

**FOLLOW-UP TO THE  
DECLARATION OF COMMITMENT  
ON HIV/AIDS (UNGASS)**

**CHILE**

**COUNTRY REPORT FORMAT**

**Reporting period: January-December 2002**

## **PREAMBLE**

The proposed generic reporting format is meant to assist National AIDS Councils (or equivalent) in drafting their national report to be submitted to the UN General Assembly on biennial basis as a follow-up to the Declaration of Commitment (DoC) signed in June 2001 at the UNGASS on HIV/AIDS

Countries should carefully review the *Guidelines on construction of core indicators – Monitoring the Declaration of Commitment on HIV/AIDS* (named hereinafter Guidelines) before embarking in any data collection exercise. As explained in the Guidelines, a total of 13 core indicators divided into three categories are supposed to be collected/reported on at national level to monitor the DoC on HIV/AIDS:

**Category 1:** Two indicators on national commitment and action

**Category 2:** Nine indicators on national programmes and behaviour trends

**Category 3:** Two indicators on impact.

The Guidelines provide countries with technical guidance on the definition of the core indicators, the measurement tools required for their construction and frequency of data collection. It is essential that countries follow those Guidelines to ensure quality of the reported information. Countries are also encouraged to report on additional nationally representative coverage indicators since this report will be used as baseline to monitor progress over time. While selecting data to be reported on, it is recommended to avoid anecdotal information.

For **2003** General Assembly Session, reporting is required for all three categories of indicators. In view of time constraints, the following is recommended to all countries:

**Category 1:** Collect information through desk reviews and survey on financial resource flows

**Category 2:** Compile existing data from (1) recent surveys such as DHS or MICS for those indicators requiring population-based information; (2) health facility, school-based, or workplace surveys for the other indicators. Countries are also encouraged to consult the following indicator database that contains data on some core indicators collected through household surveys: [www.measuredhs.com/data](http://www.measuredhs.com/data).

**Category 3:** For HIV prevalence among young people, compile data from HIV sentinel surveillance (for countries with generalized epidemics) and recent specific surveys (for countries with concentrated or low epidemics). For HIV prevalence among infants, calculation of estimates needs to be done using programme coverage data.

<p style="text-align: center;"><b>2003 General Assembly Session Target dates</b></p>
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<p>End of data collection: 10 March 2003 Reporting to Geneva: 31 March 2003.</p>
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For **2004** General Assembly Session, no reporting on national indicators is required.

For **2005** General Assembly Session, reporting is required for all three categories of indicators. This means that countries that have not yet planned any surveys for collecting information on the second category of indicators need to do so as soon as possible and latest early 2003.

**2005 General Assembly Session  
Target dates**

End of data collection: 30 September 2004  
Reporting to Geneva: 28 February 2005

A total of four annexes should be attached to the national report: (1) the consultation/preparation process for the national report on monitoring the follow-up to the Declaration of Commitment on HIV/AIDS form; (2) the National Composite Policy Index Questionnaire; (3) the nine forms related to the National Programme and Behaviour Indicators; (4) the country M&E sheet.

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## ANNEXES

ANNEX 1: Consultation/preparation process for the national report on monitoring the follow-up to the Declaration of Commitment on HIV/AIDS

ANNEX 2: National Composite Policy Index Questionnaire

ANNEX 3: Nine national return forms national programme and behaviour indicators

ANNEX 4: Country M&E sheet

## I. STATUS AT A GLANCE

### **NATIONAL COMMITMENT & ACTION**

1. National Composite Policy Index
2. Government funds spent on HIV/AIDS

### **NATIONAL PROGRAMME & BEHAVIOUR**

#### **Prevention**

3. % of schools with teachers who have been trained in life-skills-based education and who taught it during the last academic year
4. % large enterprises/companies that have HIV/AIDS workplace policies and programmes
5. % of HIV+ pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT

#### **Care/Treatment**

6. % of patients with sexually transmitted infections at health care facilities who are appropriately diagnosed, treated and counselled
7. % of people with advanced HIV infection receiving ARV combination therapy

#### **Knowledge/Behaviour**

8. % of respondents 15-24 years of age who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission or prevention  
**(Target: 90% by 2005; 95% by 2010)**
9. % of people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner
10. % of injecting drug users who have adopted behaviours that reduce transmission of HIV (*where applicable*)

#### **Impact alleviation**

11. Ratio of orphaned to non-orphaned children 10-14 years of age who are currently attending school

### **IMPACT**

12. % young people aged 15-24 years of age who are HIV infected  
**(Target: 25% in most affected countries by 2005; 25% reduction globally by 2010)**
13. % of infants born to HIV infected mothers who are infected  
**(Target: 20% reduction by 2005; 50% reduction by 2010)**

## II. Overview of the HIV/AIDS epidemic

This section should cover the status of the HIV prevalence in the country during the period January-December 2002 based on sentinel surveillance and specific studies (if any) for Indicator 1 (HIV prevalence among young people) and estimates for Indicator 2 (HIV prevalence among infants).

