GUIDANCE

GUIDE TO CONDUCTING PROGRAMME REVIEWS FOR THE HEALTH SECTOR RESPONSE TO HIV/AIDS

OCTOBER 2013

World Health
Organization

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ACKNOWLEDGEMENTS

ABOUT THIS GUIDE

The purpose of this guide is to assist countries in planning and managing programme reviews that enable the health sector response to HIV to be assessed and the performance improved. It complements previous WHO guidance on strategic and operational planning contained in *Planning guide for the health sector response to HIV/AIDS*.[1] The guide also builds on other WHO guidance on programme reviews that have been developed for specific thematic areas or for specific regions.[2]

The guide does not prescribe a particular approach to reviewing programmes but rather presents general principles and processes that can be applied in reviewing programmes for different purposes. It is intended to assist in assessing what results the programme is achieving and how well it is being implemented.

The guide applies mainly to the country health sector response to HIV, which refers to the HIV programme under the stewardship of the Ministry of Health. Elements of this guide can also be used to review HIV activities as part of a review of the health sector. It can be similarly be used as part of a multisector review of the national AIDS response.

The guide has two parts. The first generally describes the principles and processes for reviewing programmes. It gives the background to programme reviews and highlights their purpose and scope. It also outlines the main steps in conducting programme reviews, including: preparation and planning; collecting information; analysis and synthesis; and dissemination and use.

The second part comprises checklists of key review questions in main intervention areas. The checklists present a menu of indicative questions that can be selected and adapted to various contexts and for different purposes. The key questions can also assist in developing data collection tools (such as questionnaires, observation checklists, etc.).

The main audience of the guide includes national HIV programme managers and officers responsible for planning and monitoring in health ministries. The guide can also be used by other government, nongovernmental, private-sector and international partners involved in planning, implementing and funding HIV programmes at various levels in the health system.

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[1] *Planning guide for the health sector response to HIV*. Geneva, World Health Organization, 2011 (http://www.who.int/hiv/pub/guidelines/9789241502535/en/index.html, accessed 21 May 2013).

[2] *Guidelines for conducting a review of the health sector response to HIV/AIDS*. Manila, WHO Regional Office for South-East Asia, 2008 (http://203.90.70.117/PDS_DOCS/B2150.pdf, accessed 21 May 2013).

BACKGROUND

01

1. BACKGROUND
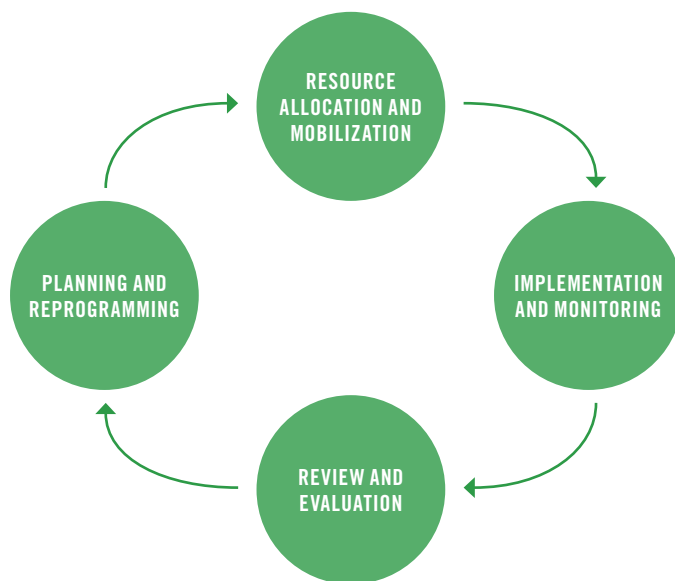
Great progress has been made in the global response to the AIDS epidemic since the turn of this century. There are currently many more people receiving antiretroviral treatment for HIV than could have been though possible only a decade earlier. Prevention efforts have also borne fruit, with the rate of new HIV infections steadily declining worldwide. Development assistance for HIV and health has increased considerably, and many low- and middle-income countries are steadily increasing funding for HIV from their national budgets.

Many challenges still remain in realizing a world with zero HIV infections, zero AIDS-related deaths and zero HIV-related stigma and discrimination. Not all the gains made are uniformly distributed across all countries. Although there is general decline in the new HIV infections in many countries, some countries are seeing increase or resurgence in new infections. Treatment coverage is still very low in some regions of the world. The outlook for official development assistance is uncertain given the current challenging global economic climate.

In the face of the current unprecedented opportunities and challenges, the design of HIV programmes will have to be more strategic and the implementation be smarter to meet the ambitious global and national commitments on HIV.[3] Programmes need to define clear priorities based on evidence, allocation of resources should match the priorities, they should be implemented at sufficient scale and they should be constantly evaluated.

Regular programme reviews constitute an integral part of the programme cycle (Fig. 1.1) and they aim to continually improve performance and achieve better results.

Fig. 1.1 Programme cycle

RESOURCE ALLOCATION AND MOBILIZATION

IMPLEMENTATION AND MONITORING

REVIEW AND EVALUATION

PLANNING AND REPROGRAMMING

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[3] United Nations General Assembly. *Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS*. New York, United Nations General Assembly 2011 (http://www.un.org/Docs/journal/asp/ws.asp?m=A/65/L.77, accessed 21 May 2013).

1.1 Health sector response to HIV

The health sector encompasses organized public and private health services, health ministries, nongovernmental organizations, civil society organizations, professional associations, industries, training and research institutions and other institutions that directly input into the health system.[4] The health sector response to HIV is at the centre of any national AIDS response. It delivers basic HIV services such as antiretroviral therapy, services to prevent the mother-to-child transmission of HIV, male circumcision, HIV testing, harm reduction and provides HIV services for key affected populations. It also carries out HIV surveillance, manages health commodities and undertakes research and evaluation. The health sector contributes to promoting behaviour change, reducing stigma, mobilizing communities and addressing other social determinants. A strong HIV programme in the health sector results in a strong national AIDS response.

In some countries, the health sector leads all HIV efforts and the Ministry of Health coordinates all HIV activities, including those of other sectors. In other cases, sectors are coordinated through separate bodies such as national AIDS commissions. Reviewing programmes within the health sector response to HIV focuses on the HIV-related activities of the health sector (Box 1.1).

Box 1.1 Joint reviews of national AIDS responses

In 2008, UNAIDS produced a guidance paper outlining general principles in conducting joint reviews of the national multisector response to HIV.[5] It defines a joint review as "the comprehensive, periodic, systematic assessment of the overall national response to the HIV epidemic carried out jointly with relevant stakeholders and partners and as an integral part of a national HIV strategic programming cycle". It further states that "The joint review of the national response should clearly build on and be informed by reviews of specific HIV projects, specific sectoral responses, or reviews of discrete elements of the overall AIDS response, all of which may also be expected to be carried out jointly with relevant partners and stakeholders."

1.2 Focusing on results

In conducting programme reviews, the primary focus should be on identifying and improving on the results of the programme. The aim of a programme review should be to assess the results a programme is producing in relation to the priorities defined in the strategic and operational plans (Fig. 1.2). A common weakness from past experiences with programme reviews is that they were often more focused on how well programmes were being implemented and not much on what results the programmes had achieved. A programme review needs to assess all levels of the results chain. The review should, first and foremost, consider the impact the programme is having in changing HIV incidence, prevalence, mortality and morbidity among the people being served. The ultimate aim of the programme is to impact the lives of people who are being served. Therefore, the impact always be clearly defined to whatever extent possible.

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[4] *Global health sector strategy on HIV/AIDS 2011–2015.* Geneva, World Health Organization, 2011 (http://www.who.int/hiv/pub/hiv_strategy/en/index.html, accessed 21 May 2013).

[5] *Joint reviews of national AIDS responses: a guidance paper.* Geneva, UNAIDS, 2008 (http://www.unaids.org/en/ourwork/programmebranch/programmeeffectivenessandcountrysupportdepartment/strategiccountrysupportdivision, accessed 21 May 2013).

The impact of a programme will often be affected by the extent to which people access and act upon the HIV interventions to result in behaviour change and reduction of risk (outcomes). This in turn is influence by availability of HIV services (outputs). The type and availability of services will depend on policies, plans and resources (inputs) committed to the programme. Figure 1.2 shows the levels of the results chain, that should be assessed in programme reviews.

The performance of a programme should therefore be measured by the extent to which the programme is having the required impact and how each level of the results chain is contributing to that result.

To incentivize the focus on results in executing programmes, some development institutions are implementing performance-based funding. This approach was developed in the education sector and is currently used by several development initiatives such as the GAVI Alliance, the Millennium Challenge Account, the European Union and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Fig. 1.2 Results chain
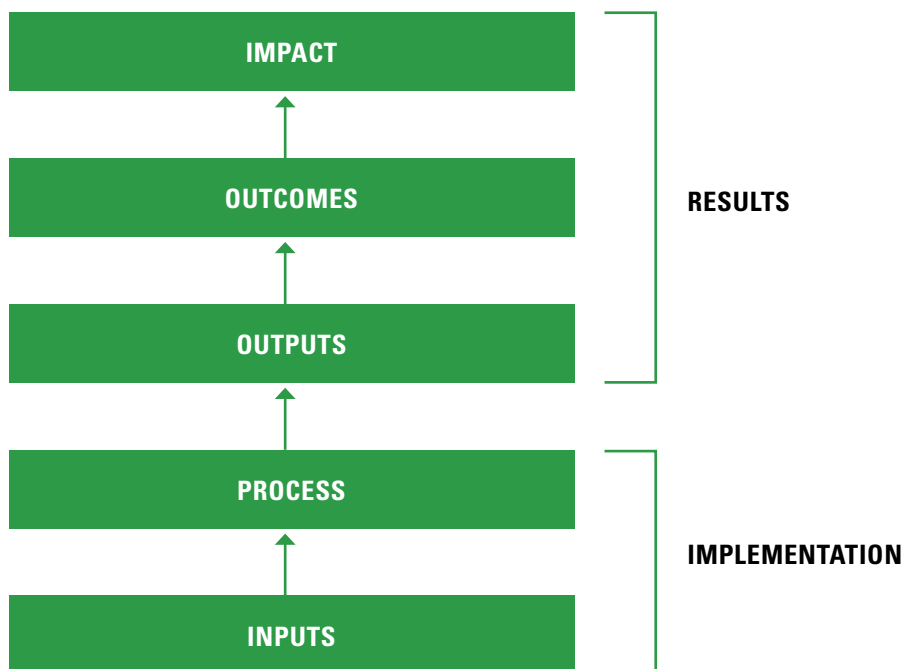
1.3 Harmonization and alignment

Programme reviews should be owned by countries, be consistent with national programme cycles, improve programme performance and contribute to wider national development efforts. Programme reviews should not lay undue burden on the national implementation capacity. They provide opportunity to promote partnership, mutual accountability, harmonization and alignment among stakeholders. Several processes aimed at strengthening country ownership, reducing transaction costs and ensuring more effective development

support in the spirit of the Paris Declaration on Aid Effectiveness[6] and related commitments made in Accra[7] and Busan[8]. to promote harmonization and alignment already exist.

UNAIDS has promoted the **"Three Ones"**[9] to improve coordination of the national response to HIV and maximize impact. They require that all stakeholders align their activities towards a common strategic, operational and accountability framework. The components of the "three ones" are as follows:

• *One agreed national AIDS action framework* on which all partners will base their programmes and to which they will contribute; it should be evidence-informed and translate to respective implementation plans and budgets;

• *One national AIDS coordinating authority* responsible for overall coordination of the national response that may be located in the National AIDS Council, the Ministry of Health, another government office or nongovernmental organizations; and

• *One agreed country-level monitoring and evaluation system* that requires all stakeholders and partners to follow and contribute a common reporting and accountability system.

A number of countries have established mechanisms for improving coordination among health sector partners. This coordination is typically led by the Ministry of Health and has a national coordination or steering committee with representation from a wide range of stakeholders, including other government ministries, civil society, the private sector and development partners. The partners meet regularly to jointly plan, review progress and address emerging challenges. The review of HIV programmes should be aligned with, integrated with and feed into a health sector review. Efforts should be made to minimize the need for multiple evaluations but instead undertake joint programme reviews that meet expectations and requirements of a wide range of stakeholders..

