

THE GLOBAL AIDS RESPONSE PROGRESS REPORT | 2014

Frequently Asked Questions

TABLE OF CONTENTS

Purpose	3
General Questions	3
NCPI Questions	4
AIDS Spending Questions	5
Spectrum Questions	6

Frequently Asked Questions on The Global AIDS Response Progress Report – Reporting in 2014

Purpose of this FAQ

This document provides answers to questions that have been received frequently from UN staff, their national counterparts, and the global reporting focal points. For more information on the Global AIDS Response Progress Reporting, please visit our website (www.unaids.org/aidsreporting), or email us at aidsreporting@unaids.org.

General

Why is UNAIDS requesting country progress reports in 2014?

In the [HLM declaration](#) (para. 105) countries agreed to provide “...provide to the General Assembly an annual report on progress achieved in realizing the commitments made in the present Declaration...”. The annual progress review offers an opportunity to focus and sharpen the national responses to AIDS, and to scale up interventions in those areas where a difference can be made in reaching the targets of 2015. The reported data is utilized for national level reviews (including Global Fund new funding model and similar reprogramming efforts), regional reviews, and global analysis. Data will also be reported in part in Melbourne AIDS conference, and through other UNAIDS, WHO and UNICEF reports in 2014.

What is the deadline for 2014 reporting?

Country progress reports should be submitted online no later than March 31, 2014. Should a submission be received after this date, UNAIDS cannot guarantee that the data will be included in the 2014 Report on AIDS to the General Assembly. If online reporting is not possible for your country, submissions should be received no later than March 15th, 2014 to allow time for data entry by staff at the UNAIDS Secretariat.

What is the recommended reporting format?

Country progress reports should be submitted online using the Global AIDS Progress Reporting platform. The online platform is available at <http://www.unaids.org/aidsreporting>, together with training materials and additional resources.

Which internet browser should I use?

The reporting tool is developed to work best with the Microsoft Internet Explorer. With other browsers there may be issues in saving and viewing the data.

What information is included in a country progress report?

A country progress report submission consists of:

- A narrative report on progress towards the 2015 targets
- Data pertaining to the 34 core indicators used globally to monitor national progress in responding to the HIV epidemic;
- Data pertaining to the additional 23 health sector/Universal Access indicators that supplement the country progress reports.
- A cover sheet with relevant contact information.

For more information please see the 2013 Global AIDS Progress Reporting Guidelines.

Which targets are countries required to report on?

Countries are expected to report on all indicators as per the reporting guidelines.

However, if a specific target is no priority, or specific indicator data is not available, this can also be easily expressed in the online reporting tool.

Progress in responding to the HIV epidemic is measured against a set of 10 global targets established in the [2011 Political Declaration on HIV/AIDS](#). These targets are:

1. Halve sexual transmission of HIV by 2015
2. Reduce transmission of HIV among people who inject drugs
3. Ensure that no children are born with HIV by 2015
4. Increase access to antiretroviral therapy to get 15 million people on life saving treatment by 2015
5. Reduce TB deaths in people living with HIV by 50% by 2015
6. Reach a significant level of annual global expenditure (between \$22 billion and \$24 billion) in low and middle-income countries
7. Eliminate gender inequalities and gender-based abuse and violence and increase the capacity of women and girls to protect themselves from HIV
8. Eliminate stigma and discrimination against people living with and affected by HIV through promotion of laws and policies that ensure the full realization of all human rights and fundamental freedoms
9. Eliminate HIV-related restrictions on entry, stay and residence
10. Eliminate parallel systems for HIV-related services to strengthen integration of the AIDS response in global health and development efforts

Can I submit my country progress report together with the report on the Health Sector response?

Yes you can. The health sector indicators are integrated into the online reporting tool, and can be entered and submitted together with the 32 main Global Progress Reporting Indicators.

How can I check what my country reported in the last report?

You can view the most recent reported data in the following ways:

By viewing the country reports:

- Narrative report: <http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/>
- NCPI report: <http://www.unaids.org/en/dataanalysis/knowyourresponse/ncpi/2012countries/>

By viewing the data in

- AIDSinfo web-page: <http://www.aidsinfo.unaids.org/>
- Or full AIDSinfo database: <http://www.aidsinfoonline.org/>

NCPI

Is the full NCPI included for 2014?

Yes it is. The National Commitments and Policy Instrument (NCPI) is filled every two years, as it includes extensive consultations with national stakeholders. The last NCPI was done in 2012, and in 2014 the questionnaire is again fully available ,with minor modifications.

AIDS Spending

What are the sources of information for measuring AIDS spending?

The most comprehensive exercise is the [National AIDS Spending Assessment](#) (NASA). Alternatively, some countries have carried out [National health accounts exercise](#) (NHA), which includes some AIDS spending items, although not as extensively as NASA. Linkages between the two are explained in a separate [document](#). Some countries use their own accounting tools and ad hoc resource flows surveys. In the latter case, to ensure consistency and comparability, UNAIDS encourages countries to use the [NASA spending categories](#) wherever possible.

In case none of the above recommended methods are available, ad hoc budget reviews could also be used for reporting. However, it needs to be noted that they don't reflect actual spending on AIDS.

