2 Specifies support for orphans and vulnerable children in country assistance plans</li> </ol>			
UK12	Length and predictability of UK financing for HIV and AIDS	Essentially, this would involve tracking the length of funding agreements issued by the UK in relation to HIV and AIDS and the proportion of funding disbursed within the fiscal year for which it was scheduled <sup>16</sup> .	It is unclear if this information is currently tracked and analysed but it should be available from DFID's management information systems	Annually	SRSG – after ARIES but unlikely to have baseline before
UK13	UK annual investment in HIV and AIDS research	<p>This measures the funds spent by the UK on HIV and AIDS research with specific benefit for low and middle income countries. It excludes general HIV and AIDS research financed by the Department of Health through UK NHS Trusts. It does include funding for microbicide and vaccine research. In addition to tracking the total funds, the following qualitative assessment is needed.</p> <p>Note: Issues to be considered in this qualitative assessment include the extent to which UK support for HIV and AIDS research is focused on:</p> <ol style="list-style-type: none"> <li>1. Microbicides</li> <li>2. Treatments and new technologies for the poor, women and young people</li> <li>3. Social, economic and cultural</li> </ol>	Information on total amounts is available from DFID's management information systems. The qualitative assessment could be done by DFID in-house and/or as part of the final evaluation.	Annually	CRD/SRSG

<sup>16</sup> Indicator 7 for the Paris Declaration

Indicator Number	Indicator Name	Indicator Description	Data Source	Frequency of Collection	Responsibility within DFID
		<p>impact of AIDS</p> <ol style="list-style-type: none"> <li>4. Building knowledge on how to influence and change the societal and economic impacts of AIDS, including the challenge of growing numbers of orphans</li> <li>5. Developing global understanding of how the social roles of men and women, boys and girls, increase vulnerability to HIV</li> <li>6. Innovative treatment regimes that can be safely accessed by marginalised groups</li> <li>7. Developing better and more effective therapies for children</li> <li>8. AIDS vaccine development</li> <li>9. Engaging the users of research – including poor people themselves and DFID staff based overseas – from the outset</li> <li>10. Sexual and reproductive health research, monitoring and evaluation and applying knowledge and lessons learnt in policy and planning.</li> </ol>			
UK14	UK influence to strengthen monitoring and evaluation of HIV and AIDS	<p>This is a qualitative indicator which will be reviewed in the end of strategy evaluation.</p> <p>Note – this review needs to specifically cover</p> <ol style="list-style-type: none"> <li>1. UK role within the MERG</li> <li>2. UK's provision of in-country technical assistance to build national monitoring and evaluation capacity</li> </ol>	Interviews with DFID staff, other MERG members, country case studies	End of strategy evaluation	Evaluation Team

## Annex 3: Baseline Data

### INT1: AIDS funding requirements for low and middle income countries

Current UNAIDS estimates (UNAIDS, 2006a) are:

2006 - \$14.9b  
2007 - \$18.1b  
2008 - \$22.1b

Disaggregated figures for prevention, care and treatment, support for orphans and vulnerable children, programme support and infrastructure and human resources etc. are available.

### INT2: Amount of financial flows for the benefit of low- and middle-income countries

UNAIDS estimates (UNAIDS, 2006a) that funding available for the response to AIDS in low and middle income countries in 2005 was US\$8.9b. Disaggregated figures for domestic, national and donor spending are available. Issues relating to tracking and disaggregating this indicator have been covered in working paper 1 of this evaluation (SSS, 2006).

### INT3: International political environment

The precise nature of this indicator has not been defined, so currently there is no documented baseline data.

### INT4: Organisational effectiveness summaries

Currently, this work is at a very early stage so no baselines are yet available.

### INT5: Percentage of young women and men aged 15-24 who are HIV infected

Baseline data for this indicator is shown in annex 4 (p36) with notes on data sources. This data is provided for Africa only. It is not widely available for other countries because these are experiencing epidemics concentrated among particular sub-populations. Therefore, data on prevalence among these sub-populations is more relevant and this is presented in annex 5 (p38).

Current trends in HIV prevalence in PSA countries are briefly documented here (based on UNAIDS, 2006a):

DRC	Insufficient data	17
Ethiopia	Decline in urban areas	Green
Ghana	Stable HIV prevalence	Orange
Kenya	Declining national HIV prevalence	Green
Lesotho	Stable but very high HIV prevalence	Orange
Malawi	Stable but very high HIV prevalence	Orange
Mozambique	Spreading through transport routes	Red
Nigeria	Stable HIV prevalence	Orange
Rwanda	Decline in urban areas	Green
Sierra Leone	Stable HIV prevalence	Orange
South Africa	Increasing HIV prevalence	Red
Sudan	Significant spread	Red
Tanzania	Stable HIV prevalence	Orange
Uganda	Stable HIV prevalence	Orange
Zambia	Stable but very high HIV prevalence	Orange
Zimbabwe	Declining national HIV prevalence	Green
Bangladesh	Signs of HIV outbreak among injecting drug users	Red
Cambodia	Steady ongoing decline in HIV prevalence	Green
China	Increasing HIV prevalence	Red
India	Declining HIV prevalence in four states	Green
Indonesia	Increasing HIV prevalence	Red
Nepal	Insufficient data	White
Pakistan	Signs of HIV outbreak among injecting drug users	Red
Vietnam	Increasing HIV prevalence	Red

### INT6: Unmet need for contraception

Based on 55 national surveys, it was estimated in 2002 that 122.7m women in developing countries and the former Soviet Union had unmet need for contraceptives<sup>18</sup>. Based on figures on the UNFPA website, figures for PSA countries are:

Country	1990 (%)	Most recent figures (%)	Most recent absolute figures (m)
DRC	-	-	-
Ethiopia	-	35.8	3.3
Ghana	65.9	23.0	0.6
Kenya	60.3	23.9	0.3
Lesotho	-	-	-

<sup>17</sup> Colour code indicates overall trend in terms of HIV prevalence, i.e. green = declining HIV prevalence; orange = stable HIV prevalence; red = rising HIV prevalence

<sup>18</sup> Based on most recent UNFPA figures, the number of women with unmet contraceptive need in PSA countries (excluding DRC, Lesotho, Sierra Leone, Sudan, China) was 59.8m. Of these 81% are in Asia and more than half (52%) were in India alone.

Country	1990 (%)	Most recent figures (%)	Most recent absolute figures (m)
Malawi	36.3	29.7	0.5
Mozambique	-	22.5	0.7
Nigeria	20.8	17.4	3.0
Rwanda	40.4	35.6	0.3
Sierra Leone	-	-	-
South Africa	-	15.0	0.6
Sudan	-	28.9	-
Tanzania	30.1	21.8	1.2
Uganda	53.7	34.6	1.2
Zambia	33.4	27.4	0.4
Zimbabwe	34.2	12.9	0.2
Bangladesh	-	15.3	4.0
Cambodia	-	32.6	0.7
China	-	-	-
India	-	15.8	31.3
Indonesia	12.7	8.6	3.7
Nepal	-	27.8	1.2
Pakistan	-	28.0	6.9
Vietnam	-	4.8	0.9

#### INT7: Number and percentage of men, women and children with advanced HIV infection receiving combination antiretroviral therapy

By end of 2005, it was estimated that more than 1.2m people were on antiretroviral drugs in low and middle income countries. Figures<sup>19</sup> for PSA countries are as follows:

Country	2003	2005		Total <sup>20</sup>
		M	F	
DRC	0	-	-	2.7-4.0
Ethiopia	1.0	8.2	6.2	7.0-7.7
Ghana	1.8	5.6	4.6	4.8-7.0
Kenya	3	-	-	17.0-24.0
Lesotho	<1	-	-	13.6-14.0
Malawi	1.8	14.9	19.7	17.7-20.0
Mozambique	0.0	7.4	7.4	7.4-9.0
Nigeria	1.5	-	-	5.7-7.0
Rwanda	<1	-	-	39.0

<sup>19</sup> As percentage of people with advanced HIV infection receiving antiretrovirals

<sup>20</sup> As a range of results from different methods. Colour coding is red=<10%; orange=10-20%; green=>30%. In case of overlapping ranges, lower colour is used

Country	2003	2005		Total <sup>20</sup>
		M	F	
Sierra Leone	0.0	-	-	2.0
South Africa	0.0	-	-	13-21
Sudan	-	-	-	
Tanzania	<1	-	-	7.0
Uganda	6.3	-	-	51-57.4
Zambia	0.0	-	-	19.3-27
Zimbabwe	0.0	-	-	8-9.1
Bangladesh	0	-	-	1-8.9
Cambodia	3	-	-	35.1-57.0
China	5	-	-	18.3-25
India	2	-	-	6.8-7.0
Indonesia	2.7	-	-	30-94.3
Nepal	-	-	-	1-11.1
Pakistan	2.2	-	-	1.2-2.0 <sup>21</sup>
Vietnam	1.0	-	-	12.0-58.9

Reports from “3 by 5” initiative reported no evidence of gender biases in access to ART (UNAIDS/WHO, 2005). However, this was based on available data and relatively few countries disaggregate numbers by gender. UNAIDS has ranked countries as to whether particular countries were treating as many women with ART as might be expected<sup>22</sup>. Results for PSA countries are (UNAIDS, 2006a):

<b><u>Less women on ART than expected</u></b>	<b><u>Women on ART as expected</u></b>	<b><u>More women on ART than expected</u></b>
Ethiopia Ghana Kenya Uganda India Vietnam	Mozambique	Malawi Nigeria Rwanda South Africa Tanzania Zambia Zimbabwe Cambodia China

In order to have equitable access for children, Malawi and Mozambique would be expected to have children constituting 13% of all those on ART, but the numbers were in fact 5 and 7%<sup>23</sup> (UNAIDS/WHO, 2005). Figures for other PSA countries (UNAIDS, 2006a) are:

- Ghana – 3%

<sup>21</sup> Pakistan is only PSA country where no progress seems to have been made on ART since 2003

<sup>22</sup> As proportion of total on treatment

<sup>23</sup> 5 and 6% in UNAIDS, 2006a



- Kenya – 8%
- Nigeria – 3%
- Rwanda – 7%
- South Africa – 8%
- Tanzania – 11%
- Uganda – 9%
- Zambia – 8%
- Zimbabwe – 7%
- Cambodia – 11%
- China – 4%
- India – 4%
- Vietnam – 4%

There is little available data on ART access for the most vulnerable populations. UNAIDS raises concerns that sex workers, MSM, IDUs, prisoners, refugees, IDPs and other mobile populations all find it difficult to access this therapy (UNAIDS, 2006a). ART scale-up has been slowest where the epidemic is concentrated among these populations (UNAIDS/WHO, 2005).

#### **INT8: Length and predictability of international financing for HIV and AIDS**

There does not appear to be any systematically aggregated data, although UNAIDS report that funding for long-term programmes has increased by 13.3% (UNAIDS, 2006a, p.237).

#### **INT 9: Annual global investment in HIV and AIDS research**

In 2004, it was estimated that there was approximately \$682m available for research into an HIV vaccine as compared to just over \$300m in 200. Of this, 88% came from public funds, 10% from industry and 2% from private philanthropy.

By 2005, non-commercial investment in microbicide research stood at \$163.4m per year as compared to \$65.1m in 2000.

#### **INT10: Harmonised international system for HIV/AIDS monitoring and evaluation**

Annex 6 (p40) analyses the extent to which different attempts to harmonise HIV/AIDS monitoring and evaluation internationally harmonise with each other. Within the three systems identified, there is only complete consensus over three of 32 indicators. There is partial agreement over a further nine indicators while 16

indicators appear in one system only. There are four indicators where there are significant methodological differences between systems.

### NAT1: AIDS funding requirements for individual PSA countries

Figures from PSA countries' most recent proposal to Global Fund<sup>24</sup> (all figures in US\$m).

Country	2002	2003	2004	2005	2006	2007	2008	2009	2010
DRC	50	55	60	66	72.6	-	-	-	-
Ethiopia	-	-	210	220	250	280	300	-	-
Ghana	-	-	105	122	138	159	163	179	199
Kenya	No data table								
Lesotho	-	-	-	26.1	36.5	38.0	33.8	39.4	42.9
Malawi	-	-	-	-	49.4	55.7	54.9	57.1	57.2
Mozambique	No data table								
Nigeria	-	-	103.0	183.4	253.6	361.9	468.2	762.0	770.0
Rwanda	-	23	33	45.5	53.5	-	-	-	-
Sierra Leone	-	-	19.2	23.9	32.9	36.1	41.0	-	-
South Africa	No data table								
Sudan	-	-	4.6	5.6	6.2	7.2	7.7	-	-
Tanzania <sup>25</sup>	-	-	371	507	636	779	925	-	-
Uganda	-	200	200	200	200	-	-	-	-
Zambia	-	-	-	136	144	157	173	203	-
Zimbabwe	-	-	25	52	72.9	122	160	-	-
Bangladesh	No data table								
Cambodia	-	-	49.6	52.9	55.4	57.4	63.8	57.1	58.4
China	-	-	630	700	750	800	800	800	800
India	-	-	805	805	805	805	805	-	-
Indonesia	-	-	-	43	51.6	35.6	32.7	34.4	-
Nepal	No data table								
Pakistan	No data table								
Vietnam	No data table								

<sup>24</sup> Downloaded from <http://www.theglobalfund.org/en/>. These figures have been endorsed by countries' coordinating mechanisms but have not been externally verified.

<sup>25</sup> The figures in the Tanzanian application are given as \$371, \$507 etc. and it is assumed that these should be millions

## NAT2: National AIDS expenditure in individual PSA countries

Projected budget figures from PSA countries' most recent proposal to Global Fund (all figures in US\$m)<sup>26,27</sup>

Country	2002	2003	2004	2005	2006	2007	2008	2009	2010
DRC	25.8	16.9	7.8	7.8	-	-	-	-	-
Ethiopia	-	-	119.4	120.2	147.7	157.5	167.2	-	-
Ghana	-	-	68	85	101	111	112	125	141
Kenya	No data table								
Lesotho	-	-	-	24.0	20.0	17.7	15.9	7.3	7.3
Malawi	-	-	-	-	45.8	41.5	30.2	31.7	33.1
Mozambique	No data table								
Nigeria	-	-	51.7	65.2	48.5	43.8	35.8	1.5	1.5
Rwanda	-	18.2	19.6	21.7	22.7	-	-	-	-
Sierra Leone	-	-	6.6	5.2	2.1	-	-	-	-
South Africa	No data table								
Sudan	2.3	2.0	0.9	0.5	0.5	0.5	0.5	-	-
Tanzania <sup>28</sup>	47	69	170	185	168	30	30	-	-
Uganda	-	36	42.4	51.6	-	-	-	-	-
Zambia	-	-	-	67	92	99	107	122	-
Zimbabwe	-	-	6.8	19.8	23.5	27.9	36.5	-	-
Bangladesh	No data table								
Cambodia	-	-	40.9	46.0	42.2	36.9	35.2	31.5	27.1
China	-	-	206.3	271.8	282.0	306.1	313.1	304.3	296.0
India	-	-	74	87	100	107	111	-	-
Indonesia	-	-	-	30.2	33.2	24.7	22.0	22.3	-
Nepal	No data table								
Pakistan	No data table								
Vietnam	No data table								

<sup>26</sup> Downloaded from <http://www.theglobalfund.org/en/>. These figures have been endorsed by countries' coordinating mechanisms but have not been externally verified.

