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**Development of a Monitoring and Evaluation Framework
for the Implementation of the Declaration of Commitment
on HIV/AIDS
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HIV/AIDS (UNGASS)**

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Introduction

In June 2001, the United Nations General Assembly convened a landmark session on HIV/AIDS. The purpose of the Special Session was to review and address the problem of HIV/AIDS in all its aspects, as well as to intensify international action to fight the epidemic and to mobilize the necessary resources. At the Special Session member states expressed deep concern that the global HIV/AIDS epidemic, through its devastating scale and impact, constituted a global emergency. HIV/AIDS was considered as one of the most formidable challenges to human life and dignity and was seen as undermining social and economic development throughout the world. Delegates emphasized that the continuing spread of HIV/AIDS would constitute a serious obstacle to the realisation of the global development goals that were adopted at the Millennium Summit of the United Nations.

During the Special Session, 189 UN member states, including numerous Heads of State, signed up to a set of goals and targets contained in a Declaration of Commitment (DoC). The Declaration calls for global and national action in ten key areas: leadership, prevention; care, support and treatment; HIV/AIDS and human rights; reducing vulnerability; children orphaned and made vulnerable by HIV/AIDS; alleviating social and economic impact; research and development; HIV/AIDS in conflict and disaster affected regions; and resources. Governments are expected to formulate and implement effective national policies in the above noted areas. Global and regional initiatives are expected to reinforce and complement action at national level.

The DoC also included a pledge, on the part of the United Nations General Assembly, that it would itself devote at least one full day per annum to reviewing the progress achieved in realizing the goals established. To facilitate this ongoing review process, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its Cosponsors have developed a set of core indicators that permit monitoring of measurable aspects of the various international and national actions, national programme outcomes, and national impact objectives envisaged in the DoC. Information obtained on these indicators will also be incorporated into reports and publications produced for broader dissemination and debate.

Steps taken to promote full implementation of the Declaration of Commitment

The approach adopted to ensure the fullest possible implementation of the Declaration of Commitment is based on three principles:

- **Implementation of the Declaration of Commitment is a collective responsibility**

The Declaration of Commitment is global in scope, requiring follow-up in all countries, and its implementation depends on the full cooperation of governments, civil society and the United Nations system. **Governments** are primarily responsible for implementing the Declaration's goals and targets, including the measurement of agreed indicators and a regular review of progress toward their achievement. These reviews should be based on broad-based consultation among stakeholders and their results widely disseminated. Donor governments have an additional responsibility to provide financial and technical support to the efforts of developing countries, encouraging action within the UN system and promoting the goals of the Declaration in international fora.

Civil society engagement is critical to UNGASS follow-up. Civil society groups act as powerful stimulants of national action as well as influential actors in their own right. Networks of people living with HIV/AIDS or of those at high risk (injecting drug users, men who have sex with men, sex workers) are particularly important. The social mobilization necessary to achieve the Declaration's most important goals can come only through sustained and meaningful civil society engagement.

The **UN system** has embraced the Declaration as the framework for action at country level. UNAIDS is leading the way, with the Cosponsors and the Secretariat having accepted special responsibility in their respective areas of expertise¹. The idea is not that these agencies are solely responsible for these areas, but that each one has a facilitating (or "convening") role in promoting, supporting and monitoring the achievement of specific goals. For its part, the UNAIDS Secretariat will facilitate key areas not covered by other UN organizations i.e., men who have sex with men,

¹ These include, for example: UNICEF for orphans and vulnerable children; UNDP for governance and development planning; UNFPA for condom programming for prevention of HIV among young people; UNDCP for injecting drug use; ILO for world of work; UNESCO for education sector; WHO for care and support within the health sector and prevention of HIV transmission to pregnant women, mothers and children; World Bank for evaluation of HIV/AIDS programmes at country level and economic impact; and the UNAIDS Secretariat for men who have sex with men, commercial sex workers, and evaluation of HIV/AIDS programming at global level.

commercial sex workers and evaluation of HIV/AIDS programming at global level, as well as provide overall coordination and support to other partners.

