

# Guidelines for Conducting a Review of the Health Sector Response to HIV/AIDS



**World Health  
Organization**

Regional Office for South-East Asia



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WHO Library Cataloguing-in-Publication data

World Health Organization, Regional Office for South-East Asia.

Guidelines for conducting a review of the health sector response to HIV/AIDS.

1. Acquired immunodeficiency syndrome - prevention and control epidemiology.
2. HIV infections epidemiology prevention and control.
3. Health care sector.
4. Program evaluation.
5. Guidelines.

ISBN 978-92-9022-318-4

(NLM classification: WC 503.6)

This publication is available on the internet at:

[www.searo.who.int/hiv-aids\\_publications](http://www.searo.who.int/hiv-aids_publications).

Copies may be requested from the HIV Unit, Department of Communicable Diseases, World Health Organization, Regional Office for South-East Asia, Indraprastha Estate, Mahatma Gandhi Marg, New Delhi-110 002, India, e-mail: [hiv@searo.who.int](mailto:hiv@searo.who.int).

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Printed in India, March 2008

## ACKNOWLEDGEMENTS

The *WHO Guidelines for conducting a review of the health sector response to HIV/AIDS* has greatly benefited from the publication *Guidelines for conducting a review of the National Tuberculosis Programme*, published by WHO in 1998 and the *Guidelines for conducting review of a national malaria control programme*, WHO, 2007 (SE ICP MAL 001).

We would like to acknowledge the National AIDS Programme managers and their teams, WHO country office staff and the many partners who contributed to successful programme reviews in Indonesia, Myanmar, Sri Lanka and Thailand. Lessons learned from those programme reviews were incorporated in this guidelines. Thanks to Professor Daniel Tarantola and Dr Jai P Narain who gave critical direction to the initial organization and subsequent improvement of the review methodology. Special thanks to Associate Professor Sukhontha Kongsin who assisted in producing the initial draft of this document and to Dr Bandana Malhotra for incorporating comments and editing. Dr Sombat Thanprasertsuk from WHO Office, Thailand; Drs Ying-Ru Lo, Ousmane Diouf and Cyril Pervillac from WHO/HQ provided valuable inputs and comments.



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## ABBREVIATIONS AND ACRONYMS

ARV	antiretroviral
ART	antiretroviral therapy
CBO	community-based organizations
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
IEC	information, education and communication
IDU	injecting drug user
MDG	Millennium Development Goal
MSM	men who have sex with men
M&E	monitoring and evaluation
NAP	National AIDS Programme
GO	governmental organization
NGO	nongovernmental organization
OI	opportunistic infection
PLHA	people living with HIV/AIDS
PMTCT	prevention of mother-to-child transmission
PITC	provider-initiated testing and counselling
STI	sexually transmitted infection
TB	tuberculosis
UN	United Nations
VCT	voluntary counselling and testing
WHO	World Health Organization



# PREFACE

As the directing and coordinating authority on international health, the World Health Organization (WHO) takes the lead within the United Nations (UN) system in the global health sector response to HIV/AIDS. WHO provides evidence-based, technical support to Member States to help them scale up HIV prevention, care and treatment services with a broad health sector approach, and ensure a comprehensive and sustainable response to HIV/AIDS.

Since early 1990s, the WHO South-East Asia Regional Office has conducted many reviews of national AIDS programmes, in collaboration with several national governments. From 2005 to 2007, programme reviews were conducted in Thailand, Myanmar, Sri Lanka and Indonesia. Specific reviews on programme interventions were also carried out in many countries in the past few years. These guidelines follow the *Guidelines for conducting a review of a national tuberculosis programme*<sup>1</sup> and *Guidelines for conducting a review of the national malaria control programme*<sup>2</sup> and summarize the experience gained from previous reviews. These guidelines are intended to advise national AIDS programme (NAP) managers in planning similar reviews of their programmes.

These guidelines will help review teams to carry out the different components of a programme review. They can be used as a stand-alone instrument to evaluate/review the health sector in particular, or for broader multisectoral reviews. The guidelines are primarily targeted at professionals involved in planning and coordinating health sector programmes and interventions, with a particular focus on National AIDS Control Programmes. Programme managers and coordinators in the public and private health sectors, nongovernmental and community-based organizations as well as civil society would find these guidelines useful. WHO and other UN staff working in the area of HIV/AIDS and international partners would also benefit from these guidelines.

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<sup>1</sup>*Guidelines for conducting a review of a national tuberculosis programme*. Geneva, World Health Organization, 1998 (WHO/TB/98.240).

<sup>2</sup>*Guidelines for conducting a review of a national malaria control programme*. New Delhi, WHO, 2007 (SE ICP MAL 001).



# INTRODUCTION

During the late 1980s to early 1990s, the progress of national AIDS programmes (NAPs) was assessed through reviews of their implementation. While some judgements can be made about the management capacity and logistics of programmes during reviews leading to problem-solving decisions, more formal mechanisms of evaluation are also required to guide programmes between alternative courses of action and help in answering the question “Do the intervention strategies make a difference?” These mechanisms include studies designed specifically for evaluating programme implementation and effectiveness.

Different types of reviews can be conducted, depending on the country’s needs.

- *Comprehensive reviews* examine the response to HIV/AIDS of the health sector as a whole. A comprehensive review is usually preferable to the other types as it provides a general overview of the programme’s strengths and needs.
- *Specific reviews* look at one or several intervention areas (e.g. prevention of mother-to-child transmission [PMTCT], antiretroviral therapy [ART], sexually transmitted infections [STI], service delivery models, etc.).
- Reviews may be carried out of *special initiatives* such as the Global Fund for AIDS, Tuberculosis and Malaria (GFATM), World Bank, other bilateral or multilateral programmes, or of specific geographical areas.

This guide describes how to conduct a *comprehensive review*. Many of the methods can be adapted for more specific reviews, however. Reviews may also be *internal or external*. Internal reviews are carried out by people involved in programme management and implementation. External reviews are carried out by those not directly involved with the programme. Reviews may also be a mix of internal and external, i.e. those involved in conducting the review may be both internal and external to the programme.

A programme review<sup>3</sup> is a systematic assessment of the NAP, including its relevance and adequacy. The outcome of the review serves as a basis for reprogramming. Basically, two types of reviews are recommended:

- 1.1 The internal review, which should be carried out annually, is conducted by the national programme manager and staff of the NAP. It utilizes data gathered from routine monitoring and supervisory reports. The report from the review serves as the annual report for the programme, prior to preparing the workplan for the coming year.
- 1.2 The external review includes participation from outside the NAP, e.g. representatives from government, private sector and donor organizations.

<sup>3</sup>Monitoring and evaluation. Geneva, WHO Global Programme on AIDS, 1992 (EVAREP/WHO 6/07/1992).

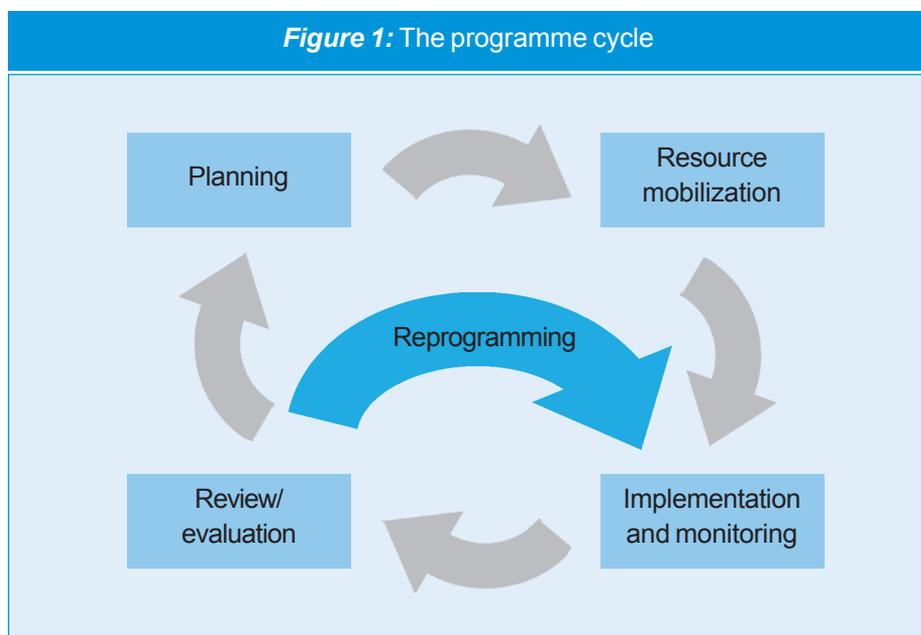
All countries should carry out a regular *internal review* of programme achievements towards the set goals. In addition to the internal review, countries should carry out an *external comprehensive programme review* at intervals of at least every three to five years. The World Health Organization (WHO) should play an active role and work closely with the NAP, while multisectoral partners including governmental organizations, nongovernmental organizations (NGOs), private agencies, UN agencies and donor agencies, etc. should also be involved.