<sup>27</sup> Decline in projected funding over time in some countries is evidence of unpredictability of much AIDS funding

<sup>28</sup> The figures in the Tanzanian application are given as \$371, \$507 etc. and it is assumed that these should be millions

### NAT3: National Composite Policy Index

Baseline data for this indicator is available in UNAIDS reports on progress in implementation of UNGASS declaration of commitment (UNAIDS, 2003; UNAIDS, 2006a).

### NAT4: Number of PSA countries with harmonised funding for HIV/AIDS

Baseline data does not seem to be available centrally. DIFD country offices should be able to describe the situation in their country and to begin quantifying it.

### NAT5: Number of PSA countries reporting each/all of Three Ones in place

Globally, UNAIDS reported that:

- 90% of countries have a national AIDS strategy
- 85% of countries have a single AIDS coordinating body
- 50% of countries have a national monitoring and evaluation system for HIV and AIDS (UNAIDS, 2006a, chapter 11, p254)

### NAT 6: Core UNGASS Indicators

Data for these indicators was collected by UNAIDS in 2003 and 2005 (see UNAIDS, 2006a). This is summarised for PSA countries in annex 7 (p44).

### NAT7: Qualitative review of National AIDS Response

Currently, there is no baseline data.

### NAT8: Length and predictability of national financing for HIV and AIDS

Although data for this indicator is not yet being systematically collected through National AIDS Accounts, an approximation of the predictability of funding can be gained from countries own budget forecasting (see p31)<sup>29</sup>.

#### Last year of budget forecast as percentage of first year

<u>&lt;50%</u>	<u>50-100%</u>	<u>&gt;100%</u>
DRC (30%) Lesotho (30%) Nigeria (2.9%)	Malawi (72%) Tanzania (64%) Cambodia (66%)	Ethiopia (140%) Ghana (207%) Rwanda (125%)

<sup>29</sup> Calculations are based on expressing the budget figure for the latest year forecasted as a percentage of the next year forecast, so if country x has a budget of \$100m for 2007 and \$50m for 2010, the ratio would be 50%. It is acknowledged that figures between countries may not be comparable because budgeting methods differ as does the length of period involved.

### Last year of budget forecast as percentage of first year

Sudan (22%)	Indonesia (74%)	Uganda (143%)
Kenya, Mozambique, South Africa, Bangladesh, Nepal, Pakistan and Vietnam all no data		Zambia (182%)
		Zimbabwe (536%)
		China (144%)
		India (150%)

### NAT9: Number of countries with functioning national M&E system for HIV and AIDS

Globally, UNAIDS reported that:

- 50% of countries have a national monitoring and evaluation system for HIV and AIDS (UNAIDS, 2006a, chapter 11, p254)

### UK1: UK funding for AIDS-related work

DFID has reported figures for the period from 2000/1 to 2003/4. These were:

2000/1	£197m
2001/2	£197m
2002/3	£274m
2003/4	£346m

At the time of preparing working paper 1 (SSS, 2006), the estimated amount for 2004/5 was of the order of \$430m but this is currently still under review.

### UK2: UK funding for work with OVC

Official figures are not yet available for 2004/5 or 2005/6<sup>30</sup>.

### UK3: UK influence at international events and with global institutions

Baseline data is being collected as part of this interim evaluation, focusing on retrospective literature analysis relevant to section 2 of table A from the evaluation design documents. This will be available as an annex to the final report.

### UK4: In-country political influence exerted by FCO and DFID

In August/September 2005, DFID's Africa and Asia Divisions consulted countries on progress made in implementing *Taking Action*. This included measures taken

<sup>30</sup> This issue is discussed in Working Paper 1 (SSS, 2006) – section 3.8-3.9, pp.6-8

to promote national political leadership regarding HIV and AIDS. This could be used as a baseline assessment of this indicator.

#### **UK5: UK support to key regional political institutions**

The following projects/programmes were identified related to the institutions named in *Taking Action* during the work for working paper 1 of this evaluation (SSS, 2006)

MIS Code	Brief Project Description	Planned Time Period	Financial Commitment (£)
7326200003	Pre-feasibility study of investment options for African ICT infrastructure	2003-4	25,000
001542075	Flexible support to UNECA Rapid Reaction Fund	2001-3	750,000
001542114	Budget support to Economic Commission for Africa	2003-6	2,350,000
187555014	APLF on HIV/AIDS and development	2003-5	500,000
001542117	Commission for Africa	2004-5	3,500,000
06257001	SADC Strategic Indicative Plan for Organ on Politics and Defence	2004-7	200,000
068500003	Regional Hunger and Vulnerability Programme	2005-8	4,500,000
782622244	Equity and HIV/AIDS	2003	18,000
786620065	AIDS manual, Natal University	2000	34,000

#### **UK6: Support to multilateral organisations as reflected in ISPs**

Two previous assessments have been made of DFID's ISPs with multilateral agencies and the extent to which they adequately focus on HIV and AIDS (NAO, 2004; SSS, 2006). These can serve as qualitative baselines for this indicator.

#### **UK7: Amount of AIDS funding through multilaterals**

Although baseline figures exist for this up to 2003/4, these may be revised with the adoption of a new method for spending on HIV and AIDS from 2004/5. It is therefore advisable to delay defining these baselines until those figures are published. There have been a number of external reviews of the current baselines (Janjua, 2003; SSS, 2006).

**UK8: UK HIV/AIDS funding through multilaterals in post-conflict/other countries**

Some baseline data could be gathered from DFID's management information systems and from country offices. However, this indicator would need to be clearly defined before this can be done.

**UK9: UK support to increase access to medicines**

Some data on work done to date was included in the UK's plans and policy for increasing access to medicines (DFID et al., 2004)

**UK10: UK funding to HIV and AIDS response by country (including multilateral)**

Some baseline data for bilateral spend is presented in working paper 1 of this evaluation (SSS, 2006, annex 14, p96). However, data in this paper for 2005/6 is partial<sup>31</sup>.

**UK11: Qualitative review of UK support to AIDS response**

Some baseline data was collected by Africa and Asia Divisions from country offices in August/September 2005.

**UK12: Length and predictability of UK financing for HIV and AIDS**

It would be possible to generate some baseline data on planned and actual length and planned and actual start/end dates of projects/programmes from the data set used for working paper 1 (SSS, 2006).

**UK13: UK annual investment in HIV and AIDS research**

Based on figures supplied by CRD (SSS, 2006, section 4.16, p18) DFID spent just over £20m<sup>32</sup> on HIV and AIDS research in 2005/6. However, these figures only include health and education research. The bulk of this (>£15m) is for microbicides and vaccines.

**UK 14: UK influence to strengthen monitoring and evaluation of HIV and AIDS**

No baseline data yet identified.