The **International Health Partnership and related initiatives** (IHP+)[10] facilitate better coordination and increased funding for health based on country-led processes for improved results by rallying partners to support and take forward one costed, validated, results-oriented national health plan by signing country compacts. At the centre of any compact is the national effort to plan strategically for health. This must be led and owned by the country and uses existing coordination and in-country management mechanisms. The IHP+ process includes regular joint annual reviews of the health sector by all concerned partners.

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[6] Paris Declaration on Aid Effectiveness, 2005. http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/paris_declaration_EN.pdf

[7] Accra Agenda for Action (2008). http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/About_IHP_/Why_commitment/AAA-4-SEPTEMBER-FINAL-16h00[1].pdf

[8] Busan Partnersip for Effective Development Cooperation (2011). http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/busan_partnership_agreementEN.pdf

[9] *Enhancing results by applying the Paris Declaration at sector level: progress update and lessons learnt from aid effectiveness in AIDS responses*. Geneva, UNAIDS, 2008 (http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/report/2008/20081023_accraprogressupdate_en.pdf, accessed 21 May 2013).

[10] International Health Partnership [web site]. International Health Partnership (http://www.internationalhealthpartnership.net/en, accessed 21 May 2013).

WHAT IS A PROGRAMME REVIEW?

02

2. WHAT IS A PROGRAMME REVIEW?

A programme review is a process that is initiated when managers and other stakeholders pause to assess how a programme has performed during a given period of time. A programme review is an integral part of the programme cycle. It is a form of programme monitoring that aims to provide feedback on performance of a programme to inform planning and improve implementation. Programme reviews build on routine programme monitoring and evaluation (Box 2.1).

Box 2.1 Monitoring and evaluation

Monitoring can be defined as routine tracking and reporting on the progress and performance of a programme. The information is usually obtained from administrative records, routine facility reporting, surveillance, vital registration and surveys. It is concerned with tracking inputs, outputs, outcomes and impact.

Evaluation is rigorous collection and analysis of information on the performance of a programme. It seeks to identify the causal link between resources and activities and the characteristics or merits of outcomes. It also seeks to understand the factors that influence specific results. Evaluation is often conducted through special studies and operational research.

Programme reviews use information from monitoring and evaluation and from various other sources to establish whether the programme as a whole or its components are proceeding in the right direction and producing the desired results. They are carried out periodically at defined points in the programme cycle.

2.1 Benefits of programme reviews

Conducting regular programme reviews represents good practice in managing HIV programmes. Programmes that have regular objective and appropriate programme reviews are more likely to perform better than those that are reviewed infrequently or not at all.

The following are benefits of regular programme reviews.

- **Improving programme results.** Programmes are more likely to reach their targets if they are continually assessing whether they are doing the right things and going in the right direction.

- **Improving efficiency.** Reviews can provide insight into ways of ensuring that resources are invested appropriately and services are delivered efficiently, thereby improving the effectiveness of programmes.

- **Strengthening accountability.** By regularly documenting achievements and challenges, programme reviews contribute to increasing the transparency of the management of the programmes which, in turn, promotes greater accountability by all concerned. Being open about the strengths and weaknesses of a programme often indicates commitment to improving performance.

- **Strengthening partnerships.** Regularly reviewing programmes enables the involved partners to have a say in managing the programme and to identify the areas in which they could further contribute to strengthening the programme.

- **Mobilizing resources.** By identifying and documenting achievements and constraints, regular programme reviews can be instrumental in mobilizing local and external resources that might be needed to improve performance. This also helps in ensuring appropriate resource allocation.

2.2 Types of programme reviews

Programme reviews can be carried out at different stages of the programme cycle and sometimes for different purposes. For the purposes of this guide, the term programme review refers to reviewing the whole national programme rather than reviewing only some discrete components of the programme. Regular programme reviews can be undertaken as annual, mid-term and end-term reviews (Table 2.1).

Annual reviews are generally considered as light review conducted annually by the main partners of a programme. They aim to assess progress in implementation and address the challenges that arise. Annual reviews are more likely to be carried out by a local team of people who are directly involved in the programme and look at data from routine reporting and monitoring. The results of annual reviews are used to improve on-going implementation, including modifying existing or developing new implementation plans.

Mid-term reviews are typically conducted around the mid-point of a multi-year programme cycle as defined in the strategic plan. The purpose is to determine whether the implementation of the national programme is going in the right direction and is on course to meet the targets defined in the strategic plan. In addition to implementation, a mid-term review also examines progress in the services being provided (outputs) and how the relevant populations use these services (outcomes). They might also review impact where data are available or time has been sufficient to demonstrate impact. Mid-term reviews might be used to make adjustments to the strategic plan (reprogramming). The adjustments could involve modifying targets, priority population groups or types of interventions). Mid-term reviews are can be conducted by a team that has both internal and external reviewers and should ideally be done over a period of around three months, from planning to completion.

End-term reviews are carried out at the end of the multi-year programme cycle as defined in the strategic plan. The aim is to determine how well the programme has performed in the planning period under consideration. This is a comprehensive review of the programme that examines all elements with particular focus on the impact and outcomes , of the programme, and associated factors. An end-term review will usually constitute the situation analysis of the new strategic plan. The end-term review should ideally have a strong external or independent element in its execution to assure objectivity of the findings. It should ideally be conducted over a period of three to six months, from planning, execution and completion.

Specific reviews refer the assessment of specific components of a national programme. Specific reviews also constitute parts of an overall programme review. They include thematic and project reviews.

- **Thematic reviews** are undertaken to assess specific thematic areas. They could focus on specific interventions such as antiretroviral therapy, services to prevent the mother-to-child transmission of HIV, specific key populations or male circumcision. They could also focus on such issues as decentralization, community services or procurement.

- **Project reviews** are conducted for special initiatives or projects. These could be initiatives with specific sources of funding, address particular population subgroups or cover specific geographical areas. Reviews are often systematically conducted for projects supported by agencies such as the World Bank, regional development banks, the Global Fund to Fight AIDS, Tuberculosis and Malaria and other multilateral and bilateral institutions. The validity of the conclusion from these reviews should be interpreted with caution, since some of the results may not be fully attributable to the project.

Table 2.1 Comparison of types of programme reviews

Type	Objective	Focus	Timing and frequency	Review team	Duration
Annual review	Assess implementation Modify implementation plans	Concerned with how well the programme is being implemented: assessing inputs, activities and outputs	Annually or biannually, depending on the country's schedule for regular HIV or health sector reviewing, planning and budgeting	Mostly internal	<1 month
Mid-term review	Assess progress towards achieving programme objectives Inform reprogramming	Considers whether the programme is moving in the right direction, emphasizing outputs and outcomes as well as impact, where this can be demonstrated	Around the mid-point of the programme cycle	Mixed internal and external	1–3 months
End-term review	Assess the overall performance of the programme Inform the development of a new strategic plan	Examines what the programme has achieved, emphasizing impact and outcomes and associated factors	Towards the end of the programme cycle before planning for the new cycle	Mixed but with a strong external or independent element	3–6 months
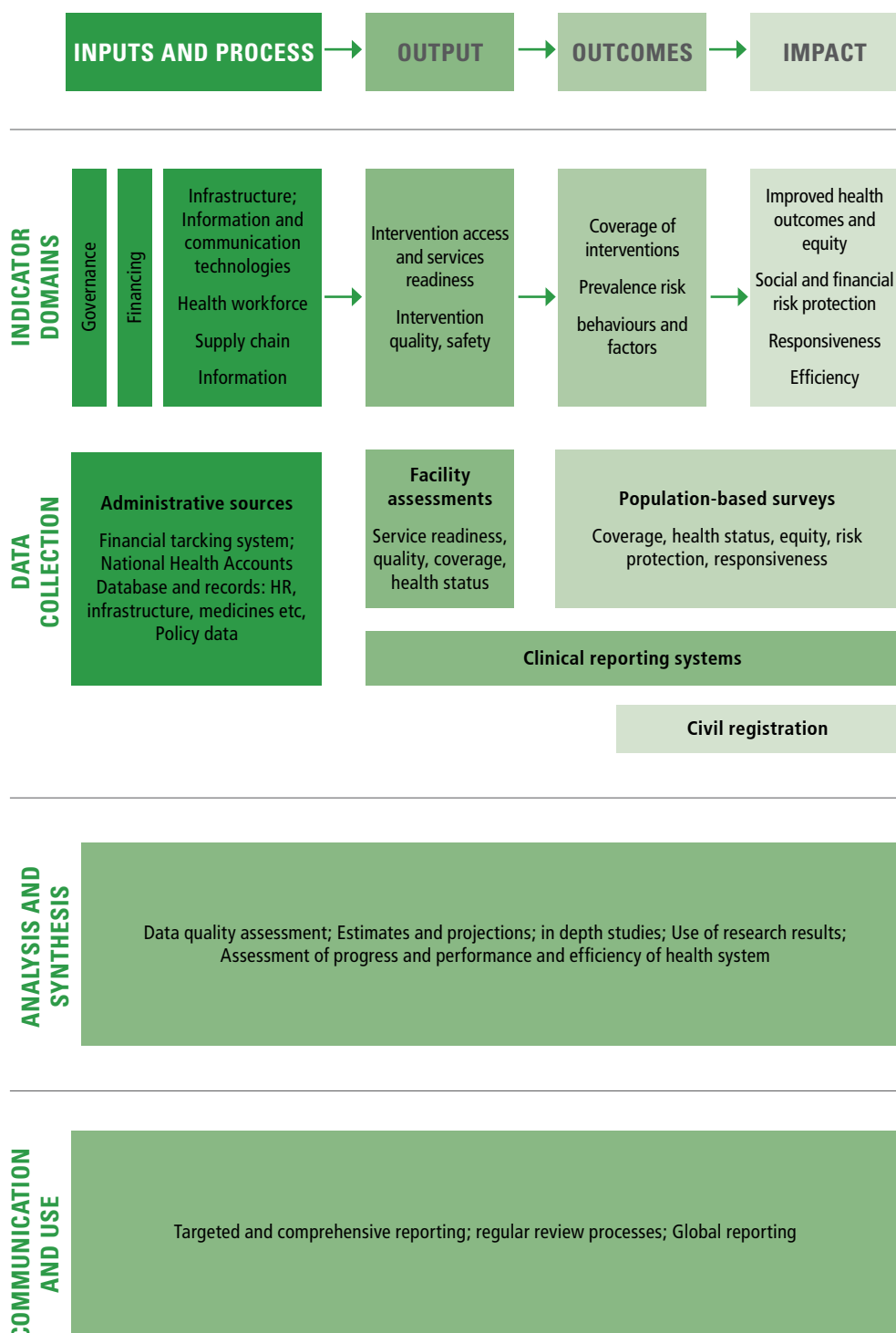
2.3 Scope of HIV programme reviews

Achieving clarity about the issues to be covered in any review before it is conducted is important. A common weakness of many programme reviews is that they do not define clearly what they are assessing and the type of results they expect. They therefore often cover a wide range of issues and collect large quantities of information, which gets to be too complex for analysing and drawing conclusions. Another weakness is the tendency to deal exhaustively with issues that have information that is readily available (such as inputs and outputs versus outcomes and impact or one intervention versus another). A comprehensive programme review should cover the full spectrum of programme results from inputs to impact.

WHO and IHP+ have proposed a common framework for identifying the key information systems and analysis that supports the programme monitoring, evaluation and review chain (Fig. 2.1).[11]

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[11] *Monitoring, evaluation and review of national health strategies*. IHP+, 2011. (http://www.internationalhealthpartnership.net/en/tools/me-platform, accessed 21 May 2013).

