

# Dublin Declaration Monitoring in the WHO European Region

Ulrich Laukamm-Josten
STI/HIV/AIDS Programme
World Health Organization
Regional Office for Europe, Copenhagen



## Commitments Aggreed Upon by Member States

- UNGASS Declaration of Commitment on HIV/ AIDS "Global Crisis – Global Action" (June 2001/5)
- Resolution 9 of WHO Regional Committee for Europe 52nd session (September 2002)
- Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia (February 2004)
- Vilnius Declaration on Measures to Strengthen Responses to HIV/AIDS in the European Region and Neighbouring Countries (September 2004)



#### The Dublin Declaration

The commitments against which the countries in the WHO European Region primarily are measured are derived from the Dublin Declaration:

- Provide increased and results-based financial and technical resources to scale-up access to prevention, care and sustained treatment
- By 2005, provide universal access to effective, affordable and equitable prevention, treatment and care, including safe antiretroviral treatment to people living with HIV/AIDS, where access to treatment is currently less than universal
- By 2010, elimitate HIV infection among infants



### How is Progress Measured?

The commitments translate into two discrete target indicatores measuring progress in treatment scale-up:

- Number of new patients on HAART in the 53 Member States (including vulnerable groups)
- Number of countries providing universal access to HAART



### **Examples of HAART Indicators**

- Number of patients receiving HAART (total, aggregated by sex and age, aggregated by way of transmission)
- Number of people infected through IDU receiving HAART (distinction between current and former IDU by time of entry into treatment)
- Number of people on different treatment regimens
- Treatment outcome indicators
- Number (and level) of facilities providing HAART
- Number of HIV-positive pregnant women receiving HAART



#### Other Indicators

- Percent women, children (<15 years), IDU (total & active and former by time of entry) on HAART
  - compared to percent women, children (<15 years), IDU (total & active and former by time of entry) living with HIV/AIDS</li>
- Number of patients seen for care, number of facilities, ARV regimens, treatment outcomes, PMTCT, TB and PCP prophylaxis, HBV and HCV co-infection rates, opioid substitution treatment co-treatment



#### Indicators to be Included

- Extension to prevention indicators (beyond standard indicators) including
  - Harm Reduction coverage
  - Substitution treatment coverage



## Matrix of Indicators (1)

ndicators (by category)	Data source (agency collecting this data)	Publishing frequency	collection/ publicatio	Available on-line	Countries covered	Notes
I. Key epidemiological indicators (mainly from the national case reporting systems)  1-1.3 are needed to measure trends toward the MDG to "Halt and begin to reverse the spread of HIV/AIDS"						
1.1 Number of new (per year) and cumulative reported						
HIY cases						
[Otal	EuroHIV	Annually	Dec-04	Yes	All 52	
By sex	EuroHIV	Annually	Dec-04	Yes	All 52	
By age group (children (0-14 years) and adults (15+ years))	EuroHIV	Annually	Dec-04	Yes	All 52	
By transmission group (IDU", MSM, hetero, blood, PMTCT, other)	EuroHIV	Annually	Dec-04	Yes	All 52	
(Proportion of HIV+IDU who are current injectors (injecting within he last 4 weeks)	WHO/Europe	Annually	Dec-04		All 52	
(Proportion of HIV+IDU who receive substitution treatment)	WHO/Europe	Annually	Dec-04		All 52	
Among prisoners	WHO/Europe	Annually	Dec-04		All 52	
Among "non-nationals" (immigrants)	EuroHIV	Annually	Dec-04	Yes	All 52	Several countries do not include data on "non-nationals" in their HIV/AIDS statistics Small variations in the
1.2 Number of new (per gear) and cumulative reported AIDS cases						AIDS case definitions used in Europe, see latest EuroHIV report.
<u>[Otal</u>	EuroHIV	Annually	Dec-04	Yes	All 52	
By sex	EuroHIV	Annually	Dec-04	Yes	All 52	
By age group (children (0-14 years) and adults (15+ years))	EuroHIV	Annually	Dec-04	Yes	All 52	
By transmission group (IDU, MSM, hetero, blood, PMTCT, other)	EuroHIV	Annually	Dec-04	Yes	All 52	
Among prisoners Among "non-nationals" (immigrants)	WHO/Europe EuroHIV	Annually	Dec-04 Dec-04	Yes	All 52 All 52	
1.3 Number of new (per gear) and cumulative reported HIV/AIDS related deaths	Euroniv	Annually	Dec-04	162	All 02	Lack of standardisation in the reporting of deaths among PLWHA
l Total	EuroHIV*	Annually	Dec-04	Yes	All 52	*EuroHIV only collects death among registered
By transmission group (IDU, MSM, hetero, blood, PMTCT, other)	EuroHIV*	Annually	Dec-04	Yes	All 52	AIDS cases
1.4 Number of new (per gear) and cumulative reported deaths among PL WHA (not HIV/AIDS related. E.g. overdose, suicide, accident etc)						
[otal	∀HOłEurope	Annually	Dec-04		All 52	
2. Quality of national HIV/AIDS surveillance system 2.1 coverage of national HIV/AIDS reporting systems	ns					
E.g. The estimated proportion of the total PLWHA population in a sountry registered in the national HIWAIDS reporting system)	EuroHIV survey 2006?					
2.2 National estimates of HIVIAIDS prevalence (total number of PLWHA)	National reports					



