

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

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.

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.

2003 General Assembly Session
Target dates

End of data collection: 10 March 2003
Reporting to Geneva: 31 March 2003.

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

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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 **15**
2. Government funds spent on HIV/AIDS **\$ US 1. 400 000/ year**

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 **(28%)**
4. % large enterprises/companies that have HIV/AIDS workplace policies and programmes **(not available)**
5. % of HIV+ pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT **(1%)**

Care/Treatment

6. % of patients with sexually transmitted infections at health care facilities who are appropriately diagnosed, treated and counselled **(47%)**
7. % of people with advanced HIV infection receiving ARV combination therapy **(21%)**

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 **(8.5% but only among females)**
(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 **(not available)**
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 **(not available)**

IMPACT

12. % young people aged 15-24 years of age who are HIV infected **(0.17%)**
(Target: 25% in most affected countries by 2005; 25% reduction globally by 2010)
13. % of infants born to HIV infected mothers who are infected **(not available)**
(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).

HIV prevalence at a glance	
% young people 15-24 years of age who are HIV infected	(0.17%)
% of infants born to HIV infected mothers who are infected	(Not available)
<i>Indicate Source: NAP, MOH</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.

National commitment at a glance	
National Composite Policy Index	15
Government funds spent on HIV/AIDS	\$ US 1 400 000/year

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 **(28%)**

% large enterprises/companies that have HIV/AIDS workplace policies and programmes (not available)

% of HIV+ pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT **(1%)**

Care/Treatment

% of patients with sexually transmitted infections at health care facilities who are appropriately diagnosed, treated and counselled **(47%)**

% of people with advanced HIV infection receiving ARV combination therapy **(21%)**

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 **(8.5% but only among females)**

% of people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner **(not available)**

% of injecting drug users who have adopted behaviours that reduce transmission of HIV (*where applicable*) **(not available)**

*Indicate Source: Enquête nationale sur la Santé de la Mère et de l'Enfant (PAPCHILD/ 1997)
Mother and Child National Health Survey (1997)*

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 **(not adapted)**

Indicate Source

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).

Data collection plan (2005 reporting)	2003	2004	2005
Household surveys	X		
Health facility surveys	X		X
School-based surveys	X		X
Workplace surveys	X		X
Desk review	X		X

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.

The National Strategic Plan is at the implementing process phase. The key actions are the following:

- 1°. Formal Education (within schools and families) and Non Formal Education (peer education) on STIs/HIV-AIDS.
- 2°. Implementation of a National Quality Control Program for all the key activities.
- 3°. Organisation of a National Strategic Management Course.
- 4°. Capacity building of all the concerned institutions involved in fighting STIs/HIV-AIDS at regional and National level.

In the frame of the Quality Control System, and in order to educate the targeted groups of the population on STIs/HIV-AIDS, two National Referential Handbooks on Formal Education and Non Formal Education on STIs/HIV-AIDS, have been elaborated by a national committee, and validated with an international consultant in Strategic Planning assistance.

Training sessions of trainers on STIs/HIV-AIDS, among teachers, and training sessions of trainers on STIs/HIV-AIDS, among the vulnerable groups educators (youth, sex workers, prisoners, mobile population...) will be held in the 6 prior regions of the country: Rabat, Grand Casablanca, Marrakech Tensift Al Haouz, Sous Massa Drâa, Tanger Tetouan and Tadla Azilal.

All the key activities will be realised in a decentralised multisectoral approach. So, regional multisectoral committees have been set up, in the 6 regions listed above. Every committee is responsible of the implementation of the National Strategic Planning to fight STIs/HIV-AIDS in his area.

The National Strategic Management Course will be organised in order to afford the required technical support to all the Committees' members for implementing the planned activities in their regions. This is a one of the aims of the National Strategic Plan to fight STIs/HIV-AIDS, 2002- 2004, which is capacity

building program for all the National AIDS Program (NAP) current and potential partners institutions at regional and national level.

The institutional capacity building has been identified in the Moroccan Project to fight AIDS, submitted to the Global Fund to fight AIDS, Tuberculosis and Malaria. **But, a Financial support is still needed, from the UN partners for strategies implementation and sustainability of actions.**

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.

The needs are technical assistance and capacity building, which will allow the NAP to set up an action plan for M&E of the NSP.

The NAP, with a Technical assistance of an international consultant on Strategic Planning, is in the phase of elaborating a Monitoring and Evaluation plan for the current National Strategic Plan to fight STIs/HIV-AIDS.

The main and relevant indicators for monitoring and evaluation of the planned activities will be set.

These indicators will allow to measure the inputs, the outputs and the impact of activities, such as KAP studies...The Second generation sentinel surveillance of HIV, which has been implemented in the year 2003, is a part of the M & E System and impact measure.