Fig. 2.1 IHP+ common monitoring and evaluation framework

| INPUTS AND PROCESS | → | OUTPUT | → | OUTCOMES | → | IMPACT |

INDICATOR DOMAINS

| Governance | Financing | Infrastructure; Information and communication technologies Health workforce Supply chain Information | → | Intervention access and services readiness Intervention quality, safety | → | Coverage of interventions Prevalence risk behaviours and factors | → | Improved health outcomes and equity Social and financial risk protection Responsiveness Efficiency |

DATA COLLECTION

Administrative sources

Financial tarcking system; National Health Accounts Database and records: HR, infrastructure, medicines etc, Policy data

Facility assessments

Service readiness, quality, coverage, health status

Population-based surveys

Coverage, health status, equity, risk protection, responsiveness

Clinical reporting systems

Civil registration

ANALYSIS AND SYNTHESIS

Data quality assessment; Estimates and projections; in depth studies; Use of research results; Assessment of progress and performance and efficiency of health system

COMMUNICATION AND USE

Targeted and comprehensive reporting; regular review processes; Global reporting

Source: *Monitoring, evaluation and review of national health strategies: a country-led platform for information and accountability.* Geneva, World Health Organization, 2011 (http://www-who-int/healthinfo/country_monitoring_evaluation/documentation/en/index.html, accessed 21 May 2013).

Programme review depends on information available from sources and indicators defined in Fig. 2.1. Whereas routine monitoring and evaluation identifies that results and defines the context, programme review is concerned with the implication of those results on the programme.

Five basic questions can guide the interpretation of programme performance through the review process. The questions[12] are as follows:

- Are the right things being done?

- Are they being done in the right way?

- Are they being done on a large enough scale?

- Are the right people being reached?

- Is the programme making a difference?

The four questions relate directly to the main information domains (inputs, process, outputs, outcomes and impact) defined in the common M&E framework above. Table 2.1 shows the range of issues covered under each of the basic review questions.

Box 2.2 Basic review questions

Are the right things being done?

- Adequate policies, plans and targets defined.
- Appropriate interventions for the type of epidemic and right population groups identified.
- Adequate resources available and allocated in line with priorities.
- Sufficient human resources, infrastructure, equipment, supply chain and information systems.

Are they being done in the right way?

- Service delivery models appropriate for reaching the right population groups.
- Decentralization of services and community empowerment.
- Partnership and inclusive planning, implementation and accountability.
- Integration with other health and development programmes.
- Effective programme management, coordination and quality assurance.

Are they being done on a large enough scale?

- Type and quantity of services and products provided.
- Number and distribution of service delivery sites relative to target populations.

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[12] Adapted from UNAIDS M&E framework: *Monitoring and evaluation fundamentals: basic terminology and frameworks for monitoring and evaluation*. Geneva, UNAIDS, 2010 (http://www.unaids.org/en/media/unaids/contentassets/documents/document/2010/7_1-Basic-Terminology-and-Frameworks-MEF.pdf, accessed 21 May 2013).

Are the right people being reached?

- Coverage of services.
- Behaviour change.

Is the programme making a difference?

- HIV incidence in general population and specific populations.
- HIV prevalence in general population and specific populations.
- AIDS mortality in general population and specific populations.
- HIV-related morbidity.

PREPARING FOR THE PROGRAMME REVIEW

03

3. PREPARING FOR THE PROGRAMME REVIEW

The key to a successful review is often the work done before the review. Reviews that are not well planned are likely to run into numerous difficulties such as logistical challenges and poor quality of information obtained, which could compromise the integrity of the findings. Good preparation for a review involves clarifying beforehand all key aspects of the review such as on what it will focus, who will carry it out, how it will be carried out, what information is expected and how the information will be collected, how it will be analysed, how the findings will be presented and how they will be used. In preparing for a programme review, the steps outlined below should be considered.

3.1 Establish steering group

The Ministry of Health is usually the authority commissioning a review of the health sector response to HIV. However, in the interest of fostering common ownership and shared responsibility and accountability, the Ministry of Health should work closely with major stakeholders in carrying out the review. This involves establishing a representative body, such as a task force, that provides overall guidance to the review.

The oversight or steering group should have representation from major stakeholders of the programme including the Ministry of Health, civil society, private sector, academe, other relevant government ministries and development partners. It could be an existing body such as a health sector coordinating committee, National AIDS Council or technical working group on monitoring and evaluation.

The responsibilities of the steering group include:

• agreeing on the terms of reference

• appointing the review team

• overseeing implementation by the review team

• receiving the review finding

• deciding how to disseminate and use the findings

• mobilizing resources for the review

• facilitating the review.

The HIV programme manager or unit responsible for strategic information in the Ministry of Health usually serves as a chair to the steering group, with a secretary from one of the stakeholders. In that role, such a unit would also typically provide administrative and logistical support to the review process.

3.2 Develop terms of reference for the review

Having clear terms of reference for a programme review is important. The terms of reference define what the whole review is about. The HIV programme manager or unit responsible for monitoring and evaluation in the Ministry of Health usually drafts the terms of reference. The oversight or steering group, if there is one, should discuss and adopt them.

The main issues defined in the terms of reference of a programme review include the following issues related to the review.

- **Why?** Clearly state the overall purpose of the review, specific objectives and particular areas or issues on which to focus.

- **Who?** Define the roles and responsibilities of the various actors and how they relate to each other, including who oversees and who carries it out and who supports it.

- **How?** Describe the main approaches to carrying out the review, such as whether it will be mainly desk review, include special studies, activities to cover the whole or parts of the country, etc.

- **When?** Indicate the timeline for starting and ending the review.

- **What?** Indicate the deliverable during the review process and the final product.

- **Cost?** Indicate the financial and other resources that will be available for the review (sometimes this might indicate the sources of support).

The sequence of the issues presented above can also serve as an outline of the terms of reference (Box 3.1).

Box 3.1 Outline of terms of reference for a programme review

Background
This gives some context to the programme and explains why the review is being requested for and the authority requesting the review.

Purpose
A statement or paragraph that articulates what the review will examine, the type of review, what it should achieve and what it will be used for.

Objectives
These expand on the purpose above by specifying the main questions areas or issues that should be addressed in the review.

Methods
This defines the main methods or approaches that the review will be expected to follow.

Reviewers
This states who will conduct the review, the required competencies and experience and how they will be recruited.

Outputs
This defines the specific deliverables during and after the review.

Management
This defines how the review will be managed and roles and responsibilities of the various actors.

Timeline
This states the timeline for carrying out the whole review.

Cost
This states the anticipated costs or resources available for the review.

3.3 Constitute the review team

The team can be assembled by recruiting individuals who have the necessary qualifications. Alternatively, an institution with the requisite experience can be engaged. Examples include consultancy firms or academic and research institutions.

The steering group should be responsible for identifying reviewers and constituting the review team. The quality of the review largely depends on the calibre of the individuals who constitute the review team. Identifying a team of competent individuals to undertake the review is therefore important.

A programme review can be considered to be internal (undertaken by individuals involved in programme management and implementation), external (carried out by individuals who are not directly involved with management and implementation) or mixed (involving both external and internal individuals who are both internal and external to the programme). The advantage of having internal reviewers is that they understand the programme and its context well and can explain or clarify related issues. External reviewers, in contrast, have the advantage of bringing in a fresh perspective and added objectivity to the review. A mixed review task team can draw on the benefits of both internal and external reviewers.

The members of the review team could be identified and recruited individually, based on expertise and experience. Sometimes an institution (public, private, civil society or academic) could be hired to carry out a review. Further, various institutions can be requested to nominate people to serve on the review team.

The following characteristics should be considered in identifying the individuals or institutions to form the review team:

- past experiences with programme reviews or evaluations
- knowledge of HIV and the health sector
- the ability to act independently
- the perspectives of communities and people living with HIV
- the ability to function well in a team.

The types of skills that might be useful in a review team include the following:

- HIV prevention, treatment and care (general knowledge and knowledge of specific priority intervention areas of the programme);
- programme management;
- costing and funding;
- health systems;
- procurement and supply management;
- monitoring and evaluation;
- epidemiology; and
- multi-stakeholder participation (involvement of nongovernmental partners).

The review team leader should be identified, ideally by the steering group. The team leader leads the planning and implementation of the review and serves as the principal liaison between the team and the commissioning authority.

Review team members should meet regularly during the review to discuss the progress of the review and emerging information and findings as well as issues that need to be resolved.

3.4 Involve stakeholders

Key stakeholders to the health sector response to HIV need to be involved at all stages of the review. There is usually a wide range of stakeholders such as policy-makers, programme personnel, other sectors, people living with HIV, civil society organizations, private sector, faith communities, academic institutions and development partners. Stakeholders may have varying levels of involvement in the process depending on their competencies and availability. Both the steering group and the review team should define how the major stakeholders will be involved and kept informed of the issues emerging from the review.

3.5 Review plan or inception report

Once constituted and briefed on the task on hand, the review team should set about preparing an inception report for the review. The inception report should be based on the terms of reference and describe, in some detail, how the team will carry out the review and deliver on the terms of reference. The inception report should include the following elements:

- interpretation by the reviewers of the purpose of specific objectives of the review

- detailed description of the methods and tools the review team will use

- how the information collected will be analysed and presented

- specific deliverables and time frames for their delivery

- costs for carrying out the task.

The inception report should be submitted to the steering group for scrutiny and approval. The review team starts conducting the review when the inception report is approved and the required resources are made available. A complete inception report might not be necessary for regular annual reviews, which are mostly internal to the programme (Box 3.2).

Box 3.2 Checklist for preparations

✓ Terms of reference are developed

✓ Steering committee is constituted

✓ Review team is constituted

✓ Inception report is produced

✓ Review methods are defined

✓ Review tools are developed

✓ Documents to be reviewed are identified

✓ People to be interviewed are identified and informed

✓ Sites to be visited are identified and the logistics worked out

✓ Timelines are defined

✓ Review budget is developed and resources are secured

COLLECTING INFORMATION

04

4. COLLECTING INFORMATION

Gathering the right information is one of the most important steps in conducting a programme review. The analysis, findings and conclusions from the review largely depend on the quality of information gathered in the process. The information should be appropriate to the specific review and should be as complete as possible and reliable.

It is important to be very clear about the information that is required for the review before information collection begins. Many programme reviews have run into difficulty because they did not take stock of the type of information they would require before plunging into collecting information. Sometimes too much information is collected, some of which is not relevant for the specific review, and it becomes too complicated to process and analyse. In other cases, there can be significant gaps in the information such that sound lessons and conclusions cannot be drawn.

Examining every available piece of information on the subject is not necessary. Focus on information that is directly related to the main questions of the review. It is normally important to start by assessing impact to see what positive changes are happening in morbidity, mortality and incidence, where progress is not good and what has negative trends. Once these are clear, subsequent information needs can be much more focused, leading to practical recommendations on improving responses to scale up and achieve further impact.

The information to be collected must always be relevant to the purpose of the specific review being undertaken. It is therefore useful to always refer to the purpose and objectives of the review as defined in the terms of reference in identifying the type of information that is required. Table 4.1 shows an example of the type of information that is required for the review. This is based on the common monitoring and evaluation framework (Fig. 2.1).

The sources of information shown above are complemented by other methods such as interviews and site visits, which are conducted during the review.

4.1 Sources and quality of data

Programme reviews mostly use existing information (or secondary data collection). Such information would have been obtained and summarized through various (primary data) systems such as management records, routine health reporting, surveillance, population surveys, operational research and other studies. This is complemented by additional real-time information collected during the review through methods such as interviews, site visits and other consultative processes.

The information used for the review should be as reliable and as accurate as possible. Inaccurate information is more likely to lead to wrong conclusions, which will not improve the programme. The quality of information available usually depends on the strength of the information systems that are in place. Strong monitoring and evaluation systems are more likely to produce high-quality data and vice versa. The following can be considered with respect to the quality of data to be included in the review.

- Data generated by reputable national and international institutions are likely to be of good quality. For example, mixed national and international institutions usually produce Demographic and Health Surveys, Integrated Behavioural and Biological Surveys and mode-of-transmission surveys.

- Data that have gone through international validation processes, such as through global reporting mechanisms are likely to be of good quality. Such validation processes include the Global AIDS Response Progress Reporting and reporting for the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive.[13]

- Use standard methods, including standard indicators and tools, such as sentinel surveillance and population size estimates.