## WHY PERFORM A PROGRAMME REVIEW?

A national programme review should be beneficial for programme planners and implementers. It helps countries to assess the achievements of the NAP in the health sector, and provides recommendations for improving strategies and interventions. It also helps to develop multisectoral partnerships in planning and coordinating the response to HIV/AIDS.

The findings of a review can be used in the reprogramming cycle to improve the effectiveness of the package or parts of it in relation to technical, organizational and administrative decisions. Figure 1 describes a programme cycle and how a programme review fits into it. The programme cycle has four main elements. These are planning, resource mobilization, implementation and monitoring, and review/evaluation.

A programme review has the following important purposes and objectives:



## Purposes

- To review the status of the HIV/AIDS epidemic
- To assess the adequacy of the national response, including policies and programmes for HIV prevention, care and treatment
- To provide recommendations for improving the programmatic and technical aspects of HIV/AIDS prevention, care and treatment

## Objectives of a review

- To review the relevance and adequacy of the strategic plan of the NAP focusing on the health sector response to HIV/AIDS;
- To assess the progress and effectiveness of HIV prevention, care/ treatment and support activities;
- To identify constraints in programme implementation;
- To provide recommendations on the way forward for programme planning, implementation and collaboration among partners.

There are a number of benefits that countries should consider in deciding whether or not to conduct a programme review.

## Benefits of a review

- Improve the effectiveness of the NAP
- Raise awareness about the HIV/AIDS situation to increase political commitment
- Promote partnerships with governmental organizations, NGOs, private sector and international organizations including donors
- Increase the skills of the NAP staff participating in the review

## Which countries would benefit from a review?

- Countries with a significant burden of HIV/AIDS
- Countries that have implemented key interventions and want to review progress
- Countries that have not yet implemented key interventions
- Countries in which the health-care system is changing significantly, with potential effects on the HIV/AIDS programme

**In deciding whether to conduct a programme review, it is important to consider what is involved.**

## What should the assessment include?

- An estimate of the HIV/AIDS burden
- An estimate of the extent to which the health sector response to HIV/AIDS is having or has had the desired impact to improve the effectiveness of performance
- A description of the programme resources and structure, within the context of the general health-care system, health sector reform and the economic status of the country
- An analysis of the performance of current interventions and services, achievements and obstacles
- A specific discussion on the leading issues and constraints facing the programme
- Recommendations for the next steps to improve the programme.

## WHAT DOES A PROGRAMME REVIEW COVER?

A programme review of the health sector response to HIV/AIDS covers the following key elements .

- The status (burden) and trends of the HIV and related epidemics
- Political commitment and health systems
  - National strategic plan, strategies and targets
  - Programme organization and structure
  - Procurement and supply management
  - Laboratory services
  - Human resource development and management
  - Strategies for sustainable financing/resource allocation
  - Multisectoral coordination
- Maintaining control of the epidemic – HIV prevention priorities
  - Sustaining proven interventions with sex workers and their clients
  - Extending HIV prevention to drug users
  - Reaching men who have sex with men (MSM)
  - Accessing migrant and mobile populations
  - Facilitating behaviour change among young people
  - Reducing transmission to regular partners
  - Bringing together the prevention package
- Access to services
  - National STI control programme
  - Prevention of mother-to-child transmission (PMTCT) of HIV/AIDS

- Provider initiated HIV testing and counselling (PITC) and voluntary counselling and testing (VCT)
- HIV/AIDS treatment and care
- Linkages between the national tuberculosis (TB) and HIV programmes
  
- Strategic information
  - Monitoring indicators
  - Monitoring and evaluation/supervision systems in place
  - Recording and reporting
  - HIV, STI, TB/HIV and behavioural surveillance
  - Drug resistance surveillance
  - Development of one integrated national M&E system
  - Research

## METHODOLOGY OF REVIEWS

A combination of methods should be used to obtain the required qualitative and quantitative information and draw the necessary conclusions.

- (1) Literature/documents/records review: The type of documents that need to be examined include the health profile of the country, epidemiological profile and recent HIV surveillance reports, national health sector strategic plans, operations scale-up plans of specific interventions, national guidelines and protocols, progress reports, policy documents, research findings. The sources of information need to be referenced.
- (2) Key informant interviews: These include people who are policy-makers, programme managers, opinion makers and representatives of major stakeholders such as implementers, donors and partners.
- (3) Focus group discussions: This involves facilitated discussions with homogeneous groups of people who share experiences with regard to the programme. Focus groups could include care providers, workers, affected people, populations at risk, youth and women.
- (4) Site visits/observation:
 

Selection of key strategic sites:

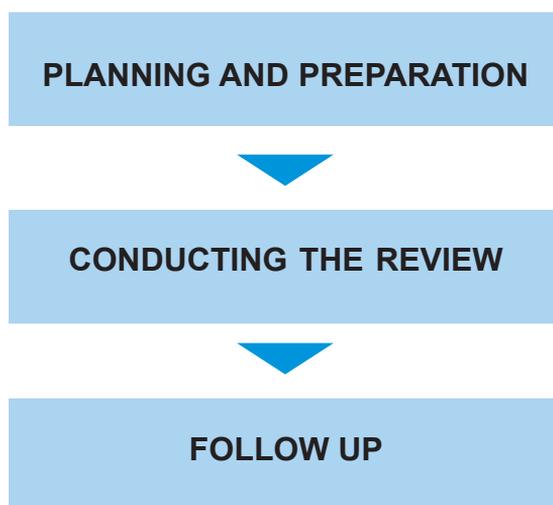
  - Geographical sites should preferably be representative of the country (national, provincial/regional/district and/or local, urban and rural, isolated, e.g. large island)
  - Facilities (infrastructures where the continuum of prevention, care, treatment and support is delivered, or a selection of these, e.g. counselling and testing, provider-initiated testing and counselling [PITC], STI services)

- Sites with links to other programmes (TB, reproductive health, and maternal and child health), and those related to special projects or large initiatives (e.g. funding from the Global Fund, World Bank).
- (5) Small surveys: These can be carried out to obtain information that is not already available. They need to be simple and specific, such as client satisfaction or opinion surveys.

## COMPONENTS OF A PROGRAMME REVIEW

There are three main components of a country review. These components are connected to each other and are a part of the review cycle. These guidelines, if followed step by step, will be useful in carrying out these components effectively. There are different tasks within each component. To help with the planning, a flow chart showing the different components and tasks is given in Annex 1.

The remainder of this guide goes into detail on each of these components.



# COMPONENT 1

## PLANNING AND PREPARATION

The decision to conduct a country review should be made by the national government – the Ministry of Health. The review can be an important milestone in scaling up HIV/AIDS interventions in the country. The NAP manager may need to seek government approval for conducting an external review.

A review is generally conducted by the government with support from WHO and other partners who can provide technical expertise, help in identifying experts and contribute to the financial resources needed for the review. Partners who are interested in funding the scaling up efforts may find the investment in a country programme review an important part of support.