## Matrix of Indicators (2)

- Key epidemiological indicators
- Quality of surveillance systems
- PLWHA and co-infections
- HIV testing
- Prevalence and diagnostic testing
- Treatment/Service indicators
- Prevention indicators
- STI surveillance



## Matrix of Indicators (3)

- Behavioural surveillance
- National commitment and action
- Regional commitment and action
- Other indicators



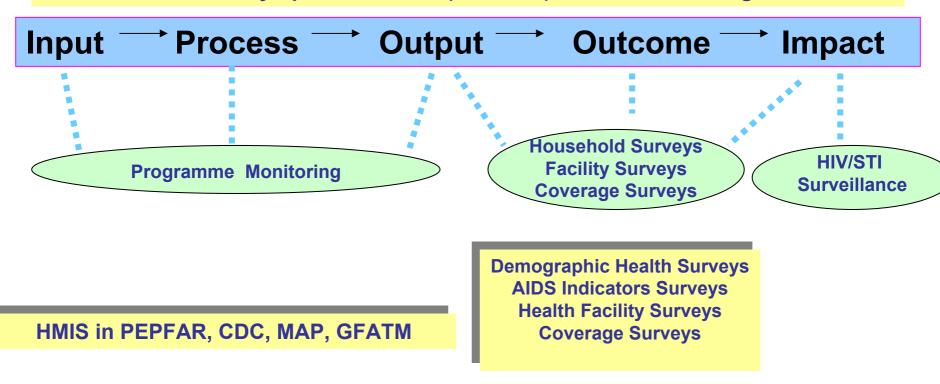
#### **Guidelines for Indicators**

- Monitoring and Evaluation Toolkit HIV/AIDS, Tuberculosis and Malaria (GFATM, 2006)
- Guidelines on Construction of Core Indicators, Monitoring the Declaration of Commitment on HIV/AIDS UNGASS (UNAIDS, Aug. 2003) – see Indicators and Targets next
- M&E Guide for Young People (WHO et al., 2004)
- National AIDS Programmes A Guide to M&E (UNAIDS et al., 2000)



## Initiatives, Indicators, and Tools for Strategic Information

Core consensus Indicators for all Initiatives based on United Nations General Assembly Special Session (UNGASS) and recent meetings



Second Generation HIV
Surveillance



## Core Indicators and Targets of the Declaration of Commitment

#### MDG indicators:

"% 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

"% of young people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner"

"% of young people aged 15-24 who are HIV infected"

Target: 25% in most affected countries by 2005; 25% reduction, globally, by 2010

UNGASS indicators:

"% of IDUs who have adopted behaviours that reduce transmission of HIV"

