

## Copyright Notice

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## Element 4: National Programmes

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### *Purpose*

This element is based on the five indicators on national programmes for which countries are requested to provide sex-disaggregated data. The notion of ‘national programmes’ refer to direct interventions by governments in terms of providing AIDS treatment and HIV prevention to the whole population or specific sub-groups of the population, such as most-at-risk populations (for low and concentrated epidemics) and youth (for generalized epidemics). The extent to which governments monitor and report sex-specific data reflects the degree to which their responses are tailored to effectively reach women.

### *Included indicators*

There are nine National Programme indicators in total, five of which requests countries to monitor and report coverage by sex. The five indicators that make up this element are:

UNGASS indicators		Applicability (type of epidemic)
4	Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	All
6	Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV	All
7	Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results	All
8	Percentage of most-at-risk populations that have received an HIV test in the last 12 months and who know their results	Low and concentrated
9	Percentage of most-at-risk populations reached with HIV prevention programmes	Low and concentrated

The other four national programme indicators monitor the *percentage of blood units that are screened for HIV*, the *coverage of prevention of mother-to-child transmission*, or rather the ‘vertical’ transmission of HIV, the *coverage of support for orphaned children*, and the *percentage of schools that provided life skills-based education in the last academic year*.

### *Data analysis and grading*

Countries received 1 point for reporting the requested data on women. With a point earned for reporting data on women on indicators 4, 6, and 7, countries with generalized epidemics could at the most get 3 points.

Countries with low or concentrated epidemics could get a maximum of 7 points. This is because, apart from a point each for indicators 4, 6, and 7, indicators 8 and 9 asked for data on both female sex workers and female IDUs. Indicators 8 and 9 could therefore give 2 points each.

### *Issues*

The main issue that could be discussed in relation to this element is our decision to exclude indicator 5 (the coverage of PMTCT). This was decided on the basis of the intervention being a form of prevention against HIV infection in the child. While the HIV-positive mother would no doubt prefer this for the child (as would the father), it is not an intervention that is directly aimed at the woman and therefore it has no gender dimension as such, in the way gender is understood here.

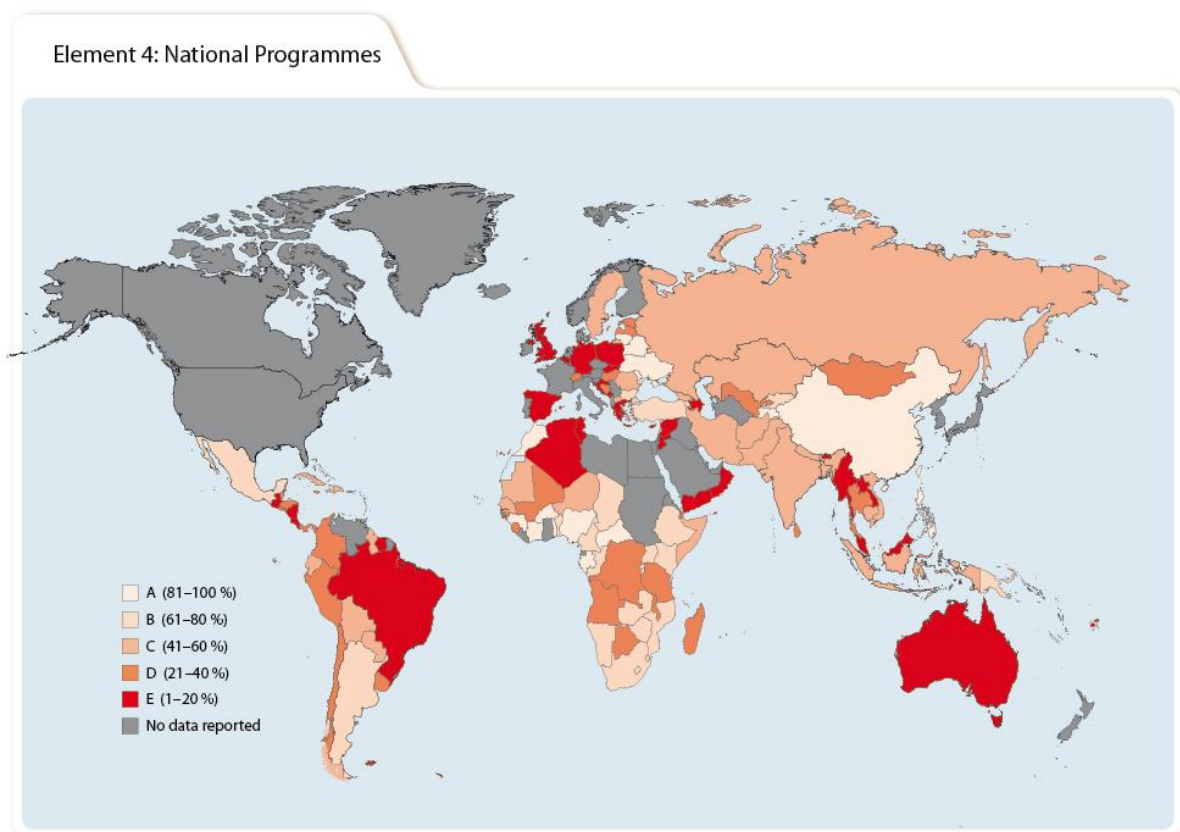
It should be noted that whereas indicator 4 (ARV coverage) asks countries to report data that is disaggregated on both age and sex, these two forms of data specification are not combined in a way that allows one to identify how many girls and young women receive ARV treatment. The same applies to indicator number 7.

There is also no indicator that, with any degree of precision, seeks to establish a coverage percentage of prevention interventions directed at girls and young women. Whereas indicator 11 is meant to monitor the distribution of prevention information to youth, it does so only at the level of schools.

Of the 8 indicators that monitor the coverage of prevention and treatment (excluding PMTCT coverage), only five are designed to request sex-disaggregated data, and only 3 of those indicators are relevant for countries with generalized epidemics. This is very problematic as girls and young women are particularly vulnerable to infection in large parts of Africa where the feminization of AIDS is most pronounced.

In terms of the percentage scores, it should be noted that due to the fact that countries with generalized epidemics only had three indicators to respond to, they could only get a 33, 67 or a 100% score, translating to a D, B or A grade. The lack of E (very poor) and C (average) grades among countries with generalized epidemics is thus a result of the way the element was constructed and how percentage scores were determined.

## Results



As many as 71% of countries reported some data on women on this element, but the relatively low average score (1.9 out of a maximum of 5.0) shows that most countries reported incompletely. The average score increased to 3.3 for countries with generalized epidemics, 67% of which got a B or an A grade. The average score was a relatively high 3.1 for countries in Eastern Europe and Central Asia, higher than countries in sub-Saharan Africa, with an average of 3.0.



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