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SUBJECT: MONITORING & REPORTING ON HIV/AIDS PROGRAMS

FROM USAID ADMINISTRATOR NATSIOS

REF: A) STATE 097109, B) STATE 208062

NEW HIV/AIDS MONITORING AND REPORTING SYSTEM

Executive Summary

Usaid has been entrusted with increased resources to lead the international war against HIV/AIDS and to assist in meeting the 2007 international targets set by the global HIV/AIDS community (see para. 3). With these increased resources has come increased accountability and scrutiny. We are committed to working with you to develop and implement an expanded HIV/AIDS surveillance, monitoring and reporting system which responds to the need to track the pandemic, manage resources and report on progress to key constituencies and at the same time is practical and manageable at the field level. The system, which includes data, which most of you are already collecting, has three elements:

(1) the annual and periodic collection of data (see paras. 10-12);
(2) the use of standard indicators (see paras. 13-14); and
(3) the reporting of data to central repositories (see paras. 15-16).

All rapid scale-up and intensive focus missions will need to begin to implement this new system in FY 2002. Other countries should consult with their regional bureau and the Bureau for Global Health (GH) to determine which components are feasible and relevant.

To help you implement the new system, we included resources for this purpose in the FY 2002 and FY 2003 proposed funding. We have had two M&E workshops in Africa and will be including help with M&E at other workshops. In addition, GH has set aside resources to provide technical assistance and some other additional direct support to missions in order to design and implement this new system. Missions should contact their respective regional bureaus to schedule visits.

1. Last summer, I cabled you that combating the HIV/AIDS pandemic was a top agency priority (ref a). I continue to believe that HIV/AIDS is one of USAID's greatest challenges. We have an opportunity to save the lives of millions and alleviate the suffering of millions more infected and affected by HIV/AIDS.

2. This year, congress again gave usaid additional resources to lead the battle against HIV/AIDS. This increase in resources is coupled with an increase in accountability and scrutiny. Human lives are at stake. We must ensure that we manage our resources to achieve the greatest possible impact and are able to report on results to congress and the American public.

3. We, along with our partners, are committed to doing our part in helping meet the 2007 international targets set by the global HIV/AIDS community: 1) reducing seroprevalence in high-prevalence countries by one half among 15-24 year olds; 2) maintaining seroprevalence below one percent in low prevalence countries; 3) providing access to mother to child transmission (MTCT) counseling and services for 25 percent of pregnant women who are HIV positive; and 4) ensuring care for 25 percent of the people infected with HIV and 25 percent of the children affected by AIDS. While USAID plays a strong leadership role in meeting these targets, we are one part of a larger concerted international effort.

4. By 2007 USAID's goal is to achieve national level impact in all priority countries (rapid scale-up and intensive focus) where USAID supports HIV/AIDS programs, either with USAID resources alone or in partnership with other donors and cooperating governments. We will need regular high quality national sentinel and behavioral surveys to document changes in HIV/AIDS and in the risk behavior underlying the epidemic. We will help USAID missions with HIV/AIDS programs ensure that high quality data collection takes place on a regular basis, either with USAID resources alone or in partnership with other USG agencies, donors, and cooperating governments.

5. In all countries USAID's primary objective and comparative advantage continues to be prevention. We need to assess each of our programs to determine whether they are sufficiently comprehensive and capable of achieving national level impact in reducing or slowing the rate of increase in HIV/AIDS seroprevalence in the country. In low seroprevalence countries we can achieve national level impact by focusing on the risk behavior of certain key populations in specific geographic areas. In high seroprevalence countries we can achieve national level impact with a comprehensive set of interventions which can include primary prevention (behavior change, condom promotion, etc.), voluntary counselng and testing, and identification and treatment of sexually transmitted infections. Additionally, in these countries we need to determine the feasibility of providing counseling and services for the prevention of mother to child transmission (MTCT) for pregnant women who are HIV positive and to provide care for people infected with HIV and children affected by AIDS. We are ready to assist you in identifying approaches and strategies to achieve program impact See paragraphs 15 and 17 for details.

6. We need an improved system to manage our resources under the agency's expanded response and to track progress in slowing transmission and alleviating suffering. I have approved an updated HIV/AIDS monitoring and reporting system to support routine monitoring and evaluation of our HIV/AIDS program worldwide and periodic reporting on progress in achieving our stated results. This system is consistent with our new annual report requirements (ref b).

7. We need your suggestions and support to ensure that this system is implemented in a way that provides timely, sound information to key decision makers and other constituencies. We welcome your comments and suggestions on how to strengthen the system. We are working with the Centers for Disease Control and Prevention (CDC), other U.S. government partners and The UN agencies to pool resources and technical expertise to develop common approaches, measures, eatabases and systems, as we did earlier with the USAID and UNAIDS indicator handbooks. Using standard indicators and coordinating support for commonly used data collection systems such as national surveys will be important to allow cross-country comparisons and worldwide reporting.

8. The FY 2002 and FY 2003 proposed funding allocations include resources to implement this system. GH has set aside resources to provide technical assistance, training and some additional direct support to missions to design and implement this system.