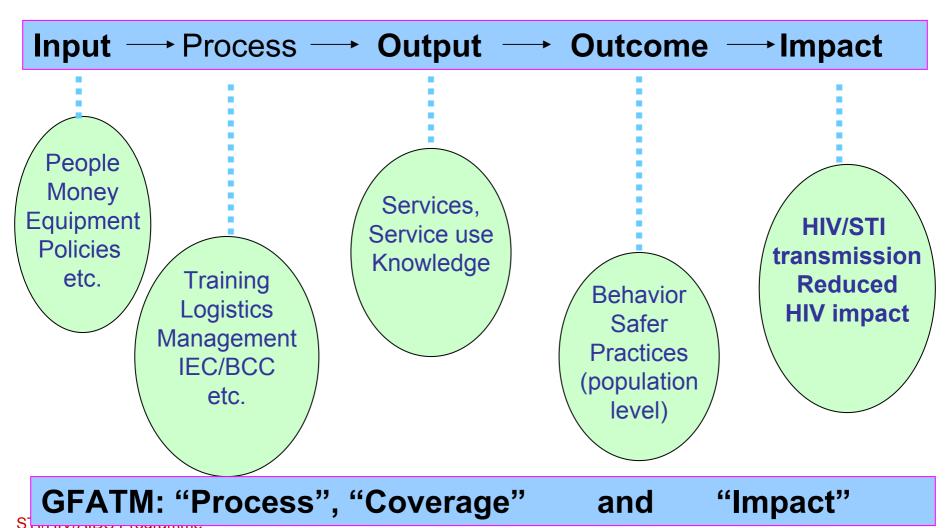
"% of HIV-infected infants born to HIV-infected mothers"

Target: 20% reduction by 2005; 50% reduction by 2010



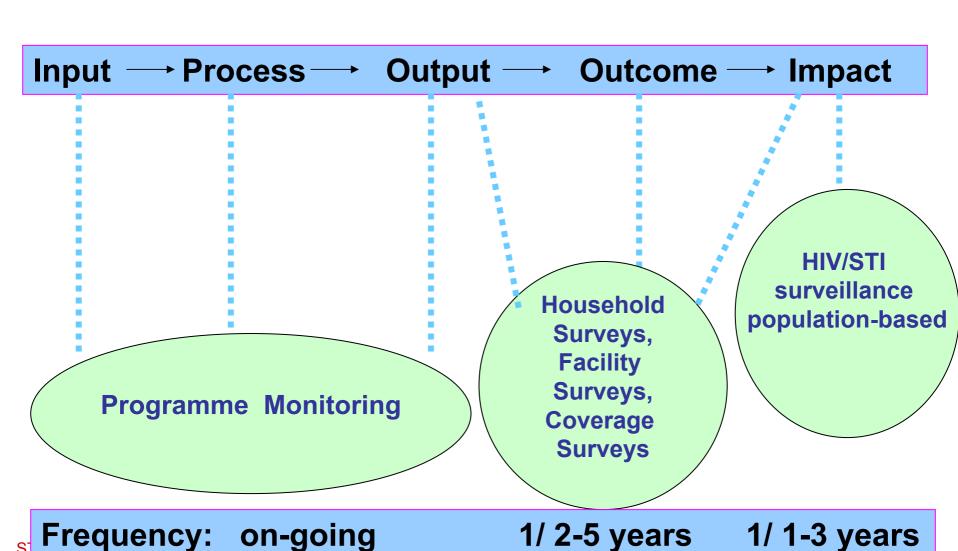
WHO/Europe

## FRAMEWORK for Monitoring and Evaluation (standard, and GFATM specific)





## Data Collection and Frequency for Monitoring and Evaluation



WHO/Europe WAE AIDS

IVIAE AIDS ACTION EUROPE, AMSTERGAM

23-25 NOV 2006



## Examples of Indicators

HIV prevalence Appropriamong pregnant diagnosi	iate	V 1 '0
women treatmer	is and	Young people with multiples partners
HIV prevalence among sub-for STI populations at risk	ent seeking	Condom use at last higher risk sex
1 '	nce among t women	Age-mixing in sexual relationships



## Message

- Do not do what you want to do!
- Do not invent new indicators!
- Follow the developing process of UA monitoring in your country! (Principle of 3 Ones)