Planning is a critical part of the review process. To plan a review thoroughly takes several months (allow for four to six months). There are 12 main tasks:

- (1) Appoint a national review coordinator.
- (2) Appoint a national programme review steering committee to guide the review.
- (3) Arrange preparatory meetings of review coordinators and steering committee to define the purpose, set objectives, dates and terms of reference, and prepare a concept note.
- (4) Define the purpose, objectives, structure of the review and the terms of reference, and appoint technical working groups.
- (5) Set review dates.
- (6) Select the members of the review team and define their responsibilities.
- (7) Select sites for field visits.
- (8) Plan the logistics.
- (9) Prepare and secure a budget for the review.
- (10) Prepare background materials and a detailed review programme.
- (11) Prepare check list for data collection.
- (12) Plan for wide dissemination of the review findings.

### 1.1 APPOINT A NATIONAL REVIEW COORDINATOR

Usually the NAP manager will act as a national review coordinator. The main role of the national review coordinator is to oversee the local organization of the review, including the preparation of background materials, and build national interest in the review.

WHO staff can be assigned to assist in the process. Their main role is to provide technical advice on the content and process of the review, and to organize the participation of international review team members. The review coordinator and WHO staff need to be in regular contact with each other, and have at least one preparatory meeting.

### ***Tasks of the national review coordinator***

The national review coordinator will, in collaboration with the WHO review coordinator:

- Prepare a concept note (background information) for the review.
- Identify national and international review team members.
- Define the responsibilities of review team members.
- Identify budgetary sources for review costs.
- Arrange logistics for the review.
- Prepare data collection tools for review team members.
- Submit the final report for approval by the national authority.
- Monitor progress in implementation of the review recommendations and plan.

## **1.2 APPOINT A NATIONAL PROGRAMME REVIEW STEERING COMMITTEE AND TECHNICAL WORKING GROUPS**

The Ministry of Health should appoint a programme review steering committee. The programme review steering committee has the overall responsibility for providing guidance in planning and conducting the review, and for ensuring that the review recommendations are followed up. The steering committee can appoint technical working groups as required.

### ***Possible members of the national programme review steering committee:***

- Secretary of Health
- Directors General of several departments in the Ministry of Health
- Other senior officials from the Ministry of Health
- NAP manager
- Other senior staff from the NAP, regional or provincial health office
- Representatives from relevant NGOs and organizations of people living with HIV/AIDS (PLHA)
- Representatives from other concerned sectors, central hospitals, municipal authorities, etc.
- Representatives from WHO, UNAIDS and other partners

The national programme review steering committee should normally have no more than ten members to facilitate planning and decision-making, although larger groups may be convened for specific purposes, such as reviewing the findings and recommendations.

### 1.3 MEETING OF THE STEERING COMMITTEE

A meeting of the steering committee should be organized about 3–4 months before the review. To prepare for this meeting, the WHO coordinator should visit the country to discuss the objectives, scope and method of review, followed by a step-by-step development of a plan to be executed by the national coordinator in collaboration with the national programme manager and the technical working groups. A concept note may be prepared to clearly describe the objectives and scope of the review before this is communicated to the steering committee. The agenda for the preparatory meeting should take into account several items. These are summarized in the box below.

- Set goals and objectives for the review.
- Set dates for the review.
- Select members of the review team.
- Discuss and finalize the terms of reference of the review team.
- Identify locations for field visits.
- Agree to the draft plan and budget for the review.
- Appoint technical working groups.

#### Tasks of the technical working groups

- (1) Hold stakeholder meetings to gather all available data concerning the specific area of concern, and have them available for review team members to access as required;
- (2) Conduct a situation analysis of each thematic technical area and prepare a report on:
  - (a) Policy and strategy
  - (b) Mapping exercises: areas of need, existing services, gaps
  - (c) Coverage
  - (d) Identify the trends in the past five years; what has changed, new developments
  - (e) Achievement of targets
  - (f) Constraints
  - (g) Suggestions for improvement
- (3) Identify a list of other relevant documents (see section 1.9) and make available copies of these for the use of the review team.

- (4) Assist in developing the review programme, suggest sites for field visits and appropriate persons/organizations to be met.
- (5) If necessary, one or two members of each technical working group can accompany the review team to facilitate field visits.

## 1.4 DEFINE THE PURPOSE AND SET OBJECTIVES

The purpose, objectives and scope of the review should be discussed and finalized by the steering committee. It is important to decide whether the review will be selective or comprehensive. A comprehensive review takes into consideration all the aspects of the HIV/AIDS programme, while a selective review is focused on aspects that the programme wishes to concentrate upon. These may be policies or practices regarding one or several intervention areas (e.g. PMTCT, ART, service delivery models, etc.). A comprehensive review is usually preferable, as it provides an overview of the programme's strengths and needs.

## 1.5 SET REVIEW DATES

The national coordinator should propose dates and develop a tentative agenda for the review to the steering committee. Ideally, a review takes two to three weeks, depending on the size of the country and the components to be evaluated. The length of the review must balance the need to gather sufficient observational data with the cost and availability of the reviewers. (See Annex 2 for an example of a review agenda.)

### *Tip*

*Remember to take into account local festivals, national holidays and other important events such as elections, which may influence the timing, duration and impact of the review.*

## 1.6 SELECT MEMBERS OF THE REVIEW TEAM AND DEFINE THEIR RESPONSIBILITIES

The review coordinators should assist the steering committee in deciding on the composition of the review team members. The number of team members selected will depend on the size of the country and the components of the health sector response to be evaluated. It is important to have a balance of international and national reviewers. International reviewers bring specific expertise, experience from other countries and new perspectives on local problems. National team members

provide local experience, and an understanding of the local situation and history. Consider inviting PLHA to join the review teams. They will provide a different perspective on the response to HIV/AIDS, and can help to identify and present the concerns of those living with HIV/AIDS. All reviewers must be present throughout the review process.

International team members should be selected on the basis of their specific areas of expertise. It is essential to have experts in the fields of epidemiology; HIV/AIDS prevention, care and treatment; and programme management; but experts in other fields may also be useful. International reviewers must have good writing skills and be computer literate. Local review team members are selected on the basis of their responsibilities and experience within the health sector response to HIV/AIDS and other associated fields. As the review members break up into teams for field visits, the national participants should be able to act as interpreters, if necessary, and also provide background information for the international reviewers.

The review coordinators must define the roles and responsibilities of each of the review team members and circulate them to the review team members as early as possible. (See Annex 3 for an example of roles and responsibilities, and terms of reference.)

### ***Potential review team members***

#### National/international members

- Experts in:
  - Epidemiology of HIV/AIDS
  - Programme management
  - Health systems strengthening
  - Procurement and supply management
  - Laboratory services
  - Advocacy
  - Health planning and policy
  - TB and HIV prevention, care and treatment
  - Monitoring and evaluation (M&E)
  - Health economics
- Representatives from donors
- Representatives from international agencies
- Representatives from relevant NGOs, PLHA organizations

## 1.7 SELECT SITES FOR FIELD VISITS

The review should include field visits to institutions and organizations related to HIV/AIDS. The national review coordinator in collaboration with the technical working groups decides on the sites to be visited. The visits should include states/provinces and districts that are either representative of the situation in the country or have special features that require specific considerations for scaling up of HIV/AIDS interventions. The purpose of the field visits is to review the structure, process and outcome of the control efforts. This should be done by a review of the records available, interviewing key people in the health sector and other relevant sectors, and meetings with influential persons and community representatives as well as PLHA, if possible. Field visits should include visits to research and academic institutions, the private sector, NGO representatives and representatives of developmental agencies. Participation of appropriate key persons from selected organizations/institutions must be secured.

The main function of the field visits is not only to gather quantitative data, which should be available from the HIV/AIDS programme, but to also assess the validity of the data and information provided, and to observe the organization of delivery of services. Field visits that target a mix of urban and rural areas, as well as problem and well-functioning districts would be best.

The decision on the number of areas and services to be reviewed should take into consideration the time involved in travelling to and from the facilities as well as the time involved in carrying out the actual site visit.

