



## **SPECIAL** REPORT

# Thematic report: Combined reporting

**Monitoring implementation of the Dublin Declaration on  
Partnership to Fight HIV/AIDS in Europe and Central Asia:  
2012 progress**

**ECDC SPECIAL REPORT**

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Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 progress report



This report of the European Centre for Disease Prevention and Control (ECDC) was coordinated by Teymur Noori and Anastasia Pharris (ECDC), Programme for sexually transmitted infections, including HIV/AIDS and blood-borne infections.

This report is one in a series of thematic reports based on information submitted by reporting countries in 2012 on monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS. Other reports in the series can be found on the ECDC website at: <http://www.ecdc.europa.eu/> under the health topic HIV/AIDS.

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## Abbreviations

ARV	Antiretroviral
ART	Antiretroviral therapy
ECDC	European Centre for Disease Prevention and Control
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
MSM	Men who have sex with men
NCPI	National Commitments and Policies Instruments
NGO	Non-governmental organisation
PLWHA	People living with HIV/AIDS
PWID	People who inject drugs
STI	Sexually transmitted infections
TB	Tuberculosis
UNAIDS	Joint United Nations programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
WHO	World Health Organization

# Executive summary

## Key messages

Government and civil society respondents agree that combining ECDC, UNAIDS and WHO reporting into a single process was an improvement over the previous processes, which required countries to report to each agency individually.

Countries would like to see additional harmonisation to further reduce the reporting burden. Of the 50 indicators/measures used in this round of reporting, only 14 were fully harmonised across the three agencies.

Respondents from government and civil society felt combined reporting simplified the process, reduced the duplication and/or level of effort and reduced the overall reporting burden. However, there were concerns about continuing duplications in the reporting processes and the time required for international reporting.

Government respondents reported the level of effort for combined reporting was lower than during the previous processes while for civil society respondents, the level of effort was higher.

The shorter time available for countries to prepare their responses in this round of international reporting created a reporting burden for both government and civil society respondents.

The limited harmonisation and relevance of indicators is a serious concern because it increases the reporting burden on countries and undermines the usefulness of reporting.

## Background

The Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia, adopted in 2004, was the first in a series of regional declarations, which emphasise HIV as an important political priority for the countries of Europe and Central Asia.

Monitoring the progress in implementing this declaration began in 2007 with financial support from the German Ministry of Health. This resulted in the publication of a first progress report by the WHO Regional Office for Europe, UNAIDS and civil society in August 2008. In late 2007, the European Commission requested ECDC to monitor the Dublin Declaration on a more systematic basis. The first country-driven, indicator-based progress report was published in 2010<sup>4</sup>. The objective was to harmonise indicators with existing monitoring frameworks, notably the United Nations General Assembly Special Session (UNGASS) and European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) indicators, and with the EU Communication and Action Plan<sup>5</sup>, using existing data and focusing on reporting that was relevant in the European and Central Asian context, to minimise the reporting burden for countries. In 2012, instead of producing one overall report, information provided by countries has been analysed to produce ten thematic reports.

## Method

All 55 countries were requested to submit data regarding their national responses to HIV (see Annex 1 for a list of the 55 countries). For this round of reporting, the process was further harmonised with Global AIDS Response Progress Reporting (formerly known as UNGASS reporting). As a result, countries submitted most of their responses through a joint online reporting tool hosted by UNAIDS. Responses were received from 51 of 55 countries (93%). This response rate was slightly higher than for 2010. More details of methods used are available in the background and methods report<sup>6</sup>.

The primary instrument for collecting data on combined reporting in the region was the ECDC European Supplement to the NCPI<sup>7</sup>.

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<sup>4</sup> European Centre for Disease Prevention and Control. Implementing the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2010 progress report. Stockholm: ECDC; 2010. Available here: [http://ecdc.europa.eu/en/publications/publications/1009\\_spr\\_dublin\\_declaration\\_progress\\_report.pdf](http://ecdc.europa.eu/en/publications/publications/1009_spr_dublin_declaration_progress_report.pdf)

<sup>5</sup> Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee, and the Committee of the regions. Combating HIV/AIDS in the European Union and neighbouring countries, 2009–2013. Available here: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2009:0569:FIN:EN:PDF>

<sup>6</sup> European Centre for Disease Prevention and Control. Background and methods. Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 progress report. Available here: <http://ecdc.europa.eu/en/publications/Publications/dublin-declaration-background-methods.pdf>

<sup>7</sup> The NCPI is a component of the reporting process conducted by UNAIDS. Prior to the 2012 round of reporting, the acronym stood for National Composite Policy Index. As part of the revisions to the reporting process, the name was changed to National Commitments and Policy Instrument.