## Universal Access Monitoring for the Health Sector



## The health sector's contribution to achieving Universal Access

Expanding testing and counseling

Maximising prevention

Accelerating treatment scale up

Strengthening health systems

S T R Т E G C N F 0 M A Т N



#### Framework for monitoring the health sector

#### Availability/ Access

reachable and
affordable services
that meet a minimum
standard

Health Interventions

#### Coverage

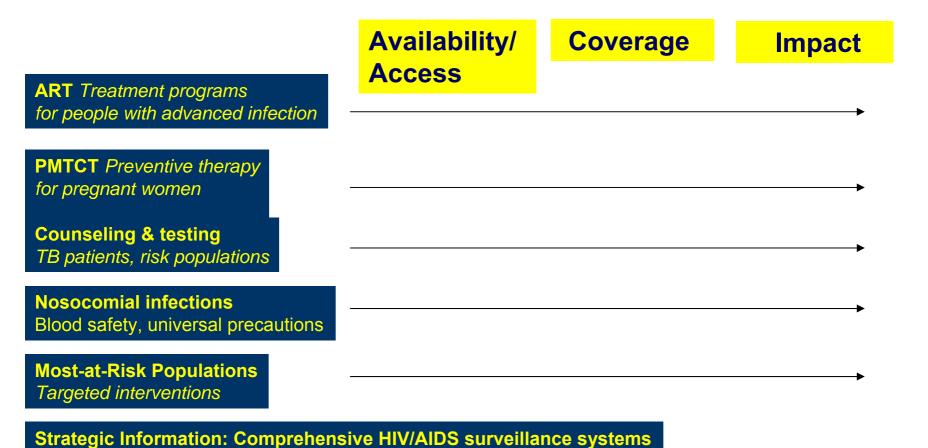
people using the intervention among those who need it

#### **Impact**

reduction in new
infection rates and
improved survival of
those infected



## WHO framework for monitoring the health sector





### Targets and global standards

- Universal aim for 100%, with global standards as benchmarks
  - TB: 70% case detection / 85% treatment success rate
  - Immunization: Reach Every District (RED) = at least 80% DPT3 coverage in every district;
     includes equity
- Targets: Country-specific targets are important, supported by global standards for universal access
  - Example: 80% of districts have at least 2 ART facilities by 2008
- Variable time line adapted to country-specific constraints
  - What are the contraints



## **Targets and Timelines**

#### **Constraints**

Contextual factors governance, physical environment

Public policies

Government bureaucracy, infrastructure

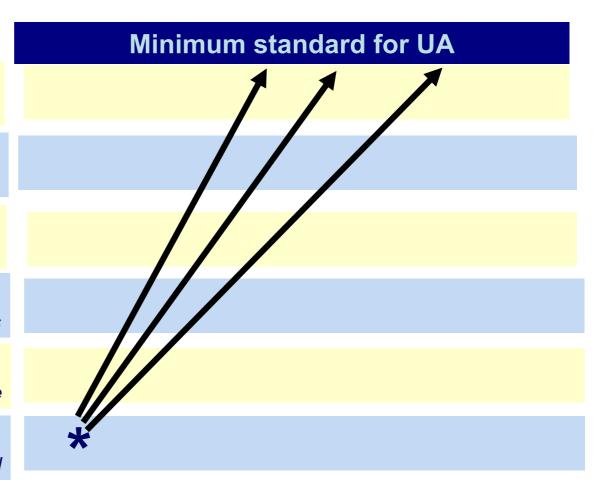
Health sector

policy and strategic management level

Health service delivery infrastructure, staff, drugs and supplies

Community and household demand for services, barriers to use

Epidemiologic situation ability to reach the people in need



2005

2010

2015



### **UA Targets**

- No global targets
- No regional targets (?)
- Country specific national targets



### **National Targets**

- Finalized by 2006
- Baseline values determined in 2006
- Process targets for 2008
- Outcome targets for 2010



## Concept for National Targets

- More powerful for advocacy and resource mobilisation <u>if limited in</u> <u>number</u>
  - -One or two for each program area
  - -Total not more than 3 6 targets
- Very <u>country specific</u>
- Feasible and actively promoted



## WHO Guidance on Target Setting

- Guidance laying out issues to consider to set country targets in a systematic way that can be documented
- In the areas of: ART, PMTCT, T&C, IDU
- Content of guidance:
- Overview of coverage "Standards" for consideration
- Review of country context



## WHO Guidance on Target Setting

- Assessment of possible impact under different target scenarios

→ Decision on ambitious but realistically achievable target for 2008, 2010

Should be followed by appropriate programming and M&E

## Target Setting Guidance for ART

- Many important aspects related to ART (OI, palliative care, psychosocial support, nutritional support etc.) but at the moment, target setting focuses on # of people on ART
- Discussion of coverage-"standards" for consideration
- 80% of those in need on ART?