### Potential sites for field visits

Potential sites for field visits can be categorized into governmental organizations, NGOs, the private sector and civil society.

#### Central level

- Ministry of Health
  - Secretary of Health
  - Director General of Health/Health Services/Mental Health/Communicable Diseases
  - Central HIV/AIDS clinics/infectious diseases hospitals
  - Central counselling unit
  - HIV/AIDS Programme coordinating unit
  - STI Programme coordinating unit
  - TB Programme coordinating unit
  - Epidemiological unit
  - Information, education and communication (IEC) and advocacy unit

- Health training unit
- Central drug store
- Central laboratory
- Ministry of Finance
- Other ministries, e.g. social welfare, education, etc.
- Planning Commission
- Medical and nursing schools
- NGOs involved in the response to HIV/AIDS
- Affected community and civil society: CBOs, self-help groups and high-risk population groups
- International agencies

#### Intermediate level

- Regional/Provincial hospitals
- Regional/Provincial Health Office
- Regional/Provincial laboratory

#### District level

- District Health Office
- District hospital and laboratory
- Private hospitals
- NGOs

#### Local level

- Health posts/centres
- Village health workers
- Health volunteers
- PLHA
- CBOs

## 1.8 PLAN THE LOGISTICS

Planning for transportation, accommodation and other logistical requirements for the review should be initiated early. It may be necessary to designate a person or a working group at the national level to coordinate logistic arrangements. Usually, the national coordinator and working groups make arrangements for travel, including site visits, within the country. The WHO review coordinator usually makes arrangements for international travel and stipend/per diem for the international review team members, if needed.

### *Logistics for the review*

#### **International**

- Government clearance for each international review team member
- Invitations to international review team members
- Visas and air tickets for international review team members
- Salary/per diem for international review team members
- Hotel reservations, airport pick ups and other logistics

#### **Local**

- Invitations to the national review team members
- Salary/per diem for the national review team members
- Internal transport costs and arrangements
- Hotel reservations
- Secretarial support
- Working space for review team members, meeting rooms for briefing, debriefing and report preparation
- Refreshments/meals
- Equipment and supplies (computers, printers, photocopying facilities, papers, pens)
- Communications (telephone, fax, e-mail)
- Information to facilities of site visits
- Information to the press and media

## **1.9 PREPARE A BUDGET**

The review coordinators prepare a proposed budget for the review. Expenses for the various components of the review should be outlined. Funding sources must be clearly identified.

### *Budget items for the review*

#### **Travel and stay costs**

- Travel (tickets/visas) to the country by international reviewers
- Stipend/per diem for international reviewers
- Stipend/per diem for national participants
- Transportation costs during the review
- Hotel costs

#### Administrative costs

- Secretarial costs
- Hiring of meeting rooms
- Communication costs (fax, telephone, email)
- Photocopying and printing costs
- Equipment and supplies (stationery, etc.)
- Refreshments for briefing/debriefing meetings
- Dissemination costs (e.g. printing materials for press briefings, editing and printing the final report)

## 1.10 PREPARE BACKGROUND INFORMATION

The coordinators and working groups should agree on the background material required for the review. Whatever is already available in the form of published or unpublished reports should be shared with the national and WHO review coordinators. They will in turn share it with the national and international review team members in due course of time. Efforts should be made to provide the material to the reviewers at least two weeks before the review. Incomplete reports and information that may be required at the time of the review should be completed and collected from the concerned states/provinces/districts and other agencies with the coordination of the technical working groups.

The information should be presented as a written report. The preparation of an in-depth analysis may include:

- Epidemiological situation of HIV/AIDS in the country
- Programme management including organizational structure, human and financial resources, workplans and budget, procurement and supply management, M&E
- HIV/AIDS and STI prevention, care and treatment: policy, strategies, coverage, achievements of targets, constraints and suggestions for improvement

An international reviewer with expertise in HIV/AIDS epidemiology may be required a few days ahead of the other team members or carry out a separate mission and help in consolidating these reports.

## *List of supporting documents*

### General information on the country

- Health profile of the country
- Health services – structure, organization, resources and utilization

### Epidemiology of HIV/AIDS, STI

- Surveillance data
- Special surveys· AIDS/STI case reporting
- HIV/TB surveillance

### Programme management

- National strategic plans
- Organizational structure of the national AIDS programme
- National AIDS Committee/Commission – list and reports·
- List of stakeholders: GOs, NGOs, CBOs
- National AIDS budget and accounts
- External sources of funds: GFATM, bilateral and multilateral donors
- Human resource planning

### Policies, strategies, progress reports, published data on the following:

- Most at-risk populations
- STI management
- PMTCT
- Blood safety/infection control
- Condom promotion and logistics
- Laboratory diagnosis
- VCT
- Antiretroviral treatment
- Opportunistic infections
- Continuum of care
- Drug and medical supplies
- National guidelines for sentinel surveillance and behavioural surveillance
- Research Programme evaluation

### *Other important information (if available)*

- National AIDS Programme annual report
- Reports of consultants/donors
- Relevant policy documents and guidelines
- Samples of National AIDS Programme registers and forms
- Training materials
- Essential drugs list
- Recent publications

## 1.11 PREPARE DATA COLLECTION TOOLS

The national review coordinator, WHO coordinator and technical working groups decide on the data collection tools to be used. Data and information provided to the review team should be validated during the field visits. Other data collection tools can be selected and used by members of the review team during the field visits. The use of standardized questions and checklists ensures that information collected by the different teams is complete and comparable, and enables consolidation and triangulation of quantitative data. Examples of checklists are given in Annex 4.

## 1.12 PLAN FOR WIDE DISSEMINATION OF THE REVIEW FINDINGS

The impact of the review can be significantly increased by ensuring wide dissemination of the findings and recommendations of the review. The review steering committee decides where and by what means the review findings are to be disseminated. Involve the Information and Communications Office of the Ministry of Health at an early stage of planning to identify ways of publicizing the review findings. These could include press briefings, press releases and public statements from key government officials in support of the HIV/AIDS prevention and control programme at the end of the review process. High-quality supporting materials such as photographs and video footage documenting the HIV/AIDS situation in the country should be provided to the press and media.

The target audience for disseminating the findings and recommendations of the review should be identified at the planning stage. The target audience includes politicians and key decision-makers, stakeholders, partners and donors, the media, academicians, associations/forums of professionals, private practitioners, nurses and paramedicals, and the public.

A meeting of the partners may be planned following the review to present the findings and build consensus on HIV/AIDS prevention, care and treatment in the country. These efforts will help in generating additional resources and enlisting the participation and cooperation of partners and stakeholders. Plans should also be drawn up for briefing the media and the press, which should be done by an influential person.

It should be decided prior to the review on how widely the review report can be disseminated. In many cases, due to the political sensitivity of the context, reports of the external programme review are often treated as confidential documents and can be released only upon government concurrence.

# COMPONENT 2

## CONDUCTING THE REVIEW

Conducting the review is the core of the process. It involves successive steps in which rigour and quality are necessary throughout in order to maximize the benefits of the final output.

There are six main tasks involved in conducting the review, from briefing the review team members to finalizing the first draft of the main report and disseminating the review findings. The review coordinators supervise these tasks.

### *Tasks in conducting the review*

- (1) Briefing the review team
- (2) Field visits
- (3) Synthesizing findings from national-level and field visits
- (4) Preparing a draft review report
- (5) Developing an executive summary and recommendations
- (6) Debriefing and dissemination of the review findings and recommendations.

### 2.1 BRIEF THE REVIEW TEAM

A thorough briefing should be provided by the NAP manager for all review team members on the first day of the review. Briefing should include the objectives, political context and key issues relating to the proposed review. This meeting usually takes a full day, and must be planned carefully to allow adequate time for questions and discussion.

A chairperson and rapporteur of the review team should be appointed. Each member should be informed about the terms of reference prior to the review so that they are aware of their responsibilities. The team members should be given a thorough orientation to the methodologies and checklists to be used for the review. The review team members should be divided into smaller teams for the field visits. Each team should be given specific areas to be covered by the review so that a programme review report can be prepared (see Annex 5 for the structure of a programme review report). The area they are assigned would will depend on the expertise of the individual review team members.