What does the AIDS Spending indicator measures?

The AIDS Spending indicator is used to measure target # 6 of the 2011 Political Declaration on HIV/ AIDS: "Reach a significant level of annual global expenditure (between \$22 billion and \$24 billion) in low and middle-income countries". AIDS Spending is reported completing the National Funding Matrix: AIDS Spending by category and by financing source. This indicator provides critical information that is valuable at both national and global levels of the AIDS response.

What is the funding matrix?

The matrix is a spreadsheet that enables countries to record AIDS spending within eight categories across three funding sources. It is a double entry table that has two basic components:

- a. AIDS Spending Categories (How funds allocated to the national response are spent) and
- b. Financing Sources (Where funds allocated to the national response are obtained).

There are eight AIDS Spending Categories:

1. Prevention;
2. Care and Treatment;
3. Orphans and Vulnerable Children;
4. Programme Management and Administration Strengthening;

5. Incentives for Human Resources;
6. Social Protection and Social Services (excluding Orphans and Vulnerable Children);
7. Enabling Environment and Community Development; and
8. Research.

Where do I find the funding matrix?

The funding matrix file is available to be downloaded in the online reporting tool. Once the data is entered to the spreadsheet, the file should be uploaded to the online reporting tool as specified when reporting on indicator 6.1

Spectrum

To ensure consistency in global reporting it is important that data elements used in Spectrum are the same as those used in the AIDS online reporting tool. Similarly it is important to use the most recent output from Spectrum in the AIDS online reporting tool.

Will there be a new version of Spectrum for the estimates produced in 2014? Will there be training on the new version?

There will be a new version of the software for 2014. Countries need to update their current Spectrum file in the new software and include any new data. Simple step by step instructions will be provided along with the link to the new software in January. No regional trainings will be held. The changes to the software will not affect the interface so individuals trained in 2013 can easily update their previous file.

What is the timeline for the review and submission of Spectrum files?

Countries are requested to share draft Spectrum files UNAIDS by 28 February, 2014. Any feedback will be provided within two weeks. The final files should be submitted at the same time as the GARPR submission – 31 March, 2014.

Which variables in the Global AIDS Progress Reporting form should match Spectrum input or output?

Table 1 below describes specifically what data elements should be consistent between the Global AIDS Response Progress Report and your national Spectrum file. Spectrum software can provide the denominators for indicators 3.1, 3.1a, 3.2, 3.3, and 4.1 (PMTCT and ART). In addition the programme data entered in Spectrum should be the same as those data used in the Global AIDS Reporting Tool numerators for indicators 3.1, 3.1a and 4.1.

Table 1. Data elements that should be identical in the GARPR tool and Spectrum

	GARPR on-line tool	Equivalent Spectrum variable name (Variable name, location in Spectrum)
PMTCT		
3.1 Numerator	Lifelong ART during pregnancy	ART started during pregnancy
	Lifelong ART before pregnancy	ART started before pregnancy
	Maternal triple ARV prophylaxis	Option B - triple prophylaxis
	Maternal AZT	Option A - maternal
	Single dose nevirapine	Single dose nevirapine
	Other	Dual ARVs - see note below
		(Program statistics, prenatal)
3.1 Denominator	Estimated number of HIV-positive pregnant women within the past 12 months	Mothers needing PMTCT
		(Results, PMTCT)
3.1a Numerator	Women living with HIV who were breastfeeding provided with ARVs to protect transmission to the infant, regardless of whether medicine provided to mother or child	Sum of: Postnatal Option A + Postnatal Option B + Women started on ART before or during current pregnancy
		(Program statistics, Postnatal and prenatal)
3.1a Denominator	Estimated number of women living with HIV who were breastfeeding in the past 12 months	Mothers needing PMTCT
		(Results, PMTCT)
3.2 Denominator	Number of HIV-positive pregnant women giving birth in the last 12 months	Mothers needing PMTCT
		(Results, PMTCT)
3.3 Indicator	Mother to child Transmission	MTCT rate including breastfeeding
		(Results, PMTCT)
ART		
4.1 Numerator	Number of adults currently receiving ART	Number of adults receiving ART (Dec 31)
	Number of children currently receiving ART	Number of children receiving ART (Dec 31)
		(Program statistics, Adult ART / Child ART)
4.1 Denominator	Estimated number of adults eligible for ART under national guidelines	Total need for ART (15+) (Dec 31)
	Estimated number of children eligible for ART under national guidelines	Children needing ART (Dec 31)
	Estimated number of adults living with HIV	HIV population 15+
	Estimated number of children living with HIV	HIV population 0-14
		(Results, ART eligibility / Adults 15+, Children 0-14)

For the numerator for indicator 3.1, Spectrum also has a category titled *dual ARV*. This category is referring to the 2006 WHO recommended regimen that provides women with AZT plus one other ARV. This is similar to Option A, however we count the two regimens separately. Option A recommends that women start the regimen earlier in their pregnancy and provides prophylaxis throughout the breastfeeding period. In the online reporting tool women who received dual ARV should be listed in the “Other” category and in the comments box a note should be made on the number of women receiving the dual ARV (2006 WHO recommended regimen).