<b>HIV prevalence at a glance</b>
% young people 15-24 years of age who are HIV infected <b>Tasa de incidencia para el último año con información completa es el 2001 . VIH = 5,64 x 100.000 SIDA = 1,51 x 100.000</b>
% of infants born to HIV infected mothers who are infected <b>Global = 5%, con protocolo ACTG 076 Completo = 2,6%</b>
<i>Indicate Source CONASIDA</i>

## III. National response to the HIV/AIDS epidemic

### 1. National commitment and action

This sub-section should reflect the change in commitment made by national stakeholders in the fight against HIV/AIDS during the period January-December 2002. Commitment covers increased resources, expanded partnerships and multi-sectoral policy development.

<b>National commitment at a glance</b>
National Composite Policy Index Government funds spent on HIV/AIDS
<b>2002: \$ 7,219,679,000</b>
<i>Indicate Source</i> <b>CONASIDA</b>

### 2. National programmes and behaviour

This sub-section should cover progress made during the period January-December 2002 in specific HIV/AIDS programmes broken down by prevention and care/treatment.

### National programmes at a glance

#### Prevention

% of schools with teachers who have been trained in life-skills-based education and who taught it during the last academic year

**Pendiente información desde Ministerio de Educación**

% large enterprises/companies that have HIV/AIDS workplace policies and programmes

**Encuesta a las 30 mayores empresas: 25 privadas, 5 públicas**

*Se encuestaron 8 grandes empresas privadas, de las cuales, un 32% tiene programas en VIH/SIDA en el ámbito laboral con sus trabajadores/as y familiares.*

*Se encuestaron 6 grandes empresas públicas, de las cuales el 50% tiene programas con sus trabajadores/as.*

This section should also reflect any changes in behaviour as a result of programmes' activities.

### National behaviours at a glance

% of respondents 15-24 years of age who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission or prevention

**No está la información correspondiente a todas las alternativas consultadas. Para el grupo de 18 a 29 años, identifican correctamente 2 alternativas: el VIH puede evitarse teniendo relaciones sexuales con una única pareja fiel y no infectada, y el VIH puede evitarse usando preservativos. Para estas dos, es 79% (1192/1508)**

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

**Indicador no disponible**

% of injecting drug users who have adopted behaviours that reduce transmission of HIV (where applicable)

**Información no disponible**

Indicate Source **CONASIDA, ONG La Caleta Sur, CONACE**

Finally, this section should address national efforts in impact alleviation, with a focus on orphans.

### Impact alleviation at a glance

Ratio of orphaned to non-orphaned children 10-14 years of age who are currently attending school

**Información no disponible**

**CONASIDA**

Whenever relevant, indicator scores should be reported by area of residence (urban/rural), gender, and the following age groups: 15-19, 20-24, 25-49. Countries are encouraged to report on additional indicators that contribute to an expanded national response.

#### **IV. Major challenges faced and actions needed to achieve the goals/targets**

This section should focus on key challenges faced throughout the reporting period that hindered the national response and remedial actions envisaged to ensure achievements of agreed targets by 2005 and 2010 (see page 4).

This section should also provide information on the country's data collection plan for 2005 reporting (see Table below).

<b>Data collection plan (2005 reporting)</b>	2003	2004	2005
Household surveys			
Health facility surveys			
School-based surveys			
Workplace surveys			
Desk review			

#### **V. Support required from country's development partners**

This section should focus on key actions that need to be taken by development partners to assist countries in achieving their goals/targets.

#### **VI. Monitoring and evaluation environment**

The section should provide an overview of the current M&E system in the country based on a country sheet to be filled out and included as an annex (see Annex 4), and highlight – where appropriate – the needs for M&E technical assistance and capacity building to meet the 2005 requirements.