This should be followed by a thorough one-day briefing of the HIV/AIDS situation and progress made by the HIV/AIDS programme. The NAP manager

and the technical working groups should shoulder the responsibilities of organizing briefing/presentation sessions to cover the entire programme structure, national strategy and other key issues. The members should also be briefed about key documents distributed for the review. The briefing should provide adequate time for questions and answers.

It is appropriate to organize courtesy visits to key authorities to ensure that they are aware of the purpose of the review, and to meet the review steering committee and introduce them to the international and national review team members.

### ***Agenda for briefing of review team members***

- Introduce review team members.
- Clarify the purpose and objectives of the review.
- Appoint a chairperson and rapporteur.
- Assign specific roles and responsibilities to the team and team members.
- Review methodologies and checklists.
- Discuss field visits and other logistic considerations.
- Organize courtesy visits to policy-makers, the review steering committee and a visit to the office of the NAP.
- Present country information and other briefing materials.
- Present country epidemiological situation of HIV/AIDS and STI.

## **2.2 CONDUCT FIELD VISITS**

Field visits give the review team members an opportunity to observe the health systems for HIV/AIDS prevention, care and treatment. Usually, the review team members divide into small groups comprising international and national participants. Each team visits various organizations in different regions of the country. These visits take from 5 to 10 days depending on the size of the country and scope of the review. Each team normally has up to four members. More than this makes transportation difficult, and often means that some team members are underutilized. The tasks of each field team and their schedule should be planned.

The objective of the field visits is to observe the functioning of the programme at different levels, and identify the strengths, weaknesses and constraints. The team should attempt to verify information obtained from the briefing materials, background documents, presentations and data collected and analysed by the national programme. Field visits should include institutions at each level of the health service, such as provincial/regional health offices and hospitals, district

health offices and hospitals, health centres, NGOs and CBOs. The team should interview health workers and staff from various facilities, talk to community leaders and local administrators, community members and people affected with HIV/AIDS.

The teams should use the key questions prepared for the review to record their findings. Checklists are useful for ensuring that all components of the review of the health sector response to HIV/AIDS are covered during a visit. One member in each of the field visit teams should be responsible for recording all the information on a daily basis. This person should be skilled in computers. Each team should keep a careful record of the places visited and people met. Spelling mistakes can be avoided by asking people to write their own names and designations.

During field visits, team members can use the time in the evenings to discuss their findings, and to draft their field visit report. It is helpful if all team members stay in the same hotel. They can meet briefly at the end of the day to review and summarize the observations, and reach a broad agreement on the main points among the members of the team. The meeting also provides an opportunity to identify what issues have been left out and need to be reviewed, and plan for the next day's activities.

### ***Key components to be observed during field visits***

- Policy and administrative commitment
- Prioritization and focus on most at-risk or key target populations based on evidence
- Human resource development
- Partnership and coordination
- Participation of civil society, including NGOs, PLWHA and private sector in the response
- Case findings and laboratory services
- Treatment services
- VCT
- Prevention programmes
- Monitoring and supervision
- Logistics
- Recording and reporting

### ***Tip***

*It may be helpful to gather a small group of patients and/or caregivers, and have a simple focus group discussion with them, preferably without the presence of health workers from public health institutions.*

## 2.3 SYNTHESIZE

The observations, analysis, conclusions and recommendations made by each team should be included in the field trip report. It should include the places visited and persons met as an annexure. Reports can usually be drafted in the field, though it may be necessary to set aside a day after returning from the field for this purpose. Ideally, each team will prepare a soft copy and give it to the chairperson and the rapporteur. It is critical that analysis of the situation and recommendations should be supported by evidence and observations from field visits in order to avoid or minimize political sensitivity.

Presentations of the field reports are made by each team to the other review team members. The chairperson of these presentations should ensure that the discussions focus on the interpretation of the findings, with specific attention to programme achievements and constraints. The analysis of quantitative and qualitative programme data should go beyond a simple description of the programme. Every effort should be made to look at the programme targets, organization, policies and practices, and resources. The discussions should help in preparing the draft report of the review. The report contains the collective views of a group of experts and may not necessarily represent the decisions or the stated policy of the organizations they work for.

## 2.4 PREPARE THE REVIEW REPORT

The structure of the report should be decided and each small team should prepare specific sections of the final report, as allocated to them during the briefing meeting. One person from each team should be asked to work with the chairperson and rapporteur of the review team on the preparation of the draft report. This will help in maintaining uniformity and consistency of the report. The task of the chairperson and rapporteur is to consolidate these individual sections, to ensure internal consistency of the report and to prepare the main summary and recommendations. It is possible to consolidate the report in about two days' time if all the information required is available.

The team should utilize their own findings from the field visits, as well as briefing information provided to them, and the findings of the other teams. The review report should include quantitative and qualitative data as well as their analyses and interpretation. It should include the achievements, constraints, gaps and lessons learned. Based on the discussions at the meeting following the field visits, the conclusions and recommendations should be prioritized to ensure the focus of the programme and increase the effectiveness of the health sector response to HIV/AIDS. The final report of the review should provide the basis for technical and political decisions to improve the programme and help the country in achieving the set targets and goals.

### ***Tasks of the review chairperson and rapporteur in preparing the review report***

- Consolidate the different sections of the report.
- Check for consistency of language: names, terms and abbreviations.
- Check for consistency of findings: observations and conclusions from the preliminary report.
- Check the accuracy of numbers and names.
- Ensure that all recommendations relate to the problems described in the report.
- Prepare an executive summary and recommendations that are feasible, constructive and positive.
- Provide a preliminary briefing of the review findings and recommendations to the Director-General, national counterparts and WHO country representative.

A review of the role of the private sector, academic institutions, NGOs and other partners dealing with HIV/AIDS activities in the country is very important. An inventory should be made of institutions involved and/or interested in the national programme for possible collaboration in the future. The review could also include the education and basic training of medical students and other health workers to ensure that they are fully aware of the principles of effective HIV/AIDS prevention interventions.

Finally, it is important to show how the HIV/AIDS prevention and control programme fits into the health system as a whole, whether there is multisectoral involvement, how well financial resources are being used and sustaining the effectiveness of the programme. This is particularly important in a health service that is rapidly changing, for example, as a result of health sector reform and decentralization.

## **2.5 DEVELOP THE EXECUTIVE SUMMARY AND RECOMMENDATIONS**

It is often not possible to finalize and present the whole report by the end of the review. However, it is essential to draft an executive summary and the main recommendations, and present these to the highest possible decision-makers in the Ministry of Health and other audiences, as appropriate. This executive summary and recommendations will also be included in the final review document. Remember that all members of the review team are responsible for the report, and not merely the international participants. It is a joint effort. Once the recommendations are agreed upon by the Ministry of Health, they cannot be changed; hence, these should be drafted carefully and comprehensively.

The executive summary is often the only part of the review report that most people read. Many readers will not be technical experts in HIV/AIDS, so the language should be simple. It must be prepared carefully, so that the main message of the review is stated clearly and unequivocally. It usually includes a brief assessment of the HIV/AIDS situation in the country, a summary of the main achievements and constraints facing the health sector response to HIV/AIDS, and a statement regarding the benefits to the country (in epidemiological, economic and social terms) of implementing an effective HIV/AIDS intervention programme based on the recommendations of the review team. An estimate of additional resource requirements and potential sources of these can also be included.

The main recommendations should be small in number and limited to those that will contribute the most to implementing an effective programme. They should be concrete and feasible in the short or medium term, and should relate to the problems and constraints described in the summary. Other minor recommendations can be included in the main text of the report, after each section. In order to ensure the acceptability and feasibility of the summary and recommendations, the programme review team usually needs to have a preliminary briefing meeting with the NAP Manager, the Director-General of Health responsible for the HIV/AIDS programme, and the WHO country representative, before presenting the draft to a wider audience.