- Incorporate data quality assurance systems such as regular data quality audits and assessment (such as regular application of the Data Quality Audit Tool, Routine Data Quality Assessment Tool and Health Facility Data Quality Report Card).

The review team should comment on the quality of data they use and whether this could be considered reliable or a reasonable representation of reality.

Table 4.1 Review information and sources

Review questions	Level	Information required	Sources
Are the right things being done?	Inputs	Policies Interventions Resources	Administrative sources Resource tracking Effectiveness studies Operational research
Are they being done the right way?	Activities	Delivery models Participation Integration Management Quality	Process monitoring Quality assessment Operational research
Are they being done on a large enough scale?	Outputs	Products and services	Routine reporting (including facility assessments and clinical reporting)
Are the right people being reached?	Outcomes	Coverage Behaviour change Prevalence of risk	Population based surveys Routine reporting (including facility assessments and clinical reporting)
Is the programme making a difference?	Impact	Incidence Prevalence Mortality Morbidity	Surveillance and surveys Vital registration

Source: adapted from: *Monitoring and evaluation fundamentals: basic terminology and frameworks for monitoring and evaluation*. Geneva, UNAIDS, 2010 (http://www.unaids.org/en/media/unaids/contentassets/documents/document/2010/7_1-Basic-Terminology-and-Frameworks-MEF.pdf, accessed 21 May 2013).

[13] *Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive*. Geneva, UNAIDS, 2011 (http://www.unaids.org/believeitdoit/the-global-plan.html, accessed 21 May 2013).

4.2 Desk review and analysis

The desk review constitutes an important step in the process of reviewing the national HIV programme. It provides the evidence base for the review. Desk review entails reviewing all existing documentation relating to the issues covered in the review to develop as complete a picture as possible of the current state of the programme. Ideally, the desk review should be undertaken before and should inform the field review. The desk review normally aims to document the following:

- the national context of the programme (including key socioeconomic indicators and determinants);
- progress towards achieving the national targets for impact, outcomes and outputs;
- investment made in the programme and the quality of implementation;
- factors associated with the performance of the programme; and
- information weaknesses and gaps.

4.2.1 Define the framework for reviewing documents

The first step in conducting a desk review is to define a simple analytical framework that defines how to approach the review. The framework should indicate the type of information required and possible sources. It is a simple tool to assist in looking for and organizing the information. The framework could also define criteria for including or excluding documents from the review. Members of the review team could be allocated specific areas to review and be provided with outline or templates for organizing and presenting information. Once an analytical framework has been developed, a list of the required documents should be compiled.

4.2.2 Gather all relevant documents

It is best to ensure that most of the required documents are gathered and available before the desk review starts. Compiling documents on an ad hoc basis while reviewing then can lead to time being wasted and gaps. Programme personnel or other personnel in the country should collect documents before the desk review. The programme manager or responsible officer should ensure that the latest and most complete documents are collected in advance. Table 4.2 shows examples of documents to be considered in the desk review.

4.2.3 Output of the desk review

The output of the desk review should be a clear, concise and complete synthesis of the information obtained from the documents reviewed. The synthesis should contain the following:

- data on the socioeconomic context (such as population, economy and broad health indicators);
- impact of the programme (incidence, prevalence, morbidity, mortality, trends, general specific populations, by age, sex and/or other characteristics);
- current coverage of key interventions (by age, sex, population groups and/or other characteristics);
- services and products provided (number and distribution of service sites, modes of service delivery, etc.); and
- inputs (existing policies, guidelines, funding picture, human resources and other inputs).

The desk review report should not be too long. However, it should provide sufficient background information to inform the rest of the review. The synthesis should use as many maps, charts and tables as possible. The desk review describes the current situation based on the available documentation. The rest of the review seeks explanations for the current situation and options for further improving the programme.

Table 4.2 **Examples of documents that could be considered in a desk review.**

Context
• National development strategy or plan • Health sector policies, strategies and plans • National HIV policies, strategies and plans • United Nations global or country reports
Inputs
• Operational and intervention plans • Service delivery guidelines and protocols • Estimates of resources needed • Administrative records • Programme budgets • Donor commitments • National AIDS spending assessments • Logistics Management Information System
Process
• Progress reports • Review and assessment reports • Operational research
Outputs
• Facility records and reports • Service availability and readiness index • Implementation progress reports
Outcomes
• Monitoring and evaluation reports • Facility records and reports • Population surveys (Integrated Biological and Behavioural Surveillance, key populations) • Research and study papers
Impact
• HIV surveillance reports • AIDS indicator surveys • Mode-of-transmission surveys • Vital registration reports • Demographic and Health Surveys • Cost–effectiveness and cost–benefit analysis • Research and study papers • Other studies

Once that information has been compiled, it should be summarized or organized in ways that make it easier to analyse. It is helpful to avoid compiling all the information reviewed but rather only the information related to the review.

In addition, the review team should also identify any gaps in the information from the desk review and information that needs to be verified further. The other methods for collecting information fill the gaps and complement the desk review.

4.3 Field review

Field review entails the review team making on-site observations and collecting information. The field review should build on the findings of the desk review. The field review serves as a means of verifying the findings of the desk review, seeking explanations for these findings and filling information gaps. Field review complements the desk review to provide a more complete picture of the national programme. The field review involves a range of activities including technical briefing, stakeholder interviews and site visits.

4.3.1 Technical briefing

It is useful for the review team to have a full technical briefing about the programme to be reviewed. The programme manager and the team responsible for managing and implementing the programme day to day usually provide the briefing. The briefing should cover issues such as the current epidemiological situation, programme priorities, interventions, achievements, challenges and future perspectives. The briefing should also expand on specific programme areas immediately relevant to the review.

The briefing allows the review team to have a clear and up-to-date understanding of the programme. The briefing also helps the review team to identify specific issues to examine during the review and possible sources of information. The review team and the technical programme interact continually throughout the review.

4.3.2 Interviews

Interviews often provide qualitative information. They are very useful in providing explanations of what is being observed and the perspectives of the main actors. Interviews can be conducted with individuals and with groups. Interviews can be conducted in person, by telephone (remote) or by completing a questionnaire, which can also be either paper-based or electronic.

The review team should identify all the people who need to be interviewed and the type of information to be sought from them. The team should also identify who will be interviewed in person, by remote means and by completing a questionnaire. Usually, individual interviews are conducted with people considered to have a high stake in the programme or those with good knowledge of the programme, such as policy-makers, programme managers, representatives of affected populations, implementers and donors), who are otherwise known as key informants. Table 4.3 shows possible people to be interviewed.

Interviews for groups of people can be conducted as focus group discussions, in which a group of individuals sharing some common characteristics are brought together to discuss specific questions or issues. Group interviews can also be performed in facilitated consultative meetings.

Using standardized questions and checklists ensures that the information collected by the review team members is complete and comparable and makes analysing the information easier.

Table 4.3 Indicative list of people to be interviewed

Government
• Programme managers and other programme personnel • Policy-makers • Related institutions (such as regulatory) and other sectors
Service providers
• Public • Civil society • Private
Service users and beneficiaries
• Women, men and young people living with HIV • Key populations • Local communities
Interest groups
• Local leaders • Advocacy groups • Professional associations • Experts
Development partners
• Donors • Technical assistance providers

Regardless of how well a review is planned, new questions or lines of enquiry may arise in the course of gathering the information. These new questions can be added to the tools, as necessary.

4.3.3 Site visits

Site visits are conducted to observe how HIV services are being delivered and assess the existing capacity to deliver them. Site visits can sometimes be used to verify the information obtained through other methods such as desk review and interviews.

Selecting the sites to be visited requires first determining the relevance of these sites to the purpose of the review. Second, it is necessary to determine whether these sites are representative of similar services in other parts of the country. A comprehensive review (mid-term and end-term) usually requires site visits to all or selected regions of the country (Table 4.4).

Organizing site visits is often very challenging and can consume great time and effort. The sites to be visited and who will take part should be identified well in advance. The people to be met at the sites should be informed in good time about the potential visit and purpose. Transport and other logistics should be worked out. In addition, the review team should prepare simple tools for things to observe, questions to ask and other information to collect during site visits.

Table 4.4 Examples of services to be assessed in site visits

Level	What to look for
Community	• Type of community activities being carried out • Who is involved • Links between the community and the health system
Health facility	• Type of services, including diagnostics • Service providers • Type of facilities • Equipment • Availability of drugs • Use of services • Records management
District	As above plus • Organization of district health services
Province	As above plus • Referral system • Management and supervision
National	As above plus • Resource allocation • Procurement and distribution of commodities • Training and capacity-building

4.3.4 Other methods

Sometimes review information has to be complemented with other methods such as case studies or small surveys for areas or issues in which relevant information does not exist that might be important to inform the review (Box 4.1).

Box 4.1 Checklist for collecting information

✓ Comprehensive list of information required and sources is developed

✓ Tools for data collection are developed

✓ Programme briefing is arranged

Desk review

✓ Documents are listed

✓ Documents are compiled

✓ Documents are allocated to reviewers

Field review

- ✓ People to be interviewed are identified
- ✓ Interview questions and questionnaires are developed
- ✓ Interview schedule is developed
- ✓ Interviewees are informed
- ✓ Sites are identified
- ✓ Visit tools and checklists are developed
- ✓ Visit teams are defined
- ✓ Sites are informed
- ✓ Travel logistics are arranged

ANALYSING AND SYNTHESIZING FINDINGS

05

5. ANALYSING AND SYNTHESIZING FINDINGS

The purpose of analysing information is to identify what it says about the issues the review is addressing. Analysis can begin while the information is being collected and should only conclude after all the required information has been collected. The quality of the analysis largely depends on the quality of information collected, the methods used for analysis and the competencies of the team.

The process of analysing information is made easier if the information required and approaches to analysis are well described at the outset of the review (that is, clearly explained in the inception report). Since programme reviews mostly work with secondary information (existing information), they often do not go into in-depth scientific and statistical analysis. Rather, the analysis mostly examines emerging facts, patterns and links in the response. However, sometimes it might be necessary to carry out specific analysis to fill in information gaps or to extrapolate findings to larger populations or over periods of time.

The aim of the analysis should be to provide a factual and objective basis for interpreting the performance of the programme and making recommendations for moving forward. The analysis should also consider any limitations in the review and the extent to which the findings can be generalized to the whole programme.

5.1 Approach to analysis

Analysis of the data and other information in the review should begin by defining an analytical framework. The framework identifies the areas being assessed, the information required and the questions to be answered. The framework also indicates how the information will be organized. The analytical framework, or its precursor, should have been outlined in the inception report. However, it is always useful to revisit the framework at this stage and make necessary adjustments, when all the data have been collected.

The analysis should normally start by assessing the impact on epidemic. Thereafter, specific components parts are assessed in relation to how they contribute to observed impact and how well they have been implemented.

Table 5.1 shows examples of review questions that can be applied to various levels of the results chain. These questions are further elaborated for specific intervention areas in the checklist of key questions attached to this guide.

There are many ways in which the findings of the review can be presented after they have been analysed. The two common ways in which findings from the review are presented are as follows:

• **By objectives of the review:** The objectives would usually be as defined in the terms of reference for the review or as defined in the strategic plan. It is easier to do this if the objectives address very distinct areas and are not too numerous. Example of objectives as proposed in the Global Health Sector Strategy for HIV/AIDS 2011-2015[14] are as follows: (i) optimizing HIV prevention, diagnosis, treatment and care outcomes, (ii) Leveraging broader health outcomes through HIV responses, (ii) building strong and sustainable systems, and (iv) reducing vulnerability and removing structural barriers to accessing services.

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[14] *Global health sector strategy on HIV/AIDS 2011–2015*. Geneva, World Health Organization, 2011 (http://www.who.int/hiv/pub/hiv_strategy/en/index.html, accessed 21 May 2013).