- **Strengthening existing capacities, mechanisms and processes**

In the same spirit as UNGASS preparations, its follow-up should reinforce existing capacities, mechanisms and processes. The objective is not to create new national programmes or UN theme groups or global initiatives; it is to “mainstream” the goals of the Declaration into the “core business” of governments, UN agencies and civil society groups, including the private sector. The Declaration should be clearly recognizable in national development plans, poverty reduction strategy papers, UN Development Assistance Framework papers and non-governmental plans of action. It should provide the framework for moving forward in a wide range of areas, including all those covered in its ten substantive sections.

- **The Declaration as a unifying, motivational tool**

The Declaration of Commitment provides a unique opportunity for advocacy and action. It deals forthrightly with a number of difficult issues, even if it falls short of where we would have liked it to be in one or two important areas (e.g., vulnerable groups). As such, the Declaration can be used to find common ground among groups who do not normally work together. It can serve as a unifying force in a world too often divided when confronting challenges the size and scope of AIDS.

At its meeting in April 2002, the Committee of Cosponsoring Organizations endorsed these principles and also agreed to a series of actions related to the four key areas: advocacy (e.g., the integration of the Declaration into the agendas of major international conferences); normative guidance and operations support (e.g., the development of an operational guide for UN country teams and other partners on strategies and actions to move forward key elements within the Declaration); communications and public information (e.g., the dissemination of a “user-friendly” version of the Declaration that sets out in plain language the commitments contained therein); and civil society engagement (e.g., collaboration with key networks). The

Committee of Cosponsoring Organizations will monitor progress in each of these areas on a regular basis.

Process of Indicator Development

UNAIDS and partners undertook a process of developing a UNGASS monitoring and evaluation framework with a set of indicators (Annex 1) to monitor progress towards achieving the UNGASS goals at global and national levels. The development of the UNGASS monitoring and evaluation framework with the proposed indicators, their refinement, and finalization has been an on-going and evolving process. The UNGASS framework was first developed in October 2001 by the UNAIDS Secretariat in collaboration with Measure *Evaluation*² and shared with the Co-sponsors Evaluation Working Group (CEWG)³. In November 2001, there were further discussions on the draft framework at the Monitoring and Evaluation Reference Group (MERG)⁴ meeting in Lausanne, Switzerland, with a broad range of participants from multilateral, bilateral agencies and academic institutions. Based on the discussions, the framework has been further refined and shared with UNAIDS Co-sponsors and other agencies. The framework has also been shared with partner agencies, country Monitoring and Evaluation Officers and Programme Managers at the ‘Strengthening Monitoring and Evaluation of National HIV/AIDS Programmes in the Context of the Expanded Response’ workshop in Dakar, Senegal, in February 2002. The framework was further reviewed at the recently convened MERG meeting in April 2002 in Washington, D.C. In tandem, a methods package to guide National Governments in data collection has been developed in close collaboration with MERG members. The UNGASS monitoring framework and the accompanying methods package was presented to the Programme Coordinating Board (PCB) of UNAIDS for endorsement in May 2002. The framework together with the methods package was disseminated to National Governments, UN agencies, bilateral agencies, key NGOs and foundations.

Monitoring Progress towards Achieving the UNGASS Goals and Targets

² Measure *Evaluation* is one of the five separate projects funded by the U.S. Agency for International Development (USAID) to examine a wide range of activities with a focus on family planning, maternal and child health and nutrition, and the prevention of HIV/STDs.

³ UNAIDS working group composed of focal points from the Cosponsors’ Evaluation Units.

⁴ UNAIDS advisory body on monitoring and evaluation composed of monitoring and evaluation experts from national governments, UN agencies, bilateral agencies, civil society organizations and the private sector.