## **2.6 DEBRIEF AND DISSEMINATE THE REVIEW FINDINGS AND RECOMMENDATIONS**

Once the draft executive summary and recommendations have been finalized, they can be presented by the members of the review team to the review steering committee and decision-makers in the Ministry of Health.

The purpose of the debriefing includes the following;

- To share the main findings and recommendations with decision-makers at the highest level, and important partners and stakeholders;
- To ensure that the conclusions and recommendations are fully understood and accepted in principle;
- To agree on the next steps for implementing some of the key practical recommendations along with timelines;
- To discuss the possibility of a dissemination meeting among national officers as a follow up to the review.

The debriefing meeting should be attended by policy-makers including the secretary of health, all directors general of the health departments, Ministry of Finance, Planning Commission, other ministries and government institutions providing health services (such as the armed forces, police, social security),

senior officers in the Ministry of Health at the central and regional levels, key persons from the provincial or district levels, representatives from research institutes and medical schools, private sector, NGOs, PLWHA networks, international agencies, other important partners and stakeholders.

After the presentation of the review findings, enough time should be kept aside for clarifications and discussion.

This may be followed by a media event to enhance public awareness about HIV/AIDS and update the media about the commitments and proposed plans of the government and other partners. The national review coordinator should prepare a press release (see Annex 6 for a sample) to be provided to the media, together with other appropriate materials such as photographs and video footage. This will prevent/minimize misinterpretation of the statements made during the meeting with the media. Journalists from the national and international press, radio and TV can be invited to the briefing. A senior government official should present the salient features of the review report and share the briefing note. This senior official should respond to the queries of the media and, if necessary, call upon any of the members of the team to clarify specific questions.

## COMPONENT 3

### FOLLOW UP

The third stage in the review cycle is follow up. It is important to ensure that this is planned carefully and deadlines set. Otherwise, the political commitment generated by the review and the momentum gained by the increased awareness of the HIV/AIDS situation will be lost. There are four main tasks in following up a review of the health sector response to HIV/AIDS. These are usually carried out by NAP manager and technical working groups.

#### *Follow up: Tasks*

1. Finalize the review report.
2. Disseminate the report.
3. Implement the recommendations and monitor progress.
4. Revise plans.

### 3.1 FINALIZE THE REVIEW REPORT

It is not possible to prepare a final formatted report by the end of the review. The full report needs to be thoroughly reviewed and endorsed by all team members and it usually takes another 1–3 months following the review mission. The NAP manager and WHO review coordinator should help in finalizing the review report.

The report should be edited and the accuracy of the data verified by the programme manager. This should then be shared with the Ministry of Health for clearance and dissemination.

### 3.2 DISSEMINATE THE REVIEW REPORT

After approval by the government the report should be widely distributed by the NAP manager. This should include all levels of the health services, intersectoral partners, governmental organizations, NGOs, private sector, research institutions, medical and nursing schools, international agencies, and potential donors and other partners involved in the HIV/AIDS programme as well as all institutes and persons visited.

Briefing of the review findings, especially the recommendations, should be made to the National AIDS Committee/Commission to seek its commitment in

implementing the suggested HIV/AIDS interventions, revising the strategies and workplan as well as the financial commitment.

Other opportunities for disseminating the review findings include articles written for professional journals, newsletters, and presentations at conferences and other meetings.

### ***Distribution of the review report***

- Departments of the Ministry of Health
- Senior policy-makers in the Ministry of Health
- Key governmental organizations
- Ministry of Finance
- Planning Commission
- Potential donors
- NGOs
- Research and academic institutions
- Managers at intermediate levels of the health service (state/region/province)
- District health officers
- Officials at the sites and institutions visited
- International agencies
- Donors

## **3.3 IMPLEMENT THE RECOMMENDATIONS AND MONITOR PROGRESS**

The NAP manager is responsible for ensuring that the review recommendations are implemented in a timely manner. For this purpose, it would be useful to prepare an action plan, which lists the main activities that need to be implemented over the next year to develop an effective National AIDS Plan. Each activity should be specific, achievable and time-bound. Estimates may be needed of the additional resources required for implementing the action plan. Possible sources of funding could also be identified. Any obstacles encountered should be discussed and solutions found.

External assistance and advocacy may be required for mobilizing additional resources to scale up interventions. Applications may be made for funding from various sources including the Global Fund.

Close collaboration between the WHO Country and Regional Offices, and technical partners from the countries will be necessary to facilitate this. It may be necessary for the WHO support team or other consultants to make further visits

to the country to monitor progress. There may be other opportunities for reporting on progress such as international conferences and regional meetings of NAP managers.

#### ***Potential activities to be included in an action plan***

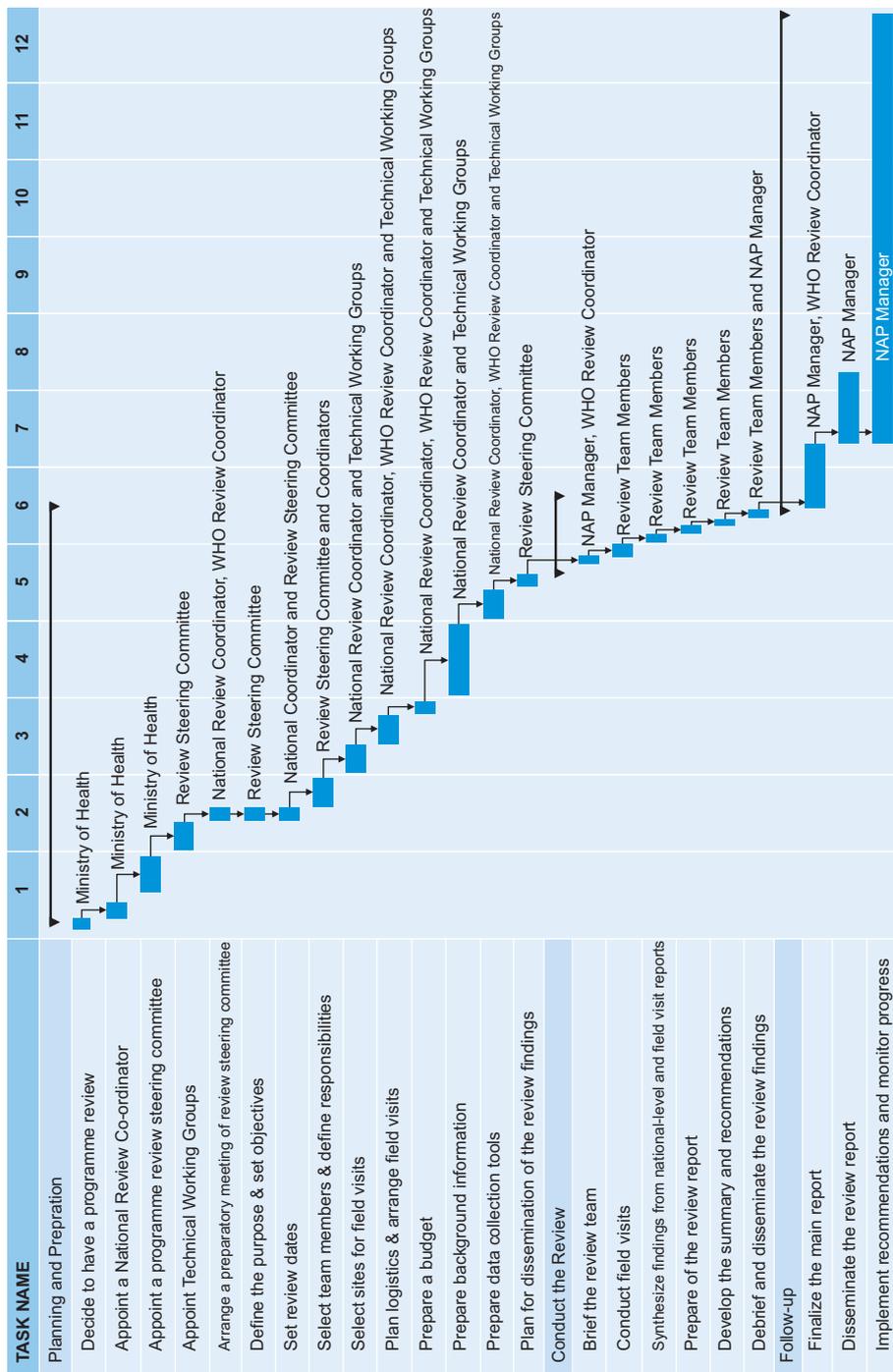
- Revision/refinement of policy and strategies
- Development/revision of a national strategic plan
- Revision of the recording and reporting system
- Development of operational guidelines based on policy and strategies
- Plans for developing capacity at the national, regional, provincial, district and community levels

### **3.4 REVISE PLANS**

The review of the health sector response to HIV/AIDS should be considered an important milestone in the development and implementation of scaling up HIV/AIDS interventions in the country, and to achieve the Millennium Development Goals (MDGs). The national AIDS programme should be reviewed periodically to measure progress and revise plans if needed. This can be used as an opportunity to refine/revise the national policy and plan. The strategic plan provides a good entry point for advocacy to mobilize additional resources for the programme and helps to sustain the commitment of the national government.