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<sup>31</sup> To February 2006

<sup>32</sup> This figure excludes £3.44m which was spent on these projects/programmes but was not considered as expended on HIV and AIDS

## Annex 4: HIV Prevalence Rate among Young People Aged 15-24: 2000-2005

Country	DFID PSA Country	UNSD Millennium Indicator Database	2000	2001	2002	2003	2004	2005		Data Sources
								F	M	
Angola	No	Yes		6			2.8	2.5	0.9	UNSD Millennium Indicator Database
Benin	No	Yes	4	4.1	2			1.1	0.4	UNGASS Report 2006
Botswana	No	Yes	32	34	31	33		15.3	5.7	
Burkina Faso	No	Yes			2			1.4	0.5	
Burundi	No	Yes	13	10	14		8.6	2.3	0.8	
Cameroon	No	Yes		13	7			4.9	1.4	
Central African Republic	No	Yes			14			7.3	2.5	
Chad	No	Yes			7			2.2	0.9	
Congo	No	Yes			3			3.7	1.2	
Cote d'Ivoire	No	Yes		10	5			5.1	1.7	
DRC	Yes	No						2.2	0.8	
Djibouti	No	Yes			3			2.1	0.7	
Ethiopia	Yes	Yes	15	14		11.5				
Ghana	Yes	Yes	3	4	3	4		1.3	0.2	
Kenya	Yes	No						5.2	1.0	
Lesotho	Yes	Yes				28		14.1	5.9	
Malawi	Yes	Yes		15		18		9.6	3.4	
Mali	No	Yes				2		1.2	0.4	
Mozambique	Yes	Yes	12	14	15			10.7	3.6	
Nigeria	Yes	Yes				4		2.7	0.9	
Rwanda	Yes	Yes		9.8	12			1.9	0.8	
Senegal	No	Yes			1			0.6	0.2	
Sierra Leone	Yes	No						1.1	0.4	
South Africa	Yes	Yes		30	32		25.2	14.8	4.5	



Country	DFID PSA Country	UNSD Millennium Indicator Database	2000	2001	2002	2003	2004	2005		Data Sources
								F	M	
Sudan	Yes	No								
Swaziland	No	Yes	38		39		37.3	22.7	7.7	
Tanzania	Yes	Yes	7.5	9	7			3.8	2.8	
Togo	No	Yes		5		9		2.2	0.8	
Uganda	Yes	Yes	8.5		8			5.0	2.3	
Zambia	Yes	Yes			22		20.7	14.7	4.4	
Zimbabwe	Yes	No		29.8			18.6			







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



## Annex 5: HIV Prevalence Rate among Vulnerable Groups Aged 15-24: 2000-2005

Country	DFID PSA Country	UNSD Millennium Indicator Database	2000	2001	2002	2003	2004	2005	Vulnerable Groups
Angola	No	Yes		33.3					Injecting Drug Users
Benin	No	Yes		60.5					Sex workers
Botswana	No	Yes							Men who have Sex with Men
Burkina Faso	No	Yes						20.8	
Burundi	No	Yes							
Cameroon	No	Yes							
Central African Republic	No	Yes							
Chad	No	Yes							
Congo	No	Yes							
Cote d'Ivoire	No	Yes	28.0						
DRC	Yes	No					12.4		
Djibouti	No	Yes							
Ethiopia	Yes	Yes							
Ghana	Yes	Yes							
Kenya	Yes	No	25.5						
Lesotho	Yes	Yes							
Malawi	Yes	Yes							
Mali	No	Yes	21.0					31.6	
Mozambique	Yes	Yes							
Nigeria	Yes	Yes							
Rwanda	Yes	Yes							
Senegal	No	Yes	13.0					27.1 21.5	
Sierra Leone	Yes	No							
South Africa	Yes	Yes							
Sudan	Yes	No							









Country	DFID PSA Country	UNSD Millennium Indicator Database	2000	2001	2002	2003	2004	2005	Vulnerable Groups
Swaziland	No	Yes							Injecting Drug Users
Tanzania	Yes	Yes							Sex workers
Togo	No	Yes						53.9	Men who have Sex with Men
Uganda	Yes	Yes							
Zambia	Yes	Yes							
Zimbabwe	Yes	No							
Bangladesh	Yes	No					0.2	4.9 0.4	
Cambodia	Yes	No	26.3						
China	Yes	No	0 0.2					8.3 0.5 1.5	
India	Yes	No	5.0 9.4						
Indonesia	Yes	No	65.5 0.0						
Nepal	Yes	No	50.0 17.1					2.0 3.9	
Pakistan	Yes	No		0.0				22.9	
Vietnam	Yes	No	17.5 10.0					30.6 6.5	

## Annex 6: Review of Different Proposed Approaches for Harmonising HIV and AIDS Indicators

		UNGASS	'Global Fund' Toolkit	Universal Access
Global indicators		✓	✗	✗
Indicator levels		National commitment and action Knowledge and behaviour Impact	Routine Outcome/impact	None but divided by themes: Treatment Care and support Prevention National commitment
Distinguishes different types of epidemics in country		✓	✗	✗
<u>Specific Indicators</u> <sup>33</sup>				
Government funding for HIV/AIDS		✓✓ <sup>34</sup>	✗	✓
Government HIV/AIDS policies		✓✓	✗	✗
Life-skills-based education in schools		✓	✗	✗
Workplace HIV/AIDS control		✓	✗	✗
STI: comprehensive case management		✓	✗	✗
MTCT: ARV prophylaxis		✓	✓	✓

<sup>33</sup> Colour coding –  = fully harmonised across three indicator sets;  = present in at least two indicator sets;  = mentioned in one indicator set only;  = major methodological differences between indicators

<sup>34</sup> Two ticks means this is a core indicator for both generalized and concentrated epidemics

		UNGASS	'Global Fund' Toolkit	Universal Access
HIV treatment: ARV combination therapy		✓	✓	✓
Support for children affected by HIV/AIDS		✓	✗	✓
Blood safety		✓	✗	✗
Young women and men's knowledge about HIV prevention		✓	✗	✓ <sup>35</sup>
Sex before the age of 15 among young women and men		✓	✗	✓
Percentage of 15- 19 year olds who never had sex		✗	✓	✗
Percentage of 15- 24 year olds who never had sex in the last year of those who ever had sex		✗	✓	✗
Higher-risk sex among young women and men		✓ <sup>36</sup>	✓ <sup>37</sup>	✗
Young women's and men's condom use with non-regular partners		✓ <sup>38</sup>	✓ <sup>39</sup>	✗
Orphan's school attendance		✓	✗	✗
Reduction in HIV prevalence (15-24 year olds)		✓	✓	✗
HIV treatment: survival after 12 months on antiretroviral therapy		✓	✓	✓ <sup>40</sup>

<sup>35</sup> But questions differ from those defined under UNGASS













<sup>36</sup> Defined as sex with a non-marital, non cohabiting partner in last year

<sup>37</sup> Defined as sex with more than one partner in the last year

<sup>38</sup> Defined as condom use at last sex with non-regular partner

<sup>39</sup> Defined as consistent use of condoms with non-regular partner

<sup>40</sup> Recommended indicator



		UNGASS	'Global Fund' Toolkit	Universal Access
Reduction in MTCT		✓	✓	✗
Most-at-risk population: HIV testing		✓ <sup>41</sup>	✗	✓ <sup>42</sup>
Most-at-risk populations: prevention programmes		✓ <sup>41</sup>	✗	✓
Most-at-risk populations: knowledge about HIV prevention		✓ <sup>41</sup>	✗	✓ <sup>35</sup>
Sex workers: condom use		✓ <sup>41</sup>	✗	✗
MSM: condom use		✓ <sup>41</sup>	✗	✗
IDUs: safe injecting and sexual practices		✓ <sup>41</sup>	✗	✗
Most-at-risk populations: reduction in HIV prevalence		✓ <sup>41</sup>	✗	✗
Number of people counselled and tested for HIV including provision of test results		✗	✓	✓ <sup>43</sup>
Number of condoms distributed to people		✗	✓	✓ <sup>44</sup>
Number of people benefiting from community-based programs (specify, a. Prevention b. Orphan support c. Care and support)		✗	✓	✗
Number of cases treated for infections associated with HIV (specify, a.		✗	✓	✗