The indicators in the UNGASS monitoring and evaluation framework will help to monitor progress towards achieving the goals of the UNGASS Declaration of Commitment. While the aim is not to measure progress at every step, the proposed indicators will monitor progress at all levels. In addition, since it is not realistic to develop indicators for all possible areas of action and programming, indicators are being developed for those areas where particular emphasis is called for, and where progress needs to be measured. It is recognized that not all indicators may be equally relevant to all countries and that some countries may report on additional indicators relevant to their specific situations.

A selected number of global indicators and a range of national action related performance and impact indicators have been identified.

At the **global action** level, five key indicators have been identified to measure progress in resource mobilization, policy and advocacy for HIV/AIDS. UNAIDS in collaboration with other partners will carry out annual surveys of resource flows, annual desk reviews and qualitative assessments to monitor progress in these areas.

At the **national action** level, two indicators have been identified. National Governments' progress in policy development, strengthening and implementation will be captured in a national composite index, which will rely on annual country assessments and will be complemented by a more in-depth qualitative survey every three years. Progress in the area of resource mobilization will be measured through bi-annual surveys on resource flows conducted by UNAIDS in collaboration with National Governments and partners.

At the **national programme** level, nine indicators have been identified to monitor progress in the areas of knowledge, and condom use among young people, workplace HIV policies and programmes, life-skills based HIV/AIDS education, adoption of safer behaviours among injecting drug users, management of patients with sexually transmitted diseases, prevention of mother-to-child transmission (MTCT), treatment, and impact mitigation. These indicators may not be equally relevant to all countries but all nine of them are relevant to countries with generalised epidemics. In countries with concentrated and or low prevalence epidemics, countries may decide to report on

other indicators pertaining to their country specific situations. Population - based surveys either in the general population or in specific populations groups, workplace surveys, health facility surveys, and school-based surveys will be carried out to monitor progress. These surveys will either be part of an on-going multi-purpose survey such as the Demographic and Health Surveys and UNICEF's Multiple Cluster Surveys, or special surveys. In addition, an UNGASS survey model aimed at measuring the UNGASS national programme indicators is being developed. It is envisioned that the UN theme groups, bilateral agencies and other partners will effectively support these efforts.

Two indicators on the prevalence of HIV among young people and new born babies have been identified to monitor progress at the **impact** level. Data from national HIV sentinel surveillance and estimates based on programme coverage will be used to determine the prevalence of HIV among young people and new born babies.

The national indicators focus on progress within individual countries. Four of them are also Millennium Development Indicators, established to monitor progress in achieving the goals and targets set in the Millennium Declaration, adopted by all 189 Member States of the United Nations General Assembly in 2000. As far as possible, national indicators have been built on those that have previously been recommended for use in monitoring and evaluation of HIV/AIDS programmes.

Each of the national indicators is applicable to all countries, with the exception of the indicator covering injecting drug users. This indicator is applicable to countries where injecting drug use is an established mode of HIV transmission. Similarly, countries with low and concentrated epidemics should report on an alternative indicator of HIV prevalence among risk behaviour groups, as opposed to prevalence among young people obtained from antenatal clinic sentinel surveillance. It is recommended that countries with generalized epidemics also report on this indicator to track the epidemic among all key at-risk *behaviour* groups.

Some of the targets set in the DoC apply only to those countries that are most affected by the HIV/AIDS pandemic. These and other indicators may be less relevant in

countries that currently have low overall levels of HIV prevalence in which case they may be reported on less frequently. Even so, it is important to recognize that relatively small changes in behaviour have the potential to trigger rapid epidemics in these countries. To ensure that this potential is not realized, careful epidemiological surveillance and appropriate and effective HIV prevention must be maintained.

Notes are provided at the end of each guideline on any significant assumptions that are made in the calculation of the indicator and on any factors that may tend to introduce bias into the estimates. Particular attention is paid to highlighting factors that may cause distortion in temporal trends or cross-country comparisons of the indicator as these may lead to incorrect conclusions being drawn as to the absolute and relative effectiveness of alternative programmes.