An external programme review should take place every 3–5 years while an internal programme review should be carried out on annual basis. The cycle of this dynamic process is planning, implementation, and monitoring of progress and evaluation. The review of the health sector response to HIV/AIDS fits into this cycle as a part of evaluation.

# ANNEX 1 NATIONAL AIDS PROGRAMME REVIEW PLAN AND GANTT CHART



## ANNEX 2

### PROGRAMME FOR THE REVIEW TEAM

Day	Agenda	Facilitator
0	<ul style="list-style-type: none"> <li>• Arrival of review team members</li> <li>• Meeting of review coordinators and working groups to finalize arrangements for the review and to plan the briefing meeting</li> </ul>	<ul style="list-style-type: none"> <li>• National review coordinator</li> <li>• WHO review coordinator</li> </ul>
1	<ul style="list-style-type: none"> <li>• Briefing of review team members               <ul style="list-style-type: none"> <li>– Introduce review team members</li> <li>– Clarify purpose and objectives of the review</li> <li>– Appoint a chairperson and rapporteur</li> <li>– Assign specific roles and responsibilities to team and team members</li> <li>– Review methodologies and data collection tools</li> <li>– Discuss field visits and other logistic considerations</li> <li>– Pay courtesy visits to policy-makers, review steering committee and visit the office of the national AIDS programme</li> <li>– Present country information and other briefing materials</li> <li>– Present country epidemiological situation of HIV/AIDS and STI</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• National review coordinator</li> <li>• WHO review coordinator</li> <li>• Review technical working groups</li> </ul>
2-8	<ul style="list-style-type: none"> <li>• Field visits               <ul style="list-style-type: none"> <li>– Visits to GOs, NGOs, institutions and organizations at the central and peripheral levels</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• National review coordinator</li> <li>• WHO review coordinator</li> <li>• Review technical working groups</li> </ul>
9	<ul style="list-style-type: none"> <li>• Return to centre</li> <li>• Prepare field visit reports</li> </ul>	<ul style="list-style-type: none"> <li>• National review coordinator</li> <li>• WHO review coordinator</li> <li>• Review technical working groups</li> </ul>
10-12	<ul style="list-style-type: none"> <li>• Meeting of review team to discuss field visit reports</li> <li>• Prepare draft review report</li> <li>• Prepare executive summary and recommendations</li> <li>• Informal discussion with national AIDS programme manager on the draft executive summary and recommendations</li> </ul>	<ul style="list-style-type: none"> <li>• National review coordinator</li> </ul>
13	<ul style="list-style-type: none"> <li>• Debriefing meeting for dissemination of main findings to policy-makers, officials of Ministry of Health and other GOs, NGOs, CBOs, international agencies, etc.</li> <li>• Press briefing</li> </ul>	<ul style="list-style-type: none"> <li>• Review steering committee</li> <li>• National AIDS programme manager</li> </ul>
14	<ul style="list-style-type: none"> <li>• Departure of international review team members</li> </ul>	<ul style="list-style-type: none"> <li>• National review coordinator</li> </ul>

## **ANNEX 3**

### **ROLES AND RESPONSIBILITIES OF THE REVIEW TEAM**

- (1) Review the situation analysis prepared by the national programme and other data collected.
- (2) Meet and discuss with stakeholders and key informants from all sectors at all levels, including civil society involved in the national response.
- (3) Review the achievements to date of the objectives and targets set out in the strategic plan.
- (4) Identify lessons learned, gaps and constraints.
- (5) Provide recommendations on priority strategies and interventions for the response to HIV/AIDS based on the structure, scope and achievements to date of the national response, and the epidemiological description of the epidemic.
- (6) Provide recommendations on partnerships, structures and requirements which will optimize coverage of identified priority strategies and interventions.
- (7) Draft a review report to be submitted to the national AIDS programme.
- (8) Prepare an executive summary and recommendations to be presented to policy-makers and stakeholders.
- (9) Participate in the briefing meeting.

## ANNEX 4

# CHECKLIST FOR AN NAP REVIEW

The following are some key questions that should be answered by the review team. This is not meant to be a detailed list of questions to ask during site visits; rather, a framework for addressing major issues and identifying important gaps. Review team members should explore these issues in the field and probe each area with detailed questions as appropriate. It is important to adequately address these key areas as review recommendations should be based on identified issues and gaps.

During meetings with programme managers and others with overall responsibility for policy and national programme management, review teams should try to establish whether existing policies and programmes are appropriate to the national context and epidemiology. During field visits, teams should try to assess to what extent and how well policies and programmes are being implemented.

Both quantitative and qualitative data (where available) should be collected to support observations. This would include both aggregate statistics at the central level as well as data from districts, clinics and NGOs visited in the field.

On return from the field, technical teams compare observations from separate field visits and try to identify common gaps or problems (seen in many sites) and those that are more likely to be isolated problems (due to poor implementation, for example).

### **(1) The status and trends of the HIV and related epidemics**

- Epidemiology and trends
- HIV/STI transmission and access to prevention
- HIV burden and access to care, support and treatment

#### Key areas to review

- Describe the epidemic and important trends – HIV, sexually transmitted infection (STI) and behavioural trends.
- Where is transmission taking place? What factors (commercial sex, drug injecting) are driving the epidemic? Are these being addressed?
- What are the major vulnerability factors (migration, poverty, civil unrest) underlying the epidemic?
- Describe the burden of HIV among those infected. Is HIV testing and counselling available in areas most affected by HIV? Do people living with HIV/AIDS (PLHA) have access to care, support and antiretroviral therapy?
- Are there major gaps in information on the above? ( See also section 5.)

## **(2) Policy, structures and programmes**

- Human rights
- Effect of health-care reform
- Budget and finances
- Human resources
- NGOs, CBOs and PLHA
- Private sector
- Other government agencies
- Knowledge management

### Key questions

- Do policies address major vulnerabilities and populations at the centre of epidemic (refer to epidemiology in previous section), including human rights?
- Are there macro-level health sector issues (such as health sector reform or decentralization) or other policies that affect the HIV programme?
- Does the programme play a leadership and stewardship role in advocating for and facilitating collaboration with other government agencies/with the private sector?
- Does the programme play a leadership and stewardship role in advocating for and facilitating collaboration with NGOs and CBOs?
- Does the programme have adequate human resources? Is financing sustainable?
- Is the programme budget adequate?
- Is strategic information utilized to guide the programme?

## **(3) Maintaining control of the epidemic – HIV prevention priorities**

- Sustaining proven interventions with sex workers (SWs) and their clients
- Extending HIV prevention interventions to injecting drug users (IDUs)
- Reaching men who have sex with men (MSM)
- Accessing migrant and mobile populations
- Campaigning for risk behaviour change among young people
- Reducing transmission to regular partners
- Bringing together the prevention package

### Key areas for review:

*For SW/MSM/IDU*

National focus

- Available data on HIV, STI, behaviour?
- Are they addressed in the plan?
- Is the plan being implemented to scale?
- Is coverage adequate to impact transmission?