<sup>41</sup> Core indicator for concentrated epidemics

<sup>42</sup> This is recorded as percentage of population most at risk

<sup>43</sup> This is recorded as percentage of general population not absolute number

<sup>44</sup> Disaggregated by public and private sector

		UNGASS	'Global Fund' Toolkit	Universal Access
Preventive therapy for TB/HIV, b. STIs with counselling)				
Number of service deliverers trained		x	✓	x
Monitoring the implementation of the "Three Ones" principles, using the UNAIDS country checklist		x	x	✓

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Annex 7: Data for Core UNGASS Indicators for PSA Countries<sup>45</sup>

AFRICA																
Indicator	DRC	Eth	Gha	Ken	Les	Mal	Moz	Nig	Rwa	SL	RSA	Sud	Tan	Uga	Zam	Zim
Government funding for HIV/AIDS (US\$m) <sup>46</sup>	3.6	-	9.3	33.2 <sub>47</sub>	1.4	8.7	2.6	6.5	1.7	-	446.5 <sub>48</sub>	-	45.0	18.8	32.0 <sub>49</sub>	12.1
Government funding for HIV/AIDS per capita (US\$) <sup>50</sup>	0.06	-	0.42	0.97	0.78	0.67	0.13	0.05	0.19	-	9.4	-	1.17	0.65	2.74	0.93
Government HIV/AIDS policies	No data provided															
Life-skills-based education in schools (%) <sup>51</sup>	-	97 <sup>52</sup>	-	61 <sup>53</sup>	-	100 <sub>54</sub>	-	19 <sup>55</sup>	-	-	-	-	19 <sup>56</sup>	100 <sub>57</sub>	60 <sup>58</sup>	75 <sup>59</sup>
Workplace HIV/AIDS control (%) <sup>60 61</sup>	4.8	33.3	10.0	-	0.0	47.0	3.2	46.9	-	-	-	-	-	-	80.0	-
STI: comprehensive case management (%) <sup>62 63</sup>	-	-	-	50*	-	-	-	41 <sup>64</sup>	28	-	-	-	-	40	10	57*
MTCT: ARV prophylaxis	0.6	0.3	1.3	9.3	5.1	2.3	3.4	0.2	9.4	-	14.6	0.0	0.3	12.0	4.0	4.4

<sup>45</sup> From UNAIDS, 2006a

<sup>46</sup> Information on trends also available in UNAIDS, 2006a, annex 3, p548

<sup>47</sup> Preliminary figures

<sup>48</sup> Preliminary figures

<sup>49</sup> Preliminary figures

<sup>50</sup> Colour code based on per capita figures – red = <0.5; orange = 0.5-1.0; green = >1.0; blank = no data

<sup>51</sup> Colour code – red = <50%; orange = 50-75%; green = >75%; blank = no data

<sup>52</sup> This figure is for 2003 and is overall for both primary (100%) and secondary (77%). Figures for 2005 are primary (75%) and secondary (82%)

<sup>53</sup> This figure is for 2005 and is overall for both primary (62%) and secondary (49%). Overall figure for 2003 was 5%

<sup>54</sup> For both primary and secondary in 2005 – compared to 6.2% overall in 2003

<sup>55</sup> Overall in 2005

<sup>56</sup> Overall in 2003

<sup>57</sup> Primary in 2003

<sup>58</sup> Overall in 2005 compared to 1.5% overall in 2003

<sup>59</sup> Overall in 2003

<sup>60</sup> Percentage of large companies/enterprises with HIV/AIDS programmes and policies in 2005 – public and private sector combined

<sup>61</sup> Colour code – red = <25%; orange = 25-75%; green = >75%; blank = no data

<sup>62</sup> 2005 data aggregated for sex – except where marked with \* where data is for 2003

<sup>63</sup> Colour code – red = <50%; orange = 50-75%; green = >75%; blank = no data

<sup>64</sup> Figures for women only in 2005. Figure for men was 46%



AFRICA		DRC	Eth	Gha	Ken	Les	Mal	Moz	Nig	Rwa	SL	RSA	Sud	Tan	Uga	Zam	Zim
(%) <sup>65 66</sup>							<sup>67</sup>										
HIV treatment: ARV combination therapy (%) <sup>68</sup>		4.0	7.0	7.0	19.7	14.0	20.0	9.0	7.0	39.0	2.0	21.0	1.0	7.0	56.0	27.0	8.0
Support for children affected by HIV/AIDS (%) <sup>69 70</sup>		-	3.6	-	10.3	25.0	-	-	-	-	-	-	-	-	-	13.4	-
Blood safety (%) <sup>71 72</sup>		70*	100	100*	100	100	100	100	100	100*	20*	100	-	100*	100	100	100
Young women and men's knowledge about HIV prevention <sup>73</sup>	M	-	-	44.0	47.0	-	36.0	33.0	21.0	-	-	-	-	49.0	-	33.0	56.3
	F	-	-	38.0	34.0	-	23.5	20.0	18.0	-	-	-	-	44.0	-	31.0	54.1
Sex before the age of 15 among young women and men (%) <sup>74</sup>	M	-	40.3	3.9	30.9	27.5	-	-	7.9	-	-	-	-	10.7	74.0	-	8.5
	F	-	41.5	7.4	14.5	14.4	-	27.7	20.3	-	-	-	-	10.1	26.0	17.5	8.1
Higher-risk sex among young women and men (%) <sup>75</sup>	M	-	37.9	83.0	84.0	89.5	62.1	84.0	78.0	-	-	-	-	81.0	16.3	86.0	78.6
	F	-	7.4	50.0	30.0	43.3	13.9	37.0	29.0	-	-	-	-	36.0	12.2	30.0	23.3
Young women's and men's condom use	M	-	36.1	52.0	47.0	48.0	47.0	33.0	46.0	41.0	-	-	-	47.0	55.0	40.0	56.5
	F	-	14.6	33.0	25.0	50.0	35.0	29.0	24.0	28.0	-	-	-	42.0	53.0	35.0	42.6

<sup>65</sup> In some cases, more than one value is available from different methods (UNAIDS 2006a, annex 3, p554) – in this case the value quoted in the country-specific sheets is used

<sup>66</sup> Colour code – red = <25%; orange = 25-75%; green = >75%; blank = no data

<sup>67</sup> 2004 figures

<sup>68</sup> Colour code – red = <25%; orange = 25-50%; green = >50%

<sup>69</sup> Disaggregated figures by sex and rural/urban available (UNAIDS, 2006a)

<sup>70</sup> Colour code – red = <25%; orange = 25-50%; green = >50%; blank = no data

<sup>71</sup> Figures for 2005 except where marked with \* where they are for 2001

<sup>72</sup> Colour code – red = <75%; orange = 75-99%; green = 100%; blank = no data

<sup>73</sup> Colour code – red = <25%; orange = 25-50%; green = >50%; blank = no data

<sup>74</sup> Colour code – red = >50%; orange = 10-50%; green = <10%; blank = no data

<sup>75</sup> Colour code – red = >75%; orange = 25-75%; green = <25%; blank = no data