- **By programmatic areas:** This could be by intervention areas or sub-systems of the programme. For example, the UNAIDS investment framework[15] proposes three programmatic categories, namely (i) basic programmes, (ii) critical enablers and (iii) synergies.

Table 5.1 Review questions according to the four levels of analysis

Is the programme making a difference?	Impact	• Have HIV mortality, morbidity, incidence or prevalence changed in the general population and in the most severely affected populations groups (including by sex and age)? • Are the changes consistent with the national targets and existing national capacity? • Are broader health outcomes being leveraged through the HIV programme?
Are the right people being reached?	Outcomes	• Has access to key intervention changed for the general population and/or the most severely affected population groups, including by age and sex? • Has behaviour changed in the general population and/or in the most severely affected population groups, including by age and sex? • Has risk of acquiring HIV infection changed? • Are the changes consistent with the national targets and capacity? • Is the programme contributing to reducing vulnerability and removing structural barriers to accessing services?
Are they being done on a large enough scale?	Outputs	• What types, quantities and quality of services are provided and how are they distributed? • Is the programme contributing to building strong and sustainable health systems?
Are they being done the right way?	Process	• Is service delivery decentralized to the right levels and well orientated towards the target populations? • Are all major partners (government, civil society, people living with HIV, etc.) involved in planning, delivering services and monitoring the programme? • Are there adequate systems for governance, management, coordination and accountability of the programme?
Are the right things being done?	Inputs	• Are adequate national policies, strategies and plans and guidelines in place? • Have sufficient resources been committed to the programme? • Have the resources been allocated in the most strategic and efficient manner? • Have the funding sources been maximized (public, private and external)?

[15] Schwartlander B, Stover J, Hallet T et al.: Torwrads an improved investment approach for an effective response to HIV/AIDS. Lancet 2011; 377: 2031-41

The results of the analysis in Table 5.1 and analyses of specific thematic areas from the checklist of key questions can be made to fit the structure adopted to present the results.

5.2 Identifying limitations

A programme review usually has some limitations relating to how well all the issues are covered. In some cases, the limitations would be minor, since they do not materially affect the overall findings and recommendations. However, sometimes the review might have limitations that would significantly affect the findings and conclusions.

The review team should highlight any limitations or shortcomings of the review and comment on whether they affect the findings or validity of the review. Limitations can occur with respect to the review as a whole or in specific thematic areas. Limitations could result from the following.

- **Design of the review.** The scope of the review may have been too broad or too narrow. The methods used may not have been appropriate for the questions being addressed. The time available for the review may not have been sufficient. The sites selected may not have most appropriate or representative.

- **Logistics.** The review team may have been constituted late. Schedules may not go as planned. Key people were not available. There may have been problems transporting team members to appointments or site visits.

- **Data.** Key data may not have been available, complete or current. The quality of the data may have been poor or uncertain. The data may not have been disaggregated by population groups of interest or by geographical areas.

- **Capacity.** Expertise or skills may not have been available in the team or in the country to collect and analyse information on specific issues.

5.3 Making recommendations

Recommendations suggest how the programme moves forward from the time of the review. They are implications of the findings of the review intended to lead to action and are often the most visible part of the review report. The recommendations should be developed with much thought and consideration and should be based on the objective findings of the review.

There can be recommendations for the programme as a whole. There can also be recommendations for specific areas covered by the review; these are usually the basis for follow-up. Recommendations can be generated from thinking through the following three questions.

- What is working well and needs to be continued or expanded?

- What is not working well and needs to be reformulated or discontinued?

- What else can be done or introduced to improve performance?

The following considerations should be considered in writing the recommendations.

- The recommendations should be **concise and practical**, summarize impact, strengths and weaknesses and have a few high-level practical recommendations to lead to action (then with more detailed programme recommendations).

- Be **clear and specific** about what is being recommended and to whom. Avoid generalities and vagueness. For example, statements such as "the procurement system needs to be strengthened" or "service delivery must be enhanced" are not very helpful to the implementers. Instead, say something such as: "The procurement department should consider reviewing tender procedures with the aim of reducing complexity and the time

required to complete the process." Another example would be: "The Ministry of Health and nongovernmental organizations should aim to increase the number of HIV testing sites to reach more pregnant women, especially in the southern districts."

- Set **priorities** among the recommendations. Not all recommendations carry the same weight. Some are more important than others. Some are more urgent, and others can be addressed soon or much later. Some recommendations are simply additional suggestions that do not have material implications for the programme. Indicating the importance of each recommendation is important. One way of doing this is by listing the recommendations by their level of importance, with the most important ones first.

- Be **realistic**. Avoid recommending things that exceed the capacity to implement. An example could be: "The road network in the country should be upgraded to improve access to health services for vulnerable populations in rural areas." Another example: "Smart cards should be introduced for patient records in all health facilities." Such recommendations would be unrealistic in some very resource-constrained settings.

- **Avoid too many** recommendations. Too many recommendations become difficult or impossible to implement. Merely keeping track of all the items can become a challenge. The fewer and more manageable the recommendations, the better. A good test for well-written recommendations is whether people can remember at least the main recommendations without referring to the report.

5.4 Presenting preliminary findings and recommendations

Once the preliminary findings and recommendations have been framed, they should be presented to technical team managing the programme and to the steering committee or other key stakeholders for their feedback. This has several advantages. First, it provides an opportunity to test the accuracy of the findings and make necessary corrections or clarifications if they are warranted. Second, it enables sensitive issues to be raised that might be difficult to address with a wider audience. Third, briefing key stakeholders and seeking their response to findings assists in building the ownership and credibility of these findings among stakeholders. It avoids last-minute surprises on both sides.

Remember that the purpose of a programme review is not to pass judgement on the programme or the people involved but to assist the programme in optimally achieving its objectives. Framing the findings and conclusions therefore requires being objective and candid with a focus on things that help the programme to move in the right direction (Box 5.1).

Box 5.1 Checklist for analysing information

✓ Analytical framework is defined

✓ Information required for specific components is identified

✓ Special analytical work that might be required is identified

✓ Findings are clearly identified and verified

✓ Synthesis of findings for the whole programme is developed

✓ Recommendations are developed

✓ Preliminary findings and recommendations are presented to key national stakeholders for feedback

REPORTING AND USING THE REVIEW FINDINGS

06

6. REPORTING AND USING THE REVIEW FINDINGS

The outcomes of a programme review should ideally be widely disseminated among those who are involved or interested in the programme. Although the findings and recommendations of the review are important, what is more important is what follows afterwards. The dialogue, decisions and actions that national stakeholders take following a programme review are what matter in the final analysis. The purpose of the review is to stimulate and inform such dialogue.

6.1 Programme review report

Once the review team has finalized the findings and recommendations, it should write the review report. The report should outline the purpose and objectives of the review, the methods used and the major findings, conclusions and recommendations. The aim should be to produce a report that is factual, clear, concise and easy to read. Including clear charts and tables that clarify the text is often useful. If considerable information was compiled during the review, it might be useful to consider two reports; one concise with the major findings, discussions and recommendations, which serves as the working document, and the second, with detailed data and observations that serves as a reference document (Box 6.1).

Box 6.1 Outline of a review report

Executive summary
A summary of the whole report highlighting the most pertinent issues in each part of the full report. It should clearly show what is in the full report. It is often the most widely read part of the report. It should ideally be about 1–4 pages long.

Introduction
This gives the background relating to why the review is being undertaken and the context (stage of the programme) and may have some epidemiological updates. It also states who is carrying out the review.

> **Purpose and objectives**
> These are usually reproduced as they were in the terms of reference or as modified or summarized.

> **Methods**
> Summarizes the main methods used. Particular attention should be focused on the validity, objectivity and representativeness of the information collected and the conduct of the review.

Findings
- These should begin with overall **impact** of the programme on incidence, prevalence, mortality and morbidity.
- Findings in **specific areas**. These can be organized either by objectives or by programmatic areas (see annex 2).

Recommendations
- There will usually be **main recommendations** which refer to the programme as a whole.

- **Specific recommendations** will refer to specific programme areas or sub-systems. They could also be expansion of the main recommendations.

Annexes
Additional information should include the full terms of reference. Can also include: people involved in the review (steering group, review team, experts and others), additional data analysed, people interviewed, places visited, documents reviewed, data collection tools used and other additional information on methods.

In addition to preparing the full report, the team might suggest other formats such as a slide presentation or summary brochure to accompany the full report.

6.2 National dialogue on the review

A process of national dialogue should follow the completion of a programme review. This could be part of wider participatory processes related to development, the health sector or HIV to define priorities and allocate resources. This can also happen through existing health and HIV governance mechanisms such as health sector coordination committees, National AIDS Councils or national and subnational legislatures.

As part of the national dialogue, consultative meetings can include specific discussion. Once the report is drafted, the findings should be presented to the wider group of stakeholders and other interested parties. This can be achieved in two ways: by circulating the review report and/or by holding an informational meeting or workshop.

The purpose of the informational meeting should be to report the preliminary findings and recommendations, obtain feedback from the key stakeholders and consider the implications for the rest of the planning process. Such consultation provides an opportunity to validate the findings, receive additional input, build consensus on priorities and future directions and enhance the participation and ownership of stakeholders and partners in the process.

6.3 Dissemination plan

A dissemination plan describes the processes through which reports and other relevant documentation relating to the review are made available to all stakeholders – what information to disseminate, to whom, for what purpose and how. Dissemination methods could include circulating paper or electronic copies of the report to the relevant stakeholders. It could also be in the form of workshops or consultative meetings on the review. Other methods of dissemination include briefing decision-makers and implementers and using mass media (press releases and other ways of getting media coverage).

Adequately disseminating the findings raises public and professional awareness of the programme and increases the visibility of the recommendations and their likelihood of being implemented. Open discussions around the findings and recommendations can strengthen partnerships and generate new ideas and enthusiasm for improving programmes.

6.4 Using the findings

The purpose of conducting reviews is to improve the performance of the programme. The outcomes of a review therefore have to be clear and lead to action at the various levels of the national programme. The findings of a programme review can be put to immediate use in the following ways.

- **Implementation.** The findings of the programme review can be used immediately to improve the on-going implementation of the programme. They can indicate the need for adjustments to improve the quality of services; to achieve better integration; to improve the targeting of the services in relation to the population groups in greatest need; and to address bottlenecks to scaling up services.

- **Reprogramming.** The review can indicate areas in which the current plan needs to be modified to fit the current epidemiology and context. These areas could include modifying programme targets (towards more realistic or effective ones); redefining the population groups to be involved; or switching interventions (from less effective ones to more effective or appropriate ones).

- **New strategy.** An end-term programme review normally precedes the development of a new strategy. It becomes part of the situation analysis for the new strategy. It provides the context for building and improving on past performance. It informs the selection of new priorities and strategies and assists in defining realistic targets.

- **Resource mobilization.** Demonstrating that the programme is producing results helps in making a stronger case for continuing or increasing the resources of the programme.

- **Accountability.** Programme reviews bring greater transparency to programmes and, in turn, make the programmes more accountable to the various stakeholders.

CHECKLISTS OF KEY QUESTIONS

CHECKLISTS OF KEY QUESTIONS

The following is a checklist of key questions to be considered in reviewing some specificareas of the health sector response to HIV.

This is only an indicative list of questions and should not be necessarily be taken in its entirety, but as a reference for adaptation to different review purposes and contexts.