A number of additional national indicators have been suggested in the guidelines that could complement or serve to elucidate the information obtained using the relevant core indicator in some settings.

Measurement tools

At the **global action** level, data will be collected through survey on financial resource flows, desk review and qualitative desk assessments.

At the **national action** level, a standard questionnaire developed by the UNAIDS Secretariat on national policies and strategies has already been dispatched to countries and a global summary based on more than one hundred national reports on policies was completed by June 2002 for presentation to the United Nations General Assembly in October 2002. The information from this report will be used to establish baseline data and to reflect initial progress towards the attainment of the targets set for 2003 and 2005.

At the **national programme and impact** levels, the principal measurement tools required to provide the necessary data are nationally-representative, population-based sample surveys; schools, health facility and employer surveys; and specially-designed targeted surveys of marginalized groups. Other data requirements should be met from

existing routine programme monitoring sources. It is envisaged that these will typically include education and health service records as well as specific HIV/AIDS or sexually transmitted infections control programme and surveillance records.

It is hoped that most of the data required to calculate the indicators will be available from pre-existing sources. In many countries, population-based surveys that collect much of this information (e.g., demographic and health surveys) are carried out on a regular basis. In other countries, similar surveys can be extended to incorporate the necessary questions. Most countries also capture information from schools, health facilities, and employers on a regular basis so that the HIV/AIDS information required for the indicators covering these areas should be relatively straight-forward to collect. The one indicator for which a significant additional data collection effort may be required is that covering injecting drug users.

Reporting and Accountability

The UNAIDS Secretariat and National AIDS Commissions (NAC) will be primarily responsible for reporting on the progress towards achieving UNGASS goals and targets at the global and national levels, respectively, with collaboration of and assistance from UN theme groups, multi- and bi-lateral agencies, NGOs and research institutions.

UNAIDS Secretariat at headquarters will be responsible for collecting, compiling, analyzing and preparing summary reports for global indicators in liaison and collaboration with co-sponsors. A first review of global indicators was carried out and a summary report prepared for inclusion in the report to the United Nations General Assembly presented in October 2002.

At national level, National Governments and NACs will be responsible for reporting on the progress made in the areas of national policies, and strategies, partnerships, resources, and programmes as well as on impact assessment.

Conclusion

Meeting the goals and targets set in the Declaration of Commitment on HIV/AIDS calls for immediate action from all stakeholders. However, national governments need to show serious commitment and leadership and drive the entire implementation process - from the planning to the reporting stage. The comprehensive yet simple monitoring and evaluation framework has been developed to assist them in tracking progress on the key elements of the Declaration of Commitment. It is hoped that this framework will be used both for learning on successful and less successful programmes and accountability purposes. All States agreed to report back to the UN General Assembly on an annual basis. This tool will help them live up to their commitments.

The indicators for monitoring implementation of the DoC will need to be revised from time to time to reflect experience in their use and changes in the course of HIV/AIDS epidemics and in approaches to HIV control. Thus, the identity, specification and method of construction of the core, alternative and additional indicators will be reviewed on a regular basis by UNAIDS and its partners and revisions will be made as and when necessary. Where such revisions to the indicators are agreed upon, UNAIDS will arrange for the guidelines on construction to be updated.