AFRICA		DRC	Eth	Gha	Ken	Les	Mal	Moz	Nig	Rwa	SL	RSA	Sud	Tan	Uga	Zam	Zim
with non-regular partners (%) <sup>76</sup>																	
Orphan's school attendance (%)	Orphans <sup>77</sup>	50	26	65	88	79	81	63	-	64	35	-	-	73	88	73	90
	Non-orphans <sup>78</sup>	70	43	81	92	91	87	78	-	80	50	-	-	90	93	78	92
	Ratio <sup>79</sup>	0.71	0.60	0.80	0.96	0.87	0.93	0.80	-	0.80	0.70	-	-	0.81	0.95	0.94	0.98
Reduction in HIV prevalence (15-24 year olds)	See annex 4 (p36)																
HIV treatment: survival after 12 months on ART <sup>80</sup>	-	88.6 <sup>81</sup>	-	-	-	83.0	-	98.2	-	-	-	-	-	-	-	-	-
Reduction in MTCT	No data																
Most-at-risk populations: prevention programmes (%) <sup>82</sup>	-	-	50.0 <sup>83</sup>	17.0 <sup>84</sup>	-	-	5.0 <sup>86</sup>	-	-	-	-	-	-	-	10.0 <sup>88</sup>	-	40.0 <sup>89</sup>
Most-at-risk populations: reduction in HIV prevalence	See annex 5 (p38)																

<sup>76</sup> Colour code – red = <25%; orange = 25-75%; green = >75%; blank = no data

<sup>77</sup> Colour code – red = <50%; orange = 50-75%; green = >75%; blank = no data

<sup>78</sup> Colour code – red = <50%; orange = 50-75%; green = >75%; blank = no data

<sup>79</sup> Colour code – red = <75%; orange = 75-90%; green = >90%; blank = no data

<sup>80</sup> Colour code – blank = no data; green = >75%

<sup>81</sup> Data disaggregated by sex available

<sup>82</sup> Colour code – red = <25%; orange = 25-60%; green = >60%; blank = no data

<sup>83</sup> Sex workers

<sup>84</sup> Sex workers

<sup>85</sup> MSM

<sup>86</sup> Sex workers

<sup>87</sup> IDUs

<sup>88</sup> Sex workers

<sup>89</sup> Sex workers

ASIA									
Indicator	Ban	Cam	Chi	Ind	Indo	Nep	Pak	Vie	
Government funding for HIV/AIDS (US\$m) <sup>90</sup>	-	1.0	99.3	73.3	13.0	0.08	2.4	5.6	
Government funding for HIV/AIDS per capita (US\$) <sup>91</sup>	-	0.07	0.07	0.07	0.06	0.003	0.02	0.07	
Government HIV/AIDS policies	No data provided								
HIV treatment: ARV combination therapy (%) <sup>92</sup>	1.0	36.0	25.0	7.0	30.0	1.0	2.0	12.0	
Most-at-risk population: HIV testing (%) <sup>93</sup>	IDUs	3.2	-	-	- <sup>94</sup>	18.1	-	-	-
	Sex workers	1.6	-	-	-	14.8	-	-	-
	MSM	-	-	-	-	15.4	-	-	-
Most-at-risk populations: prevention programmes (%) <sup>95</sup>	IDUs	7.0	97.0	45.0	47.8	15.0	<0.5	28.4	69.1
	Sex workers	71.6	60.0	25.0	52.4	37.3	35.2	11.0	81.0
	MSM	77.0	17.0	8.0	45.0	1.3	5.4	22.0	-
Most-at-risk populations: knowledge about HIV prevention (%) <sup>96</sup>	IDUs	14.0	6.7	36.0	-	-	49.9	-	34.4
	Sex workers	23.3	23.8	23.5	-	-	16.9	-	24.2
	MSM	13.5	43.3	37.3	-	-	27.3	-	-
Sex workers: condom use <sup>97</sup>	39.8	96.0	68.5 <sup>98</sup>	-	54.7	67.1	22.6	90.4	
MSM: condom use <sup>99</sup>	49.2	-	41.1	-	47.6	-	7.6	-	

<sup>90</sup> Information on trends also available in UNAIDS, 2006a, annex 3, p548

<sup>91</sup> Colour code based on per capita figures – red = <0.5; orange = 0.5-1.0; green = >1.0; blank = no data

<sup>92</sup> Colour code – red = <25%; orange = 25-50%; green = >50%

<sup>93</sup> Colour code – blank = no data; orange = 1-10%; green = >10%

<sup>94</sup> Aggregated figure of 28.9% for all most-at-risk populations

<sup>95</sup> Colour code – red = <25%; orange = 25-60%; green = >60%; blank = no data

<sup>96</sup> Colour code – red = <25%; orange = 25-50%; green = >50%; blank = no data

<sup>97</sup> Colour code – red = <25%; orange = 25-75%; green = >75%; blank = no data

<sup>98</sup> Females only

ASIA		Ban	Cam	Chi	Ind	Indo	Nep	Pak	Vie
IDUs: safe injecting and sexual practices <sup>100</sup>	M <25	8.3	-	-	-	18.9	-	-	81.8
	F <25	31.3	-	-	-	27.3	-	-	-
	M >25	16.2	-	-	-	19.2	-	-	89.1
	F >25	68.3	-	-	-	8.7	-	-	-
Most-at-risk populations: reduction in HIV prevalence		See annex 5, p38							

<sup>99</sup> Colour code – red = <25%; orange = 25-75%; green = >75%; blank = no data

<sup>100</sup> Colour code – red = <25%; orange = 25-75%; green = >75%; blank = no data

## Annex 8: Responsibilities at a Glance

Department/Team	Indicators		Milestones
	For Routine Monitoring	For Final Evaluation	
Global AIDS Policy Team (GAPT)	INT1; INT2; INT7; INT8; INT9; INT10; NAT1; NAT2; NAT3; NAT5; NAT6; NAT9;	INT10; NAT5;	MIL2.7 <sup>101</sup> ; MIL2.8 <sup>102</sup> ; MIL3.1; MIL3.3; MIL3.5; MIL4.1; MIL4.2; MIL4.3;
Corporate Strategy Group (CSG)	INT5 <sup>103</sup> ;	-	MIL2.6; MIL6.3 <sup>104</sup> ; MIL6.4 <sup>105</sup> ; MIL6.5 <sup>106</sup> ; MIL6.9 <sup>107</sup> ; MIL6.10 <sup>108</sup> ;
Country Led Approaches and Results Team (CLEAR)	INT5 <sup>109</sup> ;	-	-
Reproductive and Child Health Team	INT6;	-	-
Statistical Reporting and Support Group (SRSG)	UK1; UK2; UK7; UK8; UK10; UK12; UK13 <sup>110</sup> ;	UK2; UK8; UK13	MIL1.1 <sup>111</sup> ; MIL1.3 <sup>112</sup> ;
International Division Advisory Department (IDAD)	-	UK6 <sup>113</sup> ;	MIL1.1 <sup>114</sup> ; MIL1.3 <sup>115</sup> ; MIL2.5; MIL3.4;
Global Health Partnerships Team	-	UK9 <sup>116</sup> ;	MIL3.2;
Central Research Department (CRD)	UK13 <sup>117</sup> ;	UK13	-
Evaluation Department (EVD)	-	-	MIL6.5 <sup>118</sup> ; MIL6.10 <sup>119</sup> ; MIL6.11;
Human Resources (HR)	-	-	MIL2.7 <sup>120</sup> ; MIL2.8 <sup>121</sup> ; MIL6.6;
Directors	-	-	MIL6.9 <sup>122</sup> ;
Management Board	-	-	MIL6.3 <sup>123</sup> ; MIL6.4 <sup>124</sup> ; MIL6.5 <sup>125</sup> ; MIL6.10 <sup>126</sup> ;