The checklist are arranged in the following categories:

HIV intervention areas:

Q1 Antiretroviral Therapy
Q2 Elimination of new HIV infections in children
Q3 HIV testing and counselling
Q4 HIV and Tuberculosis
Q5 HIV services for people who inject drugs
Q6 HIV services for among sex workers
Q7 HIV services for men who have sex with men and transgender people
Q8 Condom promotion
Q9 Male Circumcision

Cross-cutting/systems:

Q10 Human Resources
Q11 Strategic Information
Q12 Procurement & Supply Management
Q13 Financing
Q14 Leadership, Governance and Management
Q15 Community Systems

Categorization of HIV interventions:

Global Health Sector Strategy 2011-2015
HIV Investment framework 2011

Q1. Antiretroviral Therapy

Main domains	Key questions and areas to examine
1. Are we doing the right things?	**Are the treatment interventions selected appropriate to the epidemiological and socioeconomic context of the country?** • Adults and adolescents • Infants and children • Pregnant women • People living with HIV,tuberculosis, or hepatitis • Key affected populations • Discordant couples • Treatment as prevention **Are there adequate and updated policies, plans and guidelines in place?** • National policy or legislation on access to HIV treatment • Updated clinical and operational guidelines • Consistency between national policies/operational guidelines and international standards **Are there adequate funds committed to implement ART as planned?** • Funds available and sources (domestic and external) • Financial gap • Timeliness of disbursements **Are there adequate human resources to deliver the ART as planned?** • Numbers and types of health personnel involved in delivering ART • Trained and skilledhealth personnel involved in delivering ART • Task shifting **Is there an adequate system for improved access to drugs and diagnostics?** • Drug requirements and availability • Diagnostics required and available • Point of care diagnostics **Is there adequate information system to track progress in ART services?** • Key ARTindicators defined • Three inter-linked patient monitoring systems • Other data collection instruments in use **Is the model of service delivery appropriate to scale up ART as required?** • Distribution of services relative to target population(s) • Levels of service delivery • Primary • Secondary • Tertiary • Community support

Q1. Antiretroviral Therapy (continued)

Main domains	Key questions and areas to examine
2. Are we doing them right?	**Are we testing the right people?** • Treatment needs by priority population groups (ANC attendees, TB patients, key populations, others) • Coverage of testing & counselling by priority population groups **Are we losing patients between HIV positive diagnosis and enrollment in HIV care?** • People diagnosed HIV positive in the past year • People enrolled into care within a certain period after diagnosis (e.g. 1, 3 or 6 months, as per definition agreed in the country) • PLHIV newly enrolled in care in the past year **Are PLHIV eligible for ART lost to follow up or dying before ART is initiated?** • Patient tracking system **Is ART available in TB, MCH, drug dependence or ther services?** • Linkages between ART and ANC, TB, IDU, and others • Linkages between ART and other health services (STI, IMCI, MCH, laboratory services, etc) **What is the level of retention of patients on ART?** • Retention rates • •Viral suppression rates
3. Are we doing them on sufficient scale?	**Are ther adequate number and distribution of sites providing ART services?** • Numbert and distribution of health facilities that offer ART (initiation and follow-up) • Percentage of health facilities that provide access to point-of-care and other simplified diagnostic and monitoring
4. Are we reaching the right people?	**Is there sufficient access to ART services by the affected populations?** • Percentage of adults and adolescents with advanced HIV infection receiving ART (by gender and by age group) • Percentage of HIV-infected pregnant women receiving ART • Percentage of HIV-infected infants receiving ART • Percentage of HIV-infected children (under 15 years of age or as locally defined) receiving ART • Percentage of HIV-infected key populations receiving ART
5. Are we making a difference?	**What is the impact of ART services?** • HIV-infected adults and children on treatment 12 months, 24 months and 36 months. after initiation of ART • AIDS mortality • AIDS-related morbidity • Children orphaned due to AIDS

Q2. Elimination of new HIV infections in children

Main domains	Key questions and areas to examine
1. Are we doing the right things?	**Are the essential programme elements of eMTCT included in description of the national programme?** • Prevent HIV among women of reproductive age • Prevent unintended pregnancies among women living with HIV • Prevent HIV transmission from women living with HIV to their infants using ARV prophylaxis or treatment (Options B or B+) • Provide appropriate treatment, care and support to mothers living with HIV, their children, partners, and families • ARV and OI treatment using the more efficacious regimens for pregnant women living with HIV and all HIV-exposed infants • Early Infant Diagnosis (EID) of HIV-exposed infants **Are there adequate policies, plans, and operational guidelines for eMTCT in place?** • National eMTCT/PMTCT plan developed for implementation of the Global Plan • Updated policies and technical guidance (e.g. clinical and operational guidelines) **Are there adequate funds to implement PMTCT as planned?** • Funds available and sources (e.g. domestic. bilateral, multilateral, other) • Financial gap • Timeliness of disbursements **Are there adequate human resources in both HIV and reproductive health units to deliver PMTCT services as planned?** • Numbers and types of personnel involved in delivering PMTCT • Training & skills of personnel involved in delivering PMTCT (both pre- and in-service training) **Is there an adequate system for improved access to drugs and diagnostics?** • Drug requirements and availability • Diagnostics required and available **Is there an adequate information system to track progress in PMTCT services?** • Key indicators defined • Three inter-linked patient monitoring systems and other data collection tools

Q2. Elimination of new HIV infections in children (continued)

Main domains	Key questions and areas to examine
2. Are we doing them right?	**Is the model of service delivery appropriate to scale up PMTCT as required?** • Distribution/orientation of services relative to target population(s) • Levels of service delivery: (i) primary; (ii) secondary; and (iii) tertiary • Community mobilization **Are services being delivered of the right quality?** • Quality standards defined for PMTCT • Mechanisms for quality assurance in place **To what extent is PMTCT integrated and synergistic with other HIV and health services?** • Linkages between PMTCT and HIV care treatment for women and infants • Linkages between PMTCT and other health services (STI, IMCI, MCH, etc) **Are partners adequately involved in eMTCT/PMTCT services?** • Range of service providers • Mechanisms for consultations with stakeholders in key steps of the programme **Are key factors of vulnerability being addressed in service provision?** • Gender considerations • Human rights • Equity **Is management of PMTCT services adequate?** • Management structure • Management support and supervision • Coordination between providers and with other services
3. Are we doing them on sufficient scale?	**Are PMTCT services sufficient and appropriately distributed?** **Coverage of antenatal and postnatal services** • Number of health facilities providing ANC and postnatal services that offer both HIV testing and ART for PMTCT • Proportion of antenatal clinic attendees tested for their HIV status
4. Are we doing them on sufficient scale?	**Is there sufficient coverage and utilization of PMTCT services by the intended populations?** • Percentage of HIV-infected women who received ARVs to prevent MTCT • Percentage of HIV infected women receiving ART • Percentage of children with HIV receiving ART
5. Are we making a difference?	**Has there been reduction of new infections in children and improvement of quality of life for HIV positive mothers and children?** • New HIV infections among children aged 0-5 • AIDS related maternal deaths • AIDS related deaths among children

Q3. HIV testing and counselling

Main domains	Key questions and areas to examine
1. Are we doing the right things?	**Are the HIV testing and counselling interventions selected appropriate to the epidemiological and socioeconomic context of the country?** • Couples testing and counselling • Client initiated testing and counselling • Provider initiated testing and counselling • Testing and counselling for key populations • Home testing **Are there adequate policies, strategies and guidelines on testing and counselling in place?** • National policy on HIV testing • Operational/implementation guidelines, protocols, algorithms for testing and counselling **Are there adequate funds to implement testing and counselling as planned?** • Sources of funding • Fund available and financial gap • Timeliness of disbursements **Are there adequate human resources to deliver the testing and counselling services as planned?** • Numbers and types of personnel involved in testing and counselling • Training & skills of personnel involved in testing and counselling **Is there an adequate system to ensure regular supply of HIV tests and related supplies?** • Types of tests • HIV tests requirements and available **Is there an adequate system to track progress in testing and counselling?** • Key indicators selected from a standardized set of HIV-related indicators[*1] • Data collecting instruments in use

Q3. HIV testing and counselling (continued)

Main domains	Key questions and areas to examine
2. Are we doing them right?	**Is the model or approach to testing and counselling service delivery appropriate for reaching the required target populations?** • Distribution of testing and counsellingsites relative to target populations • Levels of testing and counselling service delivery (primary, secondary, tertiary, etc) • Community involvement **Is testing and counselling well integrated and synergistic with other HIV and health services?** • Linkages between testing and counselling and other HIV services (prevention, (inc MC), PMTCT, treatment, key populations, etc) • Linkages between testing and counselling and other health services (STI, IMCI, MCH, laboratory services, etc) **Are relevant partners being adequately involved in the services?** • Range of service providers • Consultations with stakeholders in key steps of the programme **Is management of testing and counselling adequate?** • Management structure • Management support and supervision • Coordination between providers and with other services
3. Are we doing them on sufficient scale?	**Are testing and counselling services sufficient and appropriately distributed?** • Number (and types) of sites providing testing and counselling • Number (or %) of people tested (general/key populations)
4. Are we doing them on sufficient scale?	**Are testing and counselling services being accessed and utilized as required?** • Proportion of people living with HIV who know their HIV status (%) • Proportion of people tested in the past 12 month , • Proportion of people who tested HIV positive who have been referred to treatment, prevention or care services (%)
5. Are we making a difference?	**To what extent did testing and counselling contribute to reduction of new infections and improvement of quality of life for PLHIV?** • New HIV infections • AIDS mortality

Q4. HIV and Tuberculosis

Main domains	Key questions and areas to examine

1. Are we doing the right things?	**Are the interventions selected appropriate to the epidemiological and socioeconomic context of the country? HIV counselling and testing, disclosure and partner testing**
	• behaviour modification
	• starting antiretroviral therapy earlier
	• the 'three I's' for HIV-associated TB
	    • isoniazid preventive treatment
	    • intensified case-finding
	    • infection control for TB
	
	Have adequate policies, strategies, plans, and guidelines for collaborative HIV-TB programme been developed?
	• Existence of national policies/strategies/plans for addressing HIV-TB co-infection
	• Existence of an HIV-TB coordinating body or mechanism effective at all administrative levels of health services, with representation from all the major stakeholders in collaborative HIV-TB activities, which meets at least quarterly
	
	Have adequate resources been available for collaborative HIV-TB programme?
	• Adequacy of fund availability and timeliness of its disbursement against funding requirement for collaborative TB/HIV programme
	• Adequately available personnel for collaborative TB/HIV activities
	• Adequate and sustainable supply of test/diagnosis kits and medicine for HIV and TB
	
	Is there an adequate information system to track progress in TB/HIV services?
	• Presence of an integrated national monitoring and evaluation system for collaborative TB/HIV activities that informs the annual NTP and NACP planning cycles and their mid-term plan (3-5 years)
	• Three inter-linked patient monitoring systems

Q4. HIV and Tuberculosis (continued)

Main domains	Key questions and areas to examine

2. Are we doing them right?	**Is the model of service delivery appropriate to scale up TB/HIV as required?**
	• Distribution/orientation of services relative to target population(s)
	• Levels of service delivery
	  • Primary
	  • Secondary
	  • Tertiary
	• Community mobilization
	
	Are services being delivered of the right quality?
	• Quality standards defined for TB/HIV
	• Mechanisms for quality assurance in place
	• Retention and adherence
	
	Are TB/HIV services well integrated and synergistic with other HIV and health services?
	• Linkages between TB/HIV and HIV treatment, prevention, key populations and others
	• Linkages between TB/HIV and other health services (TB programme, laboratory services, etc)
	
	Are partners adequately involved in the services?
	• Range of service providers
	• Consultations with stakeholders in key steps of the programme
	
	Are key factors of vulnerability being addressed in service provision?
	• Gender considerations
	• Human rights
	• Equity

3. Are we doing them on sufficient scale?	**Are the products and services being produced in sufficient amount?** • Number of health care workers employed in HIV care facilities who develop TB • Number of health care facilities with demonstrable infection control practices that include TB control • Percentage of people enrolled in HIV care who were screened for TB at their last visit
4. Are we doing them on sufficient scale?	**Is there sufficient uptake of TB/HIV services by the intended populations?:** • Percentage of people with HIV and newly diagnosed TB who received treatment for TB and HIV • Percentage of newly registered people with TB who are recorded to be living with HIV and who have started or continued receiving antiretroviral therapy • Percentage of newly registered people with TB who are recorded to be living with HIV and who have started or continued receiving co-trimoxazole preventive treatment • Percentage of people newly enrolled in HIV care starting isoniazid preventive treatment
5. Are we making a difference?	**To what extent did HIV/TB services contribute to reduction of new infections and improvement of quality of life for PLHIV?** • TB related deaths among people living with HIV • New TB infections among people living with HIV