9. The system includes three key elements: (1) annual and periodic collection of key national and program level data; (2) use of standard indicators; and (3) reporting of data to central repositories for additional analysis and dissemination.

Element 1: Annual and periodic collection of data

10. The key national and program level data are: (1) HIV seroprevalence rates (from sentinel surveillance systems/ reported annually); (2) changes in risk reduction behavior (from national surveys/ reported every 3-5 years) and (3) progress on USAID program implementation and coverage of target populations (from USAID program reporting systems/reported annually).

11. GH and the regional bureaus, in collaboration with missions, CDC, UNAIDS, WHO and others, will work to improve and expand national sentinel surveillance systems to track the rate of HIV transmission to monitor national impact. CDC will take the USG lead in strengthening sentinel systems in the countries where CDC is working. By 2007, all rapid scale-up and intensive focus countries should have sentinel surveillance systems which provide annual data on HIV seroprevalence rates. The standard indicator will be HIV seroprevalence rates for 15-24 year olds and the disaggregated rates for 15-19 and 20-24 year olds. This indicator is usually derived from antenatal clinic data.

12. Monitoring changes in risk reducton behavior at the national level is important to measure the success, efficiency and coverage of national (and USAID-assisted) HIV/AIDS programs. All rapid scale-up and intensive focus countries which have not already done so need to initiate frequent, standardized national risk behavior surveys by the FY 2003 reporting period at the latest. These surveys (such as demographic and health surveys and/or behavioral surviellance surveys) must occur at least every 3-5 years. Greater frequency is encouraged in critical programs. Missions are also encouraged to survey target (sub)populations more frequently. The standard indicators are the number of sexual partners, condom use with last non-regular partner and age of sexual debut.

Element 2: Use of standard indicators

13. As part of the new annual reporting system, Missions will report each year on their progress toward implementing their expanded HIV/AIDS programs and increasing the proportion of the targeted population(s) covered by these programs.

14. Missions already routinely collect some of this information using the standard indicators in the USAID and UNAIDS handbooks. But some additional indicators are needed for the newer program areas. With other donors and US agencies, we are developing some new indicators for MTCT, orphans & vulnerable children (OVC) and basic care and support for HIV positive persons. Some behavior indicators are still being refined and field tested. We are farther along with some of these indicators than others. GH is field testing these new indicators with the help of several African missions. In March GH will email all missions with updated M&E guidance which summarizes the current state of the art and international consensus on new indicators. The evolving nature of HIV/AIDS programs will necessitate some changes in indicators as we add new program elements and learn more about key behaviors.

Element 3: Reporting of data to central repositories

15. The final element of the new system is the central technical database managed by USAID/Washington. GH is designing the database to be useful for USAID in

Washington and in the field and for our other USG, host country and UN partners. The technical database will have three components: (1) data from national sentinel surveillance systems which the international office of the census bureau will continue to collect and analyze to report on changes in HIV seroprevalence rates (these data are the basis for the UNAIDS estimates of national seroprevalence levels.) (2) data on national level changes in risk reduction behavior which the demographic and health surveys project will collect, analyze and share and (3) a USAID program database which the synergy project will maintain. This will include information on USAID program progress and coverage from field Missions. Missions will supply the information for the program data base in their annual report to PPC. Missions may obtain special analyses from the three components of this database through GH.

16. USAID/W is committed to helping missions establish a practical, manageable on-going system to collect this information and report on overall program progress at the country level. We have allocated staff time and additional resources to the synergy and measure/evaluation projects to support this effort.

17. It is critical that we all move quickly to implement this system. All rapid scale-up and intensive focus missions should implement this new system in FY 2002 and establish program baselines, and outer year targets for national seroprevalence among 15 to 24 years old and the related behavior and program changes including where appropriate access to services for HIV positive pregnant women. In high seroprevalence countries, it is important to set baselines and targets in care for those infected and

Support for orphans and vulnerable children (OVC). All rapid scale-up and intensive focus missions must begin this expanded reporting to USAID/W with the FY 2002 reporting cycle. Regional bureaus may require that other missions in their respective regions also follow these expanded reporting requirements.

18. GH and the regional bureaus are now scheduling technical assistance teams to help missions implement the new system. Missions are encouraged to contact their regional bureau to schedule visits. These teams will include usaid, expert outside consultants and in some cases CDC staff. They will work with mission staff to design and implement effective monitoring and reporting systems at the country level. The teams will provide other assistance including help in updating strategies as requested by missions. Rapid scale-up and intensive focus countries have first priority for this assistance.

19. I am convinced that this new system will enable the agency to use its hiv/aids resources more effectively and report on our important work. All USAID operating units will have access to these data so, for the first time, the same up-to-date information will be used in the agency annual report and other reports submitted to congress. This will enable us to report our results in a more consistent and comprehensive fashion. We expect that the use of the central database will not only improve our reporting but also reduce the number of ad-hoc requests for information to missions. Missions are encouraged to use the database which will be able to generate special analyses and reports for missions and their partners.

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