

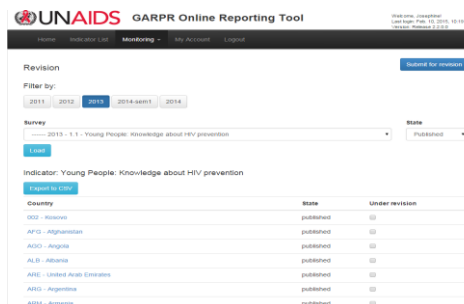
Global AIDS Response Progress Reporting

Includes additional WHO/UNICEF Health Sector Indicators

Reporting overview for 2016

February 2016

GARPR 2016 Reporting process



Reporting tool and indicator updates
- February

AIDS reporting tool
- March

Data Validation and Revisions with countries
April - 16 May



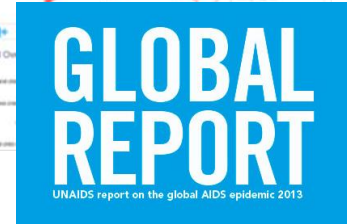
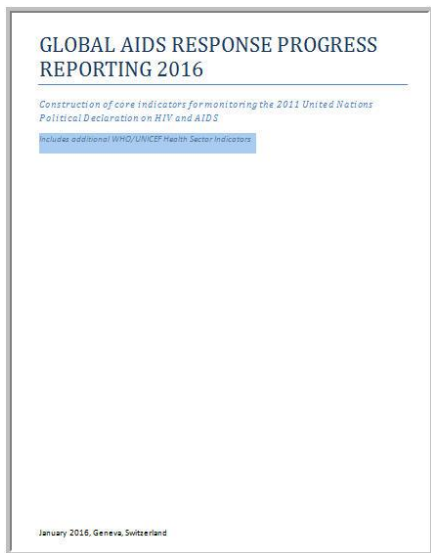
Guidelines out
- February