<sup>101</sup> With FCO and DFID HR<sup>102</sup> With FCO and DFID HR<sup>103</sup> With CLEAR but could change with latest reorganisation<sup>104</sup> With Management Board<sup>105</sup> With Management Board<sup>106</sup> With Management Board and EVD<sup>107</sup> With Directors<sup>108</sup> With Management Board and EVD<sup>109</sup> With CSG but could change with latest reorganisation<sup>110</sup> With CRD<sup>111</sup> With IDAD<sup>112</sup> With IDAD<sup>113</sup> Supporting monitoring role with final evaluation team<sup>114</sup> With SRSG<sup>115</sup> With SRSG<sup>116</sup> With final evaluation team<sup>117</sup> With SRSG<sup>118</sup> With Management Board and CSG<sup>119</sup> With Management Board and CSG<sup>120</sup> With GAPT and FCO<sup>121</sup> With GAPT and FCO<sup>122</sup> With CSG<sup>123</sup> With CSG

Department/Team	Indicators		Milestones
	For Routine Monitoring	For Final Evaluation	
Regional Divisions	UK11 <sup>127</sup> ;	-	-
Country Offices	UK11 <sup>128</sup> ;	-	-
Interim evaluation team	-	-	MIL2.1; MIL2.2; MIL2.3; MIL2.4; MIL6.7;
Final evaluation team	-	NAT4; NAT7; UK3; UK4; UK5; UK6 <sup>129</sup> ; UK9 <sup>130</sup> ; UK14;	-
Cross Whitehall Group	-	-	MIL6.1; MIL6.8;
DFID <sup>131</sup>	-	-	MIL6.2;
Her Majesty's Treasury (HMT)	-	-	MIL1.2;
Foreign and Commonwealth Office (FCO)	-	-	MIL2.7 <sup>132</sup> ; MIL2.8 <sup>133</sup> ;
Department of Health (DOH)	-	-	MIL4.4;
Unallocated	INT3; INT4; NAT8;	-	-

<sup>124</sup> With CSG

<sup>125</sup> With CSG and EVD

<sup>126</sup> With CSG and EVD

<sup>127</sup> With country offices and guidance from evaluation team

<sup>128</sup> With regional divisions and guidance from evaluation team

<sup>129</sup> With IDAD for more frequent monitoring

<sup>130</sup> With Global Health Partnerships Team

<sup>131</sup> In general

<sup>132</sup> With GAPT and DFID HR

<sup>133</sup> With GAPT and DFID HR

## Annex 9: Glossary

AA	ActionAid
AIC	AIDS Information Centres
AIDS	Acquired Immunodeficiency Syndrome
APELAS	Association of Private and Parastatal in Fighting AIDS
APLF	Asia Pacific Leadership Forum
APPG	All Party Parliamentary Group
ARIES	Activities Reporting and Information e-System
ART	Antiretroviral Therapy
ARV	Antiretroviral
AU	African Union
CAP	Country Assistance Plan
CBO	Community Based Organisation
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control
CEO	Chief Executive Officer
CHAZ	Churches Health Association of Zambia
CLEAR	Country Led Approaches and Results
CRAIDS	Community Response to HIV/AIDS
CRD	Central Research Department
CSG	Corporate Strategy Group
CSO	Civil Society Organisation
CUBE	Capacity for Universal Basic Education
DAC	Development Assistance Committee
DCI	Irish Aid
DDP	Directors' Delivery Plans
DFID	Department for International Development
DFIDE	DFID Ethiopia
DFIDR	DFID Rwanda
DG	Director General
DHS	Demographic Health Survey
DKT	International Social Marketing Organisation
DOH	Department of Health
DRC	Democratic Republic of Congo
DTI	Department of Trade and Industry
EC	European Community
ECOSIDA	Business Against AIDS Association
ETG	Expanded Theme Group
EU	European Union
EVD	Evaluation Department
F	Female
FBO	Faith Based Organisation
FCO	Foreign and Commonwealth Office
FHI	Family Health International
FY	Financial Year

G8	Group of Eight
GAPT	Global AIDS Policy Team
GNP+	Global Network of People Living with HIV/AIDS
GOE	Government of Ethiopia
GOT	Government of Tanzania
GOV	Government of Vietnam
GTT	Global Task Team
HAPAC	HIV/AIDS Prevention and Care
HAPCO	HIV/AIDS Prevention and Control Office
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
HMA	Her Majesty's Ambassador
HMT	Her Majesty's Treasury
HR	Human Resources
ICASO	International Council of AIDS Service Organisations
ICT	Information Communication Technology
IDAD	International Division Advisory Department
IDD	International Development Department
IDP	Internally Displaced Person
IDU	Injecting Drug User
IEC	Information Education Communication
ILO	International Labour Organisation
ISP	Institutional Strategy Paper
JAPR	Joint Annual Programme Review
JASZ	Joint Assistance Strategy Zambia
JFA	Joint Financing Agreement
M	Male
M&E	Monitoring and Evaluation
MAP	Multi-country HIV/AIDS Program
MDG	Millennium Development Goal
MERG	Monitoring and Evaluation Reference Group
MERLIN	Medical Emergency Relief International
MOD	Ministry of Defence
MOE	Ministry of Education
MOF	Ministry of Finance
MOH	Ministry of Health
MOHA	Ministry of Home Affairs
MONASO	Mozambique Network of AIDS Service Organisations
MOPAN	Multilateral Organisations Performance Assessment Network
MSF	Médecins Sans Frontières
MSM	Men who have Sex with Men
MTCT	Mother to Child Transmission
NAA	National HIV/AIDS Coordinating Authority
NAC	National AIDS Commission (Council)
NACA	National Action Committee on AIDS
NACC	National AIDS Control Council



NAO	National Audit Office
NARF	NAC Activity Reporting Form
NEPAD	New Partnership for Africa's Development
NGO	Non-Governmental Organisation
NHS	National Health Service
NZP+	Zambian Network of People Living with HIV and AIDS
OECD	Organisation for Economic Cooperation and Development
OVC	Orphans and Vulnerable Children
PAF	Performance Assessment Framework
PCB	Programme Coordinating Board (UNAIDS)
PD	Policy Division
PEPFAR	President's Emergency Plan for AIDS Relief
PL(W)HA	People Living with HIV and AIDS
PM	Prime Minister
PPA	Programme Partnership Agreement
PRISM	Performance Reporting Information System for Management
PRSP	Poverty Reduction Strategy Paper
PSA	Public Service Agreement
PSI	Population Services International
PUSS	Parliamentary Under Secretary of State
RAAP	Rapid Assessment and Action Plan
RFE	Rapid Funding Envelope
RH	Reproductive Health
SACA	State Action Committees on AIDS
SADC	Southern African Development Community
SIPAA	Support to the International Partnership against AIDS in Africa
SNAP	Sudan National AIDS Programme
SNR	Strengthening the National Response
SPLM	Sudan People's Liberation Movement
SPW	Students Partnership Worldwide
SRSG	Statistical Reporting and Support Group
SSS	Social and Scientific Systems
STARZ	Strengthening AIDS Response Zambia
STI	Sexually Transmitted Infection
TA	Technical Assistance
TACAIDS	Tanzanian Commission for AIDS
TALC	Treatment Action Literacy Campaign
TASO	The AIDS Service Organisation
TB	Tuberculosis
TWG	Technical Working Group
UK	United Kingdom
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNASO	Uganda Network of AIDS Service Organisations
UNCD	United Nations and Commonwealth Department
UNDP	United Nations Development Programme
UNECA	United Nations Economic Commission for Africa

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UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
UNSD	United Nations Statistics Division
US	United States
USAID	United States Agency for International Development
VSO	Voluntary Service Overseas
WHO	World Health Organisation
WTO	World Trade Organisation
WTWG	Workplace Technical Working Group
YPE	Youth Peer Education
ZACAIDS	Zanzibar Commission for AIDS
ZNAN	Zambia Network of HIV AIDS NGOs
ZINGO	Zambia Interfaith Networking Group on HIV/AIDS
ZWAP	Zambia Workplace AIDS Partnership