Annex 1

Core indicators for DoC implementation

Indicators	Reporting schedule	Method of data collection
Global level		
Global commitment and action		
1. Amount of funds spent by international donors on HIV/AIDS in developing countries and countries in transition	Annual	Survey on financial resource flows
2. Amount of public funds available for research and development of vaccines and microbicides	Annual	Survey on financial resource flows
3. Percentage of trans-national companies that are present in developing countries and that have HIV/AIDS workplace policies and programmes	Annual	Desk review
4. Percentage of international organizations that have workplace policies and programmes	Annual	Desk review
5. Assessment of HIV/AIDS advocacy efforts	Annual	Qualitative desk assessment(s)
National level		
1. National commitment and action		
1. Amount of national funds spent by governments on HIV/AIDS	Biennial	Survey on financial resource flows
2. National Composite Policy Index (see page xxx)	Biennial	Country assessment Questionnaire
2. National programme and behaviour		
1. Percentage of schools with teachers who have been trained in life-skills-based HIV/AIDS education and who taught it during the last academic year	Biennial	School-based survey and education programme review
2. Percentage of large enterprises/companies that have HIV/AIDS workplace policies and programmes	Biennial	Workplace survey
3. Percentage of patients with STIs at health care facilities who are appropriately diagnosed, treated and counselled	Biennial	Health facility survey
4. Percentage of HIV-infected pregnant women receiving a complete course of antiretroviral prophylaxis to reduce the risk of MTCT	Biennial	Programme monitoring and estimates
5. Percentage of people with advanced HIV infection receiving antiretroviral combination therapy	Biennial	Programme monitoring and estimates
6. Percentage of IDUs who have adopted behaviours that reduce transmission of HIV*	Every 4–5 years	Special survey
7. Percentage of young people aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission** (Target: 90% by 2005; 95% by 2010)	Every 4–5 years	Population-based survey
8. Percentage of young people aged 15–24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner**	Every 4–5 years	Population-based survey
9. Ratio of current school attendance among orphans to that among non-orphans, aged 10–14**		
3. Impact		
1. Percentage of young people aged 15–24 who are HIV-infected** (Target: 25% in most affected countries by 2005 25% reduction globally by 2010)	Biennial	HIV sentinel surveillance

2. Percentage of HIV-infected infants born to HIV-infected mothers (Target: 20% reduction by 2005; 50% reduction by 2010)	Biennial	Estimate based on programme coverage
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* Applicable to countries where injecting drug use is an established mode of HIV transmission
** Millennium Development Goals

National Composite Policy Index

(National Action Indicator: Number 2)

A. Strategic plan	<ol style="list-style-type: none">1. Country has developed multisectoral strategies to combat HIV/AIDS2. Country has integrated HIV/AIDS into its general development plans3. Country has a functional national multisectoral HIV/AIDS management/coordination body4. Country has a functional national HIV/AIDS body that promotes interaction among government, the private sector and civil society5. Country has a functional HIV/AIDS body that assists the coordination of civil society organizations6. Country has evaluated the impact of HIV/AIDS on its socioeconomic status for planning purposes7. Country has a strategy that addresses HIV/AIDS issues among its national uniformed services (including armed forces and civil defence forces)
B. Prevention	<ol style="list-style-type: none">1. Country has a general policy or strategy to promote IEC on HIV/AIDS2. Country has a policy or strategy promoting reproductive and sexual health education for young people3. Country has a policy or strategy that promotes IEC and other health interventions for groups with high or increasing rates of HIV infection4. Country has a policy or strategy that promotes IEC and other health interventions for cross-border migrants5. Country has a policy or strategy to expand access, including among vulnerable groups, to essential preventative commodities6. Country has a policy or strategy to reduce mother-to-child HIV transmission
C. Human rights	<ol style="list-style-type: none">1. Country has laws and regulations that protect people living with HIV/AIDS against discrimination2. Country has laws and regulations that protect groups of people identified as being especially vulnerable to HIV/AIDS, against discrimination3. Country has a policy to ensure equal access for men and women to prevention and care, with emphasis on vulnerable populations4. Country has a policy to ensure that HIV/AIDS research protocols involving human subjects are reviewed and approved by an ethics committee

D. Care and support

1. Country has a policy or strategy to promote comprehensive HIV/AIDS care and support, with emphasis on vulnerable groups
2. Country has a policy or strategy to ensure or improve access to HIV/AIDS-related medicines, with emphasis on vulnerable groups
3. Country has a policy or strategy to address the additional needs of orphans and other vulnerable children