#### Local focus (field visits)

- Has mapping been done?
- Peer outreach coverage?
- Condoms (and injecting equipment) reaching in adequate numbers?
- Access to clinical services for STI screening and treatment (SW), methadone (IDU)?
- Access to VCT and ART?
- Enabling environment?

#### *For other vulnerable populations*

##### National focus

- Are major areas of migrant labour (source and destination), population displacement and other vulnerabilities being addressed?
- Is attention being paid to young people? To especially vulnerable young people?

##### Local focus (field visits)

- Are interventions and services available in vulnerable communities affected by migration?
- What programmes are available for young people? To what extent do these reach young people who are especially vulnerable (due to drug use, selling/buying sex, etc.)?

#### *Overall prevention response*

##### National focus

- Overall prevention efforts?
- What are major gaps?

##### Local focus (field visits)

- Is there local coordination of prevention efforts involving the public, private and NGO/CBO sectors?

#### **(4) Access to services**

- National STI control programme
- Prevention of mother-to-child transmission (PMTCT)
- HIV counselling and testing (provider-initiated counselling and testing [PITC] and VCT)
- HIV/AIDS care and treatment
- Tuberculosis (TB) and HIV.

#### Key areas for review

- Assess organization of STI control programme (services, data and programme integration with HIV)

- Do STI services cover geographical areas and populations of concern for HIV?
- Is distribution of HIV T&C services (and target) appropriate for the epidemic? Describe the mix of service delivery types (PITC, VCT, etc.), discuss scale and coverage, and identify gaps.
- Is the distribution of PMTCT services (and target) appropriate for epidemic? Discuss the scale and coverage, and identify gaps.
- Is the distribution of ART services (and target) appropriate for epidemic? Describe the organization, discuss scale and coverage, and identify gaps.
- Assess tuberculosis (TB) and HIV. Describe the extent of collaboration and coordination between programmes, discuss the scale and coverage of TB/HIV services, and identify gaps.
- Other important gaps?

#### **(5) Strategic information system**

- Monitoring indicators
- Systems in place/database system
- Recording and reporting
- HIV, STI, TB/HIV and behavioural surveillance
- Surveillance of drug resistance
- Development of one integrated national M&E system

#### Key areas for review

- Are the basic elements of second-generation surveillance (HIV serosentinel surveillance, STI, behavioural sentinel surveillance) in place? Are appropriate populations and geographical areas covered?
- Have SWs, MSM and IDU populations been mapped? Are data available on the coverage of interventions/services for these populations?
- Has the availability of other services (HIV T&C, PMTCT, ART) been mapped?
- Assess the degree of standardization/fragmentation of M&E. Are services funded through different sources reporting the same way?
- Assess the completeness of reporting (percentage of sites reporting) for several programme areas.
- Is there evidence that strategic information is being used to guide the programme?
- What are the major gaps?

# ANNEX 5

## STRUCTURE OF A REPORT ON THE HEALTH SECTOR RESPONSE TO HIV/AIDS PROGRAMME REVIEW

Section	Pages
Front page	
Table of Contents	
Executive summary	
1. Introduction	
2. Objectives	
3. Methodology	
4. Country information	
5. Strategic information on HIV	
5.1 Second-generation HIV surveillance	
5.2 Monitoring and evaluation	
5.3 Information management and dissemination	
6. Programme and health system structures (HSS)	
6.1 Programme management system, policy overview, infrastructure	
6.2 Human resources	
6.3 Financial resources	
6.4 Coordination and partnerships	
6.5 Procurement and supply management	
6.6 Integration of HIV/AIDS management into other health programmes	
7. HIV prevention	
7.1 Policies, strategies	
7.2 Target groups and interventions	
7.3 Prevention of mother-to-child transmission	
7.4 Blood safety	
7.5 Universal precautions and post-exposure prophylaxis	
8. HIV/AIDS care and treatment and health-care settings	
8.1 Policies, strategies	
8.2 HIV testing and counselling	
8.3 Clinical management (ART and OI)	
8.4 Community- and home-based care	
8.5 TB/HIV	

9. Impact mitigation
  - 9.1 Stigma and discrimination in health-care settings/community
  - 9.2 Orphans and other vulnerable populations (OVC)
  - 9.3 Socioeconomic impact
10. Moving forward

#### Annexes

1. Review team members and facilitators
2. List of institutions and people met
3. List of documents consulted

## ANNEX 6

### SAMPLE PRESS RELEASE

The Information and Public Relations Office  
Ministry of Public Health

#### **Twenty years after the discovery of the first case of AIDS in Thailand: How vulnerable to the HIV epidemic is the nation?**

***An international review of the health sector response to HIV/AIDS concludes that great progress has been achieved but expresses deep concerns about the future.***

Today (19 August 2005) at the Ministry of Public Health, Dr Suchai Charoenratanakul, Minister of Public Health, together with Dr Narongsak Ankasuwapala, Deputy Permanent Secretary of Public Health, Dr Bjorn Melgaard, Director Programme Management of WHO/SEARO, and the review team members led by Professor Daniel Tarantola and

Dr Wiput Phoolcharoen, joined the press conference on the conclusion and recommendations of the international review of the health sector response to HIV/AIDS.

Dr Suchai said that the Royal Government of Thailand sought the cooperation of the World Health Organization in order to conduct an independent, international review of the progress achieved and constraints experienced by the health sector response to HIV/AIDS in the country. Such a review is the first of its kind in the last 10 years.

The review team found that one of the important features of this response was to have succeeded in scaling up initial projects which were geographically limited and narrowly focused to the level of national initiatives. These initiatives benefited from strong political commitment, dynamic management, dedicated human resources, multiple alliances between formal and non-formal sectors, significant funding and prominent role played by an ever-growing number and diversity of non-governmental and community-based organizations. Building on an initial emphasis on prevention, access to antiretroviral therapy is now expanding with great rapidity. The team concluded that the national goal of treating 80 000 persons by the end of 2005 was achievable.

In spite of these efforts, the review team indicated that there are signs that the HIV epidemic is threatening to rebound, said Dr Suchai. These signs are:

- The annual number of new infections is no longer declining as rapidly as it did in the last decade.
- One-third to half of the new HIV infections this year will be among women who are in a stable relationship who will become infected sexually by their spouse or regular partner;
- Adolescent boys and girls engage more frequently in risk behaviors which expose them to HIV infection than their peers a few years ago;
- The achievements of the 100% condom programme are being challenged by an insufficient outreach efforts to sex workers, the changing profile of sex work in Thailand, and inadequate condom supplies.
- There are signs of increased risk of HIV infection among men having sex with men, transgender, and other marginalized populations, including minorities, immigrants and their dependents, prisoners and drug users;
- There is a rise in certain sexually transmitted infections as a result of relocating diagnosis and treatment clinics to hospitals which sex workers are reluctant to attend, lowering adherence to safer sex practices, and insufficient supplies of condoms.

These signs point to an increased risk of resurgence of HIV in Thailand. Prevention efforts need to be revitalized. The Review Team recommended that, drawing from national, provincial and local financial resources, the national response to HIV/AIDS should aim to achieve universal access to treatment by all persons living with HIV/AIDS in the country. It should also rapidly scale-up prevention activities targeted at specific populations, including young people, adults in a regular relationship, sex workers and their clients and marginalized populations. To do so, it should rely increasingly on provincial and local authorities, NGOs and CBOs and greater involvement of people living with HIV.

19 August 2005

A programme review is a systematic assessment of the National AIDS Programme, including its relevance and adequacy. It helps countries to assess the achievements of the NAP in the health sector, and provides recommendations for improving strategies and interventions. It also helps to develop multisectoral partnerships in planning and coordinating the response to HIV/AIDS. These guidelines will help review teams to carry out the different components of a programme review. They can be used as a stand-alone instrument to evaluate / review the health sector in particular, or for broader multisectoral reviews.