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## Annex 10: Assessment of Baseline Situation with Proposed Indicators



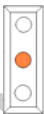





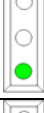











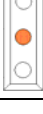

Indicator Number	Indicator Name	Comment	BL <sup>134</sup>	Trend <sup>135</sup>
<b>INTERNATIONAL INDICATORS</b>				
INT1	AIDS funding requirements for low and middle income countries	Although these figures are available from UNAIDS, there are concerns about the validity of the basis on which these calculations are made.		
INT2	Amount of financial flows for the benefit of low- and middle-income countries	Although this amount has risen substantially, it is still lagging behind estimated need and the gap between these continues to widen. There are also substantial differences between methods used by different countries.		
INT3	International political environment	Despite the importance of this to the global response to HIV and AIDS, it does not appear currently to be being monitored systematically. Consequently, there is no baseline data.		
INT4	Organisational effectiveness summaries	Currently, there is no agreed way of assessing the effectiveness of multilateral agencies, especially in terms of the response to HIV and AIDS both internationally and within particular countries.		
INT5	Percentage of young women and men aged 15-24 who are HIV infected	Six PSA countries show evidence of declining HIV prevalence; in eight HIV prevalence is stable; in eight HIV prevalence is rising and in two there is insufficient data.		
INT6	Unmet need for contraception	Ten PSA figures have comparative figures for 1990 and a later date. In all cases, unmet contraceptive need fell. A further ten countries have current figures. Four (DRC, Lesotho, Sierra Leone and China have no data).		
INT7	Number and percentage of men, women and children with advanced HIV infection receiving combination antiretroviral therapy	All PSA countries apart from Sudan have data on this indicator. Of those, all but Nepal have comparative data for 2003 and 2005. In all of them, except Pakistan, provision of ART has increased. In some cases, Kenya, Lesotho, Malawi, Rwanda, South Africa, Uganda, Zambia, Cambodia, China, Indonesia and Vietnam, this increase is very considerable.  Nine PSA countries have more women on ART than might be expected, while six have less. All PSA countries have fewer children on ART than might be expected. There are particular concerns over the lack of data on ART access for the most vulnerable populations.		  

<sup>134</sup> Adequacy of baseline data – green = good data available; amber = data available but some concerns over quality; red = significant concerns over data quality; blank = no data available







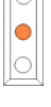



<sup>135</sup> Data for trends to date – green = positive trend; amber = trend is mixed and/or of some concern; red = negative trend; blank = no trend data

Indicator Number	Indicator Name	Comment	BL <sup>134</sup>	Trend <sup>135</sup>
INT8	Length and predictability of international financing for HIV and AIDS	No systematically available data.		
INT9	Annual global investment in HIV and AIDS research	Investment in research into an HIV vaccine rose from just over £300m in 2000 to around \$682m in 2004. Similarly, non-commercial investment in microbicide research rose from \$65.1m in 2000 to \$163.4m in 2005.		
INT10	Harmonised international system for HIV/AIDS monitoring and evaluation	At the time <i>Taking Action</i> was introduced, there had been attempts to harmonise this system through the UNGASS process. Now, there are a number of different attempts to do this e.g. UNGASS, Universal Access and the 'Global Fund' toolkit. However, these are poorly harmonised with each other (see annex 6, p40)		
<b>COUNTRY INDICATORS</b>				
NAT1	AIDS funding requirements for individual PSA countries	There is currently no systematic way of estimating this although some data is 'available from countries' applications to the Global Fund.		
NAT2	National AIDS expenditure in individual PSA countries	Although some data is available from Global Fund applications, it is unclear if any of the PSA countries have conducted systematic National AIDS Spending Assessments.		
NAT3	National Composite Policy Index	Although baseline data is reported on by UNAIDS, this was not disaggregated for individual countries in the report to the high level meeting in June 2006 although country reports are now available on the UNAIDS website.		
NAT4	Number of PSA countries with harmonised funding for HIV/AIDS	No baseline data systematically available.		
NAT5	Number of PSA countries reporting each/all of Three Ones in place	Although baseline data is reported on by UNAIDS, this was not disaggregated for individual countries in the report to the high level meeting in June 2006 although country reports are now available on the UNAIDS website.		
NAT6	Core UNGASS Indicators	The UNGASS process has been a significant catalyst in making data more available and in improving its quality <sup>136</sup> .		
NAT7	Qualitative review of national AIDS response	No baseline data systematically available to monitor the extent to which commitments made in <i>Taking Action</i> are being fulfilled.		

<sup>136</sup> The traffic light rating for this indicator represents this positive process and does not represent an opinion on the status of individual indicators.

Indicator Number	Indicator Name	Comment	BL <sup>134</sup>	Trend <sup>135</sup>
NAT8	Length and predictability of national financing for HIV and AIDS	Based on PSA countries' assessments of their own budget, eight seem to have expectations of reasonably stable budgets for HIV and AIDS while eight appear to have unpredictable budgets. In a further seven, data was not available.		
NAT9	Number of countries with functioning national M&E system for HIV and AIDS	Although baseline data is reported on by UNAIDS, this was disaggregated for individual countries in the report to the high level meeting in June 2006 although country reports are now available on the UNAIDS website.		
<b>UK GOVERNMENT CONTRIBUTION</b>				
UK1	UK funding for AIDS-related work	Baseline figures to 2003/4 are available although there are still some issues relating to methods which are common to all organisations seeking to measure this.		
UK2	UK funding for work with OVC	No baseline data yet available.		
UK3	UK influence at international events and with global institutions	Baseline data has been collected as part of this interim evaluation and will be included in the final report. It shows the strong influence that the UK has had in this area.		
UK4	In-country political influence exerted by FCO and DFID	No baseline data systematically available although reports from country offices to divisions could be used for this purpose..		
UK5	UK support to key regional political institutions	Baseline financial data for support to institutions mentioned in <i>Taking Action</i> is available.		
UK6	Support to multilateral organisations as reflected in ISPs <sup>137</sup>	There is evidence of considerable improvement of institutional strategy papers in terms of the way they address HIV and AIDS since when they were reviewed by the National Audit Office.		
UK7	Amount of AIDS funding through multilaterals	Baseline figures to 2003/4 are available although there are still some issues relating to methods which are common to all organisations seeking to measure this.		
UK8	UK HIV/AIDS funding through multilaterals in post-conflict/other countries	No baseline data yet available as indicator not fully defined.		
UK9	UK support to increase access to medicines	Some baseline data exists in the UK's plan and policy for increasing access to medicines (DFID et al., 2004) but precise indicators for this area in relation to HIV and AIDS have not yet been		

<sup>137</sup> This indicator will also apply to the Global Fund although it is not strictly a multilateral agency and its relationship with DFID is not governed by an ISP. Its performance indicators, agreed by its Board, will be treated by DFID as if they formed part of an ISP

Indicator Number	Indicator Name	Comment	BL <sup>134</sup>	Trend <sup>135</sup>
		defined.		
UK10	UK funding to HIV and AIDS response by country (including multilateral)	Baseline data generated for a previous paper (SSS, 2006) raised questions about whether funding was being allocated appropriately to countries with similar disease burdens and levels of poverty.		
UK11	Qualitative review of UK support to AIDS response	No baseline data systematically available.		
UK12	Length and predictability of UK financing for HIV and AIDS	No baseline data systematically available.		
UK13	UK annual investment in HIV and AIDS research	Based on figures supplied by DFID, spending on research was £20m in 2005/6, of which around 75% was on microbicides and vaccines. This amounts to <5% of total expected expenditure on HIV and AIDS.		
UK14	UK influence to strengthen monitoring and evaluation of HIV and AIDS	No baseline data yet identified.		

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