Q5. HIV services for people who inject drugs (PWID)

Main domains	Key questions and areas to examine
1. Are we doing the right things?	**Are the interventions selected appropriate to the epidemiological and socioeconomic context of the country?** • Needle, syringe programme • Drug dependency treatment • ART access • Management of TB/HIV • Management of hepatitis • Prison settings • Community outreach **Are there supportive national policies in place?** • Laws governing drug use • National policies and plans on services for people who inject drugs **Have adequate resources been available for IDU-related services?** • Adequacy of fund availability and timeliness of its disbursement against funding requirement for prevention of HIV infection through IDU • Adequately available personnel for prevention of HIV infection through IDU • Adequate and sustainable supply of needles/syringes /condoms for prevention of HIV infection through IDU
2. Are we doing them right?	**Is the model of service delivery appropriate for reaching the people who inject drugs?** • Percentage of PWID who are HIV infected • Distribution of services relative to target population(s) • Levels of service delivery (primary, secondary, tertiary, etc) • Community involvement **Are services for PWID well integrated and synergistic with other HIV and health services?** • Linkages and referral between services for PWID and other HIV services (treatment, testing and counselling, condom programming, PMTCT, other key populations, etc) • Linkages between services for PWID and other health services (TB, STI, etc) **Are relevant partners being adequately involved in the services?** • Range of service providers • Consultations with stakeholders in key steps of the programme
3. Are we doing them on sufficient scale?	**Are the right quantities of services being delivered to reach the programme targets?** • Number of the needle & syringes Programme (NSP) sites • Number of the needle & syringes Programme where free condom distribution is practiced • Number of people on substitution therapy

Q5. HIV services for people who inject drugs (PWID) (continued)

Main domains	Key questions and areas to examine
4. Are we doing them on sufficient scale?	**Are PWID accessing and utilizing the services?** • Proportion of PWID reporting the use of a condom the last time they had sexual intercourse • Proportion of PWID reporting the use of sterile injecting equipment the last time they injected • Percentage of opioid dependent persons on opioid substitution therapy • ART coverage for PWID • Proportion of PWID on treatment for hepatitis
5. Are we making a difference?	**Has HIV incidence/prevalence reduced among IDUs as of the current year?** • New HIV infections among people who inject drugs • AIDS mortality among people who inject drugs

Q6. HIV services for sex workers

Main domains	Key questions and areas to examine
1. Are we doing the right things?	**Are the interventions selected appropriate to the epidemiological and socioeconomic context of the country?** • Identification of location and size of sew worker populations • Interventions for preventing HIV infection among female sex workers • Treatment, prevention and care for sex workers living with HIV • Prevention of HIV among clients of sex workers • Supportive environments, partnerships and expanding choices • Reducing vulnerability (including prevention of gender-based violence) and addressing structural issues **Have policies, strategies, plans, and guidelines on HIV services for sex workers been developed and readily available?** • National policies/strategies/plans for sex workers • Operational guidelines for sex worker programmes, which meet international standards **Have adequate resources been available for prevention of HIV infection among/through sex workers?** • Funds allocated for sex worker programmes and timeliness of disbursements • Personnel involved in sex workers programmes and their skills and training • Supply of condoms (male and female) for sex workers
2. Are we doing them right?	**Are the models of service delivery appropriate for reaching sex workers?** • Distribution of services relative to target population(s) • Levels of service delivery (primary, secondary, tertiary, etc) • Community involvement **Are services for sex workers well integrated and synergistic with other HIV and health services?** • Linkages between services for sex workers and other HIV services (treatment, testing and counselling, condom programming, PMTCT, other key populations, etc) • Linkages between services for sex workers and other health services (TB, STI, etc) **Are relevant partners being adequately involved in the services?** • Range of service providers • Consultations with stakeholders in key steps of the programme
3. Are we doing them on sufficient scale?	**Are the right quantities of services being delivered to reach the programme targets?** • Number/proportion of sites that offer on-site or referral linkage to care, support, and treatment for sex workers • Number/proportion of entertainment establishments with sex worker programmes • Number of condoms distributed to sex workers and their clients • HIV testing coverage among sex workers and their clients

Q6. HIV services for sex workers (continued)

Main domains	Key questions and areas to examine
4. Are we doing them on sufficient scale?	**Are sex workers accessing and utilizing the services?** • Proportion of sex workers reporting the use of a condom their most recent client (female, male, and total) • Proportion of sex workers who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconception about HIV transmission • ART coverage among sex workers
5. Are we making a difference?	**Has HIV incidence/prevalence reduced among sex workers?** • New HIV infections among sex workers • HIV prevalence among sex workers • Number of new STI cases among sex workers and their clients

Q7. HIV services for men who have sex with men (MSM) and transgender people

Main domains	Key questions and areas to examine
1. Are we doing the right things?	**Are the interventions selected appropriate to the epidemiological and socioeconomic context of the country?** • Identification of location and size of MSM populations • Condom use • Testing and counselling • Treatment and care • Sexually transmitted infections **Have policies, strategies, plans, and guidelines for prevention of HIV infection among/through MSM been developed and readily available?** • Legal environment for MSM & transgender • National policies, strategies and plans for MSM & transgender programmes **Have adequate resources been available for prevention of HIV infection among/through MSM?** • Funds allocated and timeliness of disbursements • Personnel involved, their skills and training • Condoms, lubricants, education materials • Supply of ARV and STI drugs
2. Are we doing them right?	**Are the model of service delivery appropriate for reaching the target populations?** • Distribution of services relative to target population(s) • Levels of service delivery (primary, secondary, tertiary, etc) • Community involvement **Are services for MSM well integrated and synergistic with other HIV and health services?** • Linkages between MSM services and other HIV services (treatment, testing and counselling, condom programming, other key populations, etc) • Linkages between MSM services and other health services (TB, STI, etc) **Are relevant partners being adequately involved in the services?** • Range of service providers • Consultations with stakeholders in key steps of the programme
3. Are we doing them on sufficient scale?	**Are there sufficient amount of services being delivered?** • Number of sites (entertainment establishments such as gay bars and clubs) that offer on-site or referral linkage to testing, counselling, and treatment • Number of condoms distributed to MSM & transgender • Number of education materials distributed • HIV testing coverage among MSM & transgender (%)

Q7. HIV services for men who have sex with men (MSM) and transgender people (continued)

Main domains	Key questions and areas to examine
4. Are we doing them on sufficient scale?	**Is there adequate access to HIV services among MSM & transgender populations?** • MSM & transgender reporting the use of a condom the last time they had anal sex with a male partner • MSM & transgender who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconception about HIV transmission • MSM & transgender accessing ART • MSM & transgender accessing treatment for STI
5. Are we making a difference?	**What is the impact of services for MSM & transgender on new infections and quality of life?** • New HIV infections among MSM & transgender • Prevalence of HIV among MSM & transgender • AIDS mortality among MSM & transgender

Q8. **Condom promotion**

Main domains	Key questions and areas to examine
1. Are we doing the right things?	**Have the priority populations for condom programming been identified?** • General population • Persons in steady sexual relationships • Men who have sex with men (MSM) • Sex workers • Young people **Are there adequate policies, plans and guidelines in place to advance condom programming for HIV prevention?** • National policy or legislation • National strategy on condom promotion **Are there adequate funds to promote, procure and distribute condoms?** • Funds available and sources • Financial gap • Timeliness of disbursements **Are there adequate human resources for condom programming?** • Numbers and types of personnel involved in condom programming • Training & skills of personnel involved in condom programming
2. Are we doing them right?	**Are condom promotion services being targetted at priority populations?** • Distribution/orientation of services relative to target population(s) **Are there efficient systems for distribution of condoms?** • Social marketing • Private sector • Public sector • Communities **Is condom programming well integrated and synergistic with other HIV and health services?** • Linkages between condom promotion and other sexual reproductive health services, others • Linkages between condom promotion services and other health services (STI, IMCI, MCH, laboratory services, etc) **Are partners adequately involved in the services?** • Range of service providers • Key stakeholders identified and regularly consulted **Are key factors of vulnerability being addressed in service provision?** • Gender considerations • Human rights • Equity

Q8. Condom promotion (continued)

Main domains	Key questions and areas to examine
3. Are we doing them on sufficient scale?	**Are there adequate numbers and distribution of condom services?** • Number of condom outlets, including those tied to other HIV services for the general and specific populations • Number of condoms distributed annually
4. Are we doing them on sufficient scale?	**Is the proportion of population reporting consistant use of condoms sufficient to reduce new HIV infections?** • General population • Persons in steady sexual relationships • Men who have sex with men (MSM) • Sex workers • Young people • Prison settings
5. Are we making a difference?	**What impact is condom programming having on the HIV epidemic?** • New HIV infections in general population. • New HIV infections in specific populations

Q9. Male Circumcision

Main domains	Key questions and areas to examine
1. Are we doing the right things?	**Are the interventions selected appropriate to the epidemiological and socioeconomic context of the country?** • HIV testing and counselling • Exclusion of symptomatic STIs • Provision and promotion of male and female condoms; • Counselling on risk reduction and safer sex; • Surgical procedures **Are there adequate policies, and operational guidelines in place?** • National policy or legislation • Updated clinical and operational guidelines **Are there adequate resources to implement male circumcision ?** • Allocation and disbursement of funds • Numbers, distribution, skills and training of health workers providing MC services • Surgical devices, equipment and facilities • Information system to track progress in male circumcision services Funds

2. Are we doing them right?	**Are models of service delivery appropriate to scale up male circumcision services as required?**
	• Distribution/orientation of services relative to target population(s)
	• Levels of service delivery
	   • Primary
	   • Secondary
	   • Tertiary
	• Community mobilization
	
	Is male circumcision well integrated and synergistic with other HIV and health services?
	• Linkages between male circumcision services and other sexual reproductive services, condom programmes others
	• Linkages between male circumcision services and other health services (STI, IMCI, MCH, laboratory services, etc)
	
	Are partners adequately involved in the services?
	• Range of service providers
	• Key stakeholders identified and regularly consulted
	
	Are key factors of vulnerability being addressed in service provision?
	• Gender considerations
	• Human rights
	• Equity

Q9. Male Circumcision (continued)

Main domains	Key questions and areas to examine
3. Are we doing them on sufficient scale?	**Are the products and services being produced in sufficient amount?** • Number of health facilities providing safe male circumcision services • Number of facilities that offer all components of the minimum package of care for male circumcision services
4. Are we doing them on sufficient scale?	**Is there sufficient uptake of male circumcision services by the intended populations?** • Proportion of males circumcised in the target population
5. Are we making a difference?	**What is the impact on the epidemic to which male circumcision is contributing?** • New HIV infections among men and women aged 15-45 years.