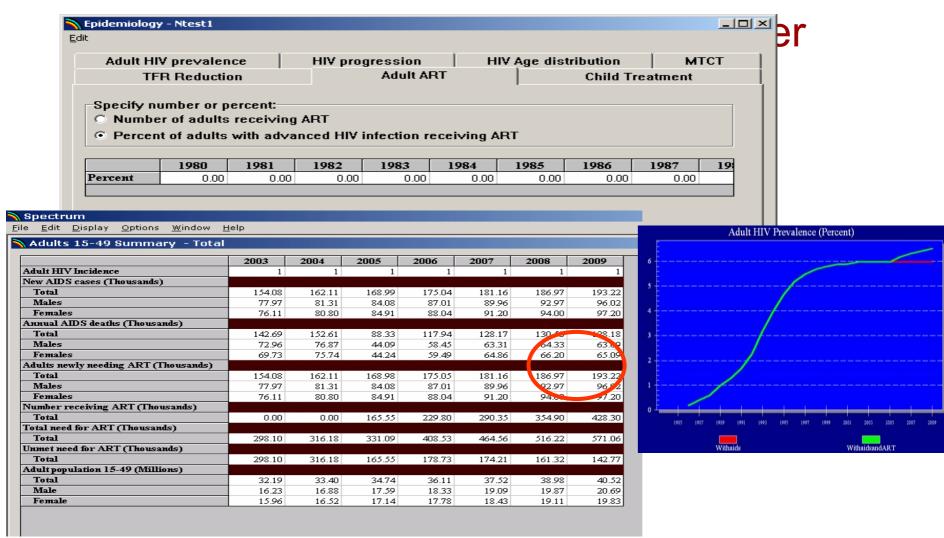
## Target Setting Guidance for ART

#### Review of country context

- Baseline assessment of # and % of people in need on ART(e.g.16,000/41,000)
- Assessment of programmatic performance and capacity
  - e.g. What has been the rate of scale-up in terms of ART availability in facilities over the past few years, and what is the potential rate of increase?
  - What is the plan for training more health workers and increasing lab capacity?



### Target Setting Guidance for ART





#### Framework for monitoring the health sector

#### **Access**

reachable and affordable services

#### Coverage

people using the intervention among those who need it

#### **Quality**

meeting minimum standards

#### **Impact**

reduction in new
infection rates and
improved survival of
those infected

Health Interventions



## Rating Scale ART

Нулевой	Очень низкий (очень плохой)	Низкий (плохой)	Ограничен- ный	Умеренный	Высокий (очень хороший)
None	Very poor	Poor	Limited	Moderate	Very good
<b>APT</b> 0%	Менее 10%	10-24%	25-49%	50-75%	Более 75%



## Rating Scale PMTCT

	Очень низкий (плохой) Very Poor	Низкий (плохой ) Poor	Ограни ченный Limited	Умерен ный Moderate	Высокий (очень хороший) Very good
Тестирование и консультирование	< 1%	1-24%	25-49%	50-75%	>75%
Testing & counseling					
АРВ беременным					>95%
ARV prophylaxis					
Кесарево сечение Cesarean Section	< 10%	10-24%	25-49%	50-75%	>75%
Искусственное вскармливание					>95%
Breast feed substit.					



## WHO Target Setting Guidance

- Available for countries that do not yet have targets, or would like to follow a systematic review process when setting, reviewing adjusting targets
- Tries to link with existing ongoing efforts use of Spectrum, existing global strategies, M&E guides



## WHO Target Setting Guidance

 Hope to be linked to strengthen country programming and M&E as immediate followup activites

Comments, input, feedback from civil society needed!



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### 3 Treatment and Care Protocols





#### Sources



#### WHO/EURO www.euro.who.int/aids

WHO/HQ www.who.int/hiv UNAIDS www.unaids.org