GARPR submission deadline
- 31 March

Final Spectrum files
- 15 April

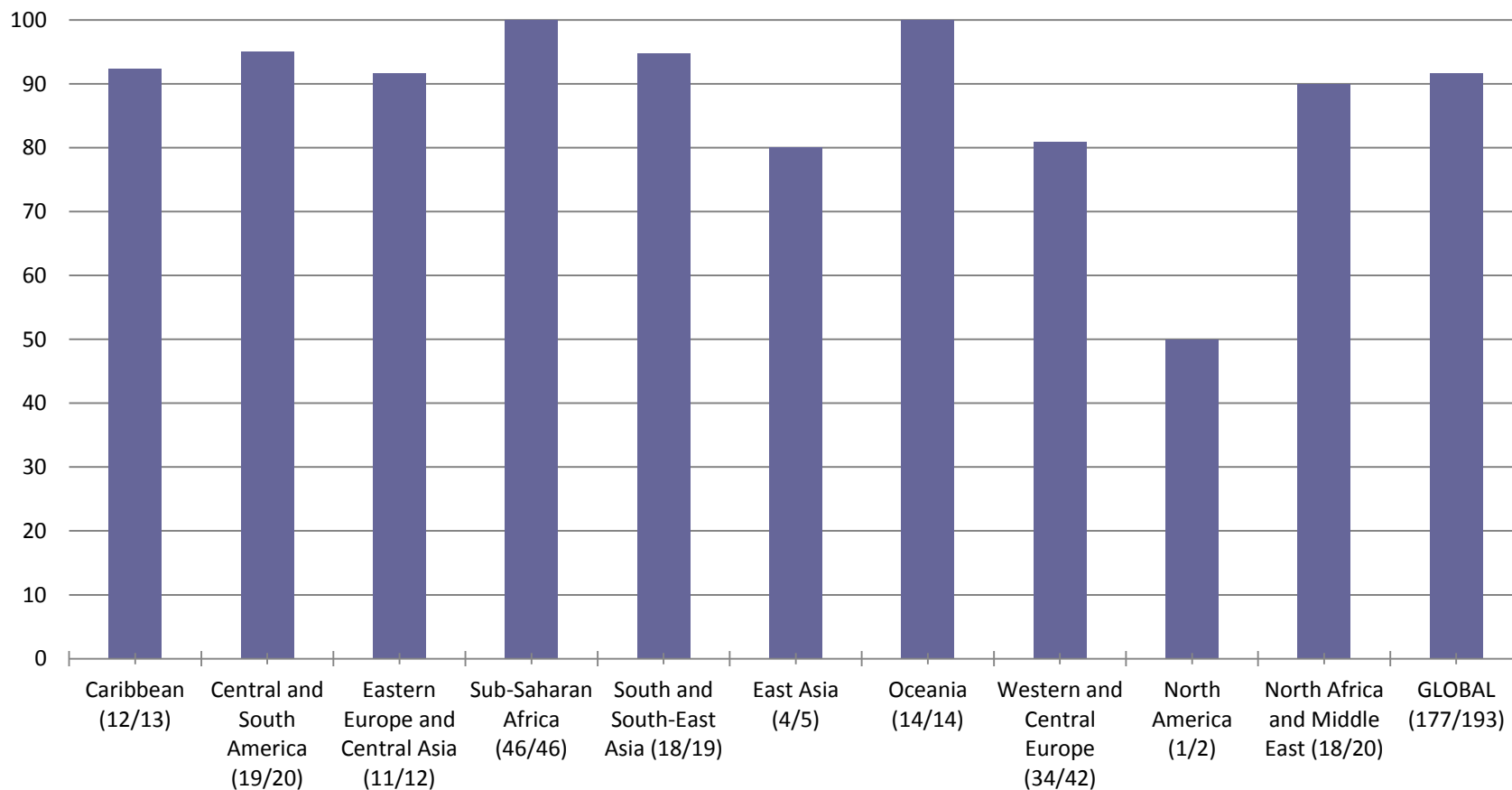
Analysis of global results
- 30 May

- Global AIDS Report
- World AIDS Day Report
- Data in AIDSInfo



Global AIDS Reporting in 2015

– Response rates by region



Source: GARPR 2015 country reports

(Countries reporting / total number of UN Member States in the region)

How are indicators different in 2016? (1)

In anticipation of future reporting requirements aligned with the 2016–2020 UNAIDS Strategy, the following indicators have been introduced:

- people living with HIV who know their status (including case-based reporting)
- HIV prevalence from antenatal care clinics, by age group
- HIV incidence rate
- HIV prevalence in inmates/detainees
- HIV prevalence in transgender people
- HIV care coverage
- viral load suppression
- AIDS-related deaths.

How are indicators different in 2016? (2)

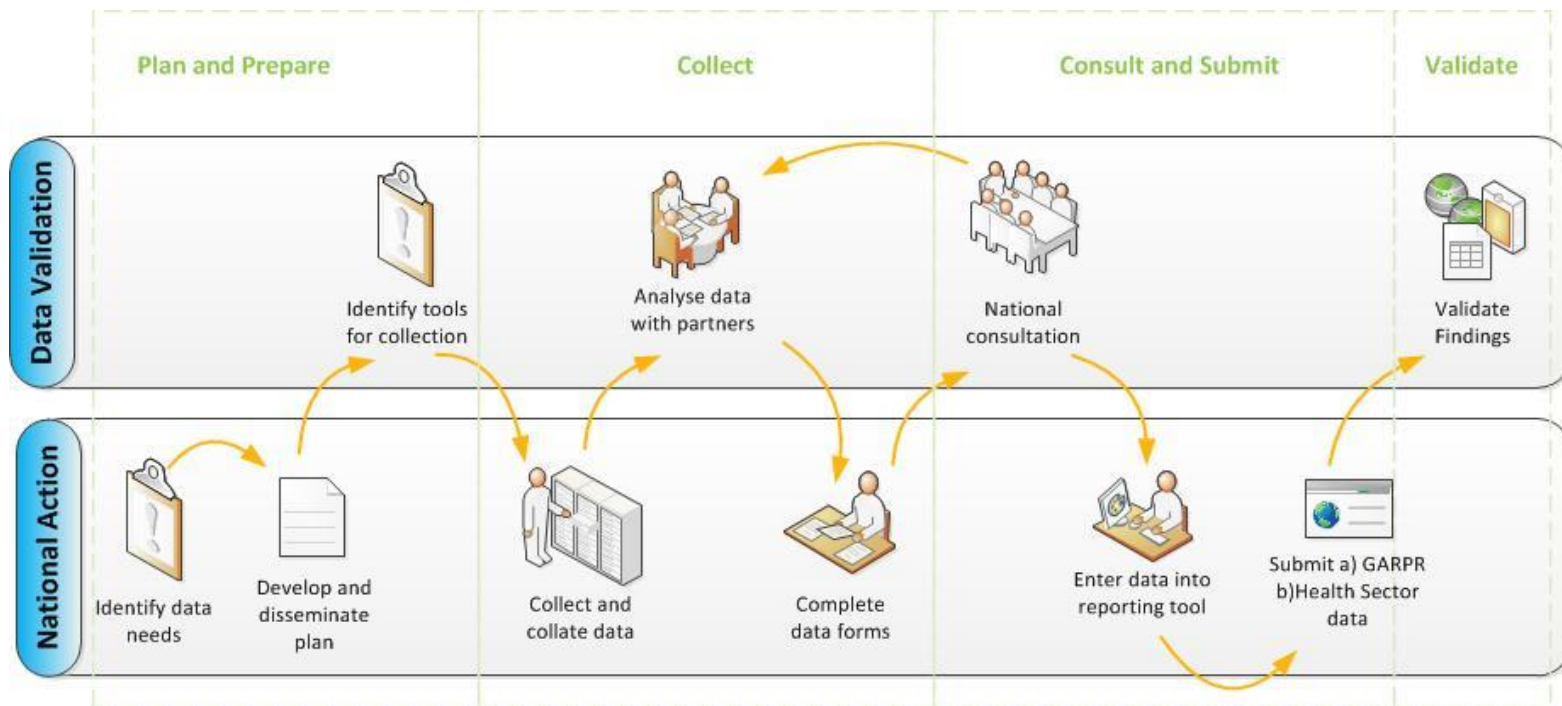
Data from 17 indicators will not be collected during this transition year. These indicators are:

- sex workers: prevention programmes (GARPR 1.7)
- men who have sex with men: prevention programmes (GARPR 1.11)
- number of health facilities that provide HIV testing services (UA 1.15)
- HIV testing services to women and men (UA 1.16)
- rapid HIV test kits stock-outs (UA 1.16.1)
- needle and syringe programmes and opioid substitution therapy sites (UA 2.7)
- prevention of mother-to-child transmission during breastfeeding (GARPR 3.1a)
- percentage of HIV-positive pregnant women assessed for antiretroviral therapy eligibility through either clinical staging or CD4 testing (UA 3.6)
- number of pregnant women attending antenatal clinics at least once during the reporting period (UA 3.11)
- health facilities that offer antiretroviral therapy (UA 4.3)
- antenatal clinics and early infant diagnosis facilities (UA 3.12)
- percentage of adults and children enrolled in HIV care who had tuberculosis (TB) status assessed and recorded during their most recent visit (UA 5.4)
- orphans' school attendance (GARPR 10.1)
- percentage of sex workers with active syphilis (UA 1.17.4)
- percentage of men who have sex with men with active syphilis (UA 1.17.5)
- number of adults reported with syphilis (primary/secondary and latent/unknown) in the past 12 months (UA 1.17.6)
- number of men reported with gonorrhoea in the past 12 months (UA 1.17.8)

How are indicators different in 2016? (3)

- Indicators have been regrouped into topics to align with the 2016–2021 UNAIDS Strategy.
- Transgender as a possible disaggregation, (sex worker indicators / people who inject drugs / prisoners)
- Countries can specify which indicators to use from final Spectrum file - no need to enter in the GARPR online tool.
- Indicator 6.1 AIDS spending is modified – not to be uploaded in the tool: send by email.

Recommended country level process



National AIDS or health authorities submit their data by 31st of March 2016 to UNAIDS through the online reporting tool. This is in accordance with the UNAIDS mandate on reporting back to the UN General Assembly on progress made against the targets of the declaration of commitment signed by member states in June 2011.

Data is accessible through UNAIDS web-site

UNAIDS: www.unaids.org

AIDSinfo: <http://AIDSinfo.unaids.org>

Full database: <http://www.aidsinfoonline.org>



Global Reporting Contacts



Email: aidsreporting@unaids.org

Website: www.unaids.org/AIDSReporting

Tool: AIDSReportingTool.unaids.org