Q10. **Human Resources**

Main domains	Key questions and areas to examine
Policies and plans	**Do broader health sector policies, strategies, plans exist and do they address the needs of the HIV programme?** • National human resource for health (HRH) development policy/plan • National strategy/plan for human resources for Health **Is there a national human resource plan for HIV to support implementation of the Strategic Plan for HIV?** • HRH plan for HIV/AIDS services • HRH analysis and evidence generation/identification for HIV/AIDS
Recruitment, deployment and distribution	**Have adequate resources been available for health workforce for HIV-related services?** • Type of HRH necessary for effective and efficient HIV/AIDS services (Physicians, nurses, midwives, lab technicians, CHWs, etc.) • Accreditation of required professional groups • Numbers, type and distribution of human resources, against requirements (urban rural gap, gender gap, public private sectors gap) • Innovative employment scheme (temporary contract, fixed-term contract, re-employment of retired staff)
Task shifting	**Is there a national policy on task shifting and is this being implemented?** • Policy, strategies, and plan on skill mix (task shifting and task sharing) • Implementation of skill mix policy, strategies, and plan
Training and skills building	**Have training and supervision of health workers been conducted to ensure access to HIV-related services?** • Standard curricula for pre-service and in-service training on up-to-date HIV/AIDS knowledge and skills • Implementation of pre-service and in-service training programmes on up-to-date HIV/AIDS knowledge and skills • Professional development scheme • Supportive supervision
Retention, incentives and motivation	**Do measures exist to retain and motivate the workforce?** • Incentives and compensation benefit package • Obligation and regulation

Q11. Strategic Information

Main domains	Key questions and areas to examine
National M&E framework and indicators	**Is there a national M&E framework for HIV?** • An appropriate indicator package • Consistency of indicators with priorities of the strategic and operational plans. **Is there a national plan for HIV surveillance to monitor HIV epidemic trends and identify optimal responses?** • Prevalence and incidence (or proxy for incidence) • CD4 count, sex, age group, mode of transmission • Target populations according to epidemic setting (general and/or MARPs)
Data systems	**Administrative sources** • National database/roster of public and private sector health facilities • National database of health workforce • Service Availability and Readiness (SARA) Index • Health expenditure tracking • Finance: NASA (National Health account with HIV/AIDS subaccount) **Routine reporting (including facility assessment/clinical reporting) and surveillance** • Health facilities submitting weekly or monthly (or quarterly) reports on time • Regular collecting and reporting of routine surveillance data • Facility assessments of service readiness • Regular schedule of sentinel surveillance **Periodic nationally representative surveys providing sufficiently precise and accurate estimates** • Demographic and health survey • Integrated Bio-Behavioural Survey • Modes of Transmission survey • AIDS indicator survey • Surveys for key populations **Vital registration** • Reliable source of nationwide vital statistics by age and sex • Coverage of deaths, by age and sex • Reliable hospital data on cause of death **Analysis and synthesis** • Annual surveillance report produced and periodic program reviews conducted • Longitudinal ART patient cohorts monitoring • Model-based (EPP/Spectrum) estimations;

Main domains	Key questions and areas to examine
Capacity development	**At subnational levels (e.g., regions/provinces and districts) there are designated full-time health information officer positions and they are filled?** • Timely and appropriate training programme on information on HIV? • Adequately readily available tools and equipment for manage of HIV strategic information • Regular supportive supervisions on M&E • Capacity in core health information sciences (epidemiology, demography, statistics, information and ICT)?
Use of data for decision-making	**Are M&E reports compiled and disseminated regularly?** • Stakeholders to share data and report with • Adequately readily available tools and equipment for manage of HIV strategic information **To what extent is strategic information used to inform policy, planning and implementation of HIV services?** • Use of evidence for informed policy, strategies and plan on national HIV/AIDS programme • Use of data for estimating effectiveness and impacts of national HIV/AIDS

Q12. Procurement & Supply Management (PSM)

Main domains	Key questions and areas to examine
Policies and plans	**Are there appropriate and sustainable PSM policy, strategies and plans?** • Use of *'Global Fund-WHO Harmonized Country Pharmaceutical Profile'*[*1] when developing PSM policy and strategies • Use of *'Procurement and Supply Management Plan Template'*[*2] when developing a PMS plan
Selection and forecasting	**Is there any regulatory framework for commodity selection criteria?** • Acceptability of generic products • Prospect of future procurement channels **Is procurement forecasting evidence-based?** • Estimation of quantities of commodities necessary for expanded services from longer-term perspective • Balancing ART procurement between treatment and preventive purposes
Procurement planning	**Is procurement planning evidence-based?** • Estimation of quantities of commodities necessary for current services from shorter-term perspective • Realistic procurement planning in view of logistic capacity **Is therea centralized procurement system?** • Coordination of procurement planning by ministry of health • Stock-out risk management and mitigation
Prices and procurement methods	**Are the prices of commodities adequately monitored on a regular basis?** • Comparison of the national Median price with price on the WHO's 'Global Price Reporting Mechanism (GPRM)' **Are appropriate procurement methods adopted and applied, according to the national PMS policy and international procurement guidelines?** • Adequate application of nationally/internationally competitive bidding process • Function of procurement panel/committee • Proportion of generic products to be procured • proportion of Fixed Dose • Combination (FDC) to of the total quantities procured

Main domains	Key questions and areas to examine
Logistics management	**Is stock monitoring being done in transparent manner?** • Presence of a logistic task force composed of those responsible for collecting and analysing inventory stock-related data, conducting procurement, and providing fund for PSM. **Are there stock-outs cases or losses of medicines?** • Proportion of quantities used out of total quantities available for consumption after deduction of buffer stock (opening balance plus quantities procured plus quantities donated minus buffer stock) during defined period • Proportion of treatment sites that placed orders during a defined period while the stock in hand of one or more items was below the minimum stock level • Proportion of quantities of each product lost per total quantities available for use (opening stock plus quantities received) in past year
Surveillance of toxicity of ARVs	**Is the monitoring of ARV toxicity integrated into routine HIV care and PMTCT information systems?** • Type of ARV toxicity reporting system (targeted spontaneous reporting, spontaneous reporting, pregnancy registries, and/or cohort event monitoring) • Presence of link between toxicity reporting system and national guidelines committees for ART and PMTCT/eMTCT
Drug registration	**Are cheaper ARVs registered to enable them to be procured?** • If no, waiver clause • If no, an exceptionally accelerated registration process
Use	**Do the national ART guidelines comply with the WHO's New progress and guidance on HIV treatment?** • Use of Fixed Dose Combination (FDC) • D4T phase-out • CD4 count threshold (< 500)

Q13. **Financing**

Main domains	Key questions and areas to examine

Costing of the National Strategic Plan	**Is the HIV/AIDS program appropriately costed in line with current and projected requirements of the National Strategic Plan?**
	• Adequacy of existing costing of Strategic/Operational Plans with regard to:
	  • Total funding requirements
	  • Funding requirements for key interventions
	• Requirements if any, for revision of existing cost projections to incorporate:
	  • Changes in coverage targets
	  • Additional targeted investments necessitated by new epidemiological evidence
	  • Introduction of new technologies/interventions
	  • Changes in costs of inputs (drugs, HR, commodities)
	  • Changes in guidelines as advocated by technical partners (e.g. ART eligibility based on CD4 count)
	
	What are the different mechanisms currently available for financing the national program?
	• Public Financing Mechanisms (as applicable)
	  • Budget Support from Government Revenues (central, regional, local)
	  • Loans
	  • Debt Relief Allocations
	  • Social Security Spending
	  • Specific Funds contributed by Earmarked Taxation
	• Financing Mechanisms of Major External Funding Sources
	  • Through national budgets including pooled financing mechanisms
	  • Direct funding of implementers
	  • Technical assistance contributions
	• Contribution of domestic private sector to the national program, if relevant
	• Mapping of key ministries, departments and agencies through which the different HIV/AIDS financing mechanisms contribute

Financing of the National Program in the Review Period	**Do financial resources for HIV/AIDS programme meet current needs for HIV services?**
	• Actual funding received for the national disease program from each source compared to planned funding
	• Bottlenecks for realization of planned funding, if any
	• Adequacy of available financial resources- funding gap for:
	  • The national program, as a whole
	  • Key interventions
	• Reprioritization of available funding away from planned interventions, if any;
	  • Reasons for reprioritization, including evidence from spending assessments, cost-effectiveness analysis etc., as applicable
	
	Do financial management system meet national and international standards?
	• Are disbursements being made in a timely manner at all levels
	• Financial records
	• Regular financial reports
	
	Has the use of funds represented the best value for money for the programme?
	• How do financial inputs relate to the results achieved by the programme
	• Cost-effectiveness analyses

Q14. Leadership, Governance and Management

Main domains	Key questions and areas to examine
Health priorities	**How is HIV contributing to health challenges in the country?** • Cause of mortality • Burden of disease • Impact on health system **To what extent is HIV/AIDS reflected in national health and development priorities?** • National development policy or PRSP • National health plan • National development strategy/framework • Allocation to HIV from health budget
Leadership and governance	**To what extent are HIV related issues addressed at higher levels of government?** • Executive • Legislature **Are there adequate mechanisms for effective governance of the HIV programme in the health sector?** • Ministry of Health • National AIDS Commission • Provincial/Regional/State • District level
Organization, management and planning	**Is there adequate coordination between activities of partners involved in delivering HIV services?** • Public sector • Private sector • Non-governmental organizations • Academia • Development partners **Is there regular monitoring and supervision of the programme?** • National • Provincial/State/Regional • District **Does the programme have a strong planning framework?** • Links between health strategy and HIV strategy • Jointly assessed HIV Strategic Plan • Regular operational/implementation plans

Q15. Community Systems

Main domains	Key questions and areas to examine
Enabling environment	**Are there adequate efforts to develop an enabling and responsive environment through community-led documentation, policy dialogue and advocacy?** • Monitoring and documentation of community interventions • Participation of community actors in national consultative forums • Issues of key affected populations reflected in national policies, strategies and plans • Documentation of key community-level challenges and barriers to delivering and accessing services
Community networks, linkages, partnerships and coordination	**Are there efforts to strengthen community networks collaboration and partnerships?** • Platforms to share community knowledge and experiences • Support networks • National-level advocacy coordination mechanisms
Resources and capacity building	**Are there sufficient efforts to build capacity for staff of community-based organizations and networks and for other community workers, such as community care workers and community leaders?** • Allocation and disbursement of funds for community activities • Hiring, training motivating and retaining community workers • Training in skills, good practices and quality standards for service delivery • Material resources – infrastructure, information and essential commodities (including medical and other products and technologies)
Community activities and service delivery	**Are community organizations being supported to delivery and use quality services?** • Mapping of community health and social support services • Identification of obstacles to accessing and using available services • Mentorship technical support
Organization and leadership strengthening	**Is organization and management of community activities being strengthened?** • Organizational and management support and training for small and new NGOs and CBOs • Capacity for negotiating and entering into agreements and contractual arrangements
Monitoring, evaluation and planning	**Do community organizations have sufficient capacity for monitoring and evaluation and evidence-building?** • M&E staff in community organizations • Exchange visits and peer-to-peer learning and support on community M&E • National plans, strategies and policies relevant to communities • Community-level M&E and operational plans, including reporting systems, regular • Supervision, mentoring and feedback to community actors and stakeholders

Categorization of Intervention Areas

Strategic Objectives of the Global Health Sector Strategy 2011-2015

Strategic Objectives	Intervention areas
Optimize HIV prevention, diagnosis, treatment and care outcomes	• Male, female condom programming • Medical male circumcision • Services for key populations • Prevention among sero-discordant couples • Prevention of sexual transmission of HIV. • Elimination of HIV transmission in health-care settings • Point-of-care diagnostic and counselling services • ART for children, adolescents and adults • Management of co-infections and co-morbidities among people living with HIV • Tuberculosis and HIV • Comprehensive care and support for people living with HIV
Leverage broader health outcomes through HIV responses	• HIV/tuberculosis collaborative activities • Maternal, newborn and child health services • Sexual and reproductive health and rights • Drug use prevention, treatment and control programmes • Management of noncommunicable and chronic diseases • Blood and injection safety programmes
Building strong and sustainable systems	**Health system strengthening** • Service delivery models • Human resources for health • M&E and information systems • Financing for health and social protection systems • Access to medicines, diagnostics and other commodities • Leadership, governance and Strategic Planning
Reduce vulnerability and remove structural barriers to accessing services	• Gender issues in the design, delivery and monitoring of health services • Human rights • Involvement people living with HIV and key populations in the design, implementation and evaluation of national HIV responses

HIV Investment Framework 2011

Strategic Objectives	Intervention areas
Basic programmes	• Behaviour Change Programs • Condom Promotion/ Distribution • Elimination of mother to child transmission • Male Circumcision • Programs for Key Populations at High Risk • Treatment, Care and Support
Critical enablers	**Social enablers** • Political commitment and advocacy • Laws, legal policies, and practices • Community mobilisation • Stigma reduction • Mass media • Local responses to change risk environment **Programme enablers** • Community centred design and delivery • Programme communication • Management and incentives • Procurement and distribution • Research and innovation
Development synergies	• Health systems (including STI treatment, blood safety) • Social protection • Education • Legal reform • Gender equality • Poverty reduction • Gender-based violence • Community systems • Employer practices

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