# Dublin reporting progress

## 2010 reporting

For the 2010 round of reporting on the Dublin Declaration, ECDC moved to a country-driven, indicator-based approach to monitoring. To reduce the reporting burden, the Agency only asked countries to provide data that had not previously been submitted to another international organisation. For example, if a country had submitted data to UNAIDS for the 2010 round of UNGASS reporting, ECDC customised that country's Dublin questionnaire to reflect what had already been reported. The feedback from countries on this effort to reduce their reporting burden was very positive and there was a strong sense that additional efforts should be made to reduce it further.

This experience, combined with broader country concerns about the regional relevance of many indicators and questions included in UNGASS reporting, led to the following conclusions in ECDC's 2010 progress report on the Dublin Declaration:

There is an urgent need to combine the multiple reporting mechanisms currently being used by international organisations, including UNGASS, into one exercise. The various international stakeholders could then extract the data from the consolidated process to use in their different reports. Conducting a single exercise would make it a more routine activity for countries, which is likely to make it easier to manage internally and easier to support externally, e.g. through ECDC. Clarity is needed on what data needs to be reported and how often.

## 2012 reporting

In preparation for the 2012 round of reporting on the Dublin Declaration, ECDC committed to work closely with UNAIDS and WHO to reduce the overall burden of HIV reporting on countries in Europe and Central Asia. Historically, UNAIDS asked countries for data every two years for UNGASS reporting<sup>89</sup> and WHO collected data annually for its progress report on universal access in the health sector. Much of the data collected by these two reporting mechanisms overlapped but countries were expected to report it separately.

The collaboration between ECDC, UNAIDS and WHO in 2011 successfully reduced the number of requests for information sent to countries that report on the Dublin Declaration. As opposed to separate requests from each of the three agencies, the bulk of country data was submitted electronically via the UNAIDS online reporting tool. For Dublin reporting, ECDC augmented the online reporting tool with the European Supplement to the National Commitments and Policy Instrument<sup>10</sup> (UNAIDS NCPI). The Supplement, which was built as an interactive PDF document, was distributed to countries at a monitoring and evaluation workshop organised and sponsored by ECDC in January 2012. It was also available to download from the UNAIDS online reporting tool. Once the Supplement had been completed, it could be submitted to ECDC electronically.

It is important to note that the European Supplement to the NCPI addressed issues of specific relevance in Europe and Central Asia, which are not included in the more general thematic areas used by UNAIDS and WHO for their reporting.

UNAIDS provided countries with proprietary user names and passwords to access the online reporting tool. After logging on, countries employed the tool to provide data on indicators used by the three participating agencies. The tool could also be used to 1) download the National Funding Matrix as an Excel spreadsheet and upload a completed version for submission to UNAIDS; 2) complete the UNAIDS NCPI and 3) download the ECDC European Supplement to the NCPI (see above).

The online reporting tool was divided into 'target areas' defined by UNAIDS. In total, countries in Europe and Central Asia were asked to provide data on 50 measures linked to the Dublin Declaration, Global AIDS Response Progress (GARP) and universal access in the health sector. A total of 47 of the 50 measures were indicators; three of the measures were essentially questionnaires (National Funding Matrix, UNAIDS NCPI and European Supplement to the NCPI).

<sup>8</sup> In 2012, UNAIDS replaced UNGASS reporting with the Global AIDS Response Progress Reporting process. Complete information on this new reporting is available on the UNAIDS website: <http://www.unaids.org/en/dataanalysis/knownyourresponse/globalaidsprogressreporting/>

<sup>9</sup> In 2013, UNAIDS moved toward annual reporting.

<sup>10</sup> Prior to the 2012 round of reporting, the acronym NCPI stood for National Composite Policy Index. As part of the revisions to the UNAIDS biennial reporting process, the name was changed to National Commitments and Policy Instrument.



In all, 24 of the indicators/measures were used for Dublin reporting; 28 were used for GARP reporting and 33 were used for universal access reporting. Of the total 50 indicators/measures, only 14 were fully harmonised across the three reporting mechanisms.

Five of the 24 indicators/measures used for Dublin reporting were Dublin-specific (i.e. these indicators were only used for Dublin reporting and not for GARP or universal access reporting). By way of comparison, there were eight GARP-specific indicators and 16 universal access-specific indicators that countries were asked to report on (see Table 1).

**Table 1. Indicators/measures used in combined reporting, 2012**

Targets	Dublin Declaration (ECDC)	Global AIDS Response Progress (UNAIDS)	Universal Access (WHO)
<b>Target 1. Reduce sexual transmission of HIV by 50% by 2015</b>			
General population: young people: knowledge about HIV prevention			
General population: sex before the age of 15			
General population: multiple sexual partners			
General population: condom use during higher-risk sex			
General population: HIV testing in the general population			
General population: reduction in HIV prevalence			
Sex workers: prevention programmes			
Sex workers: condom use			
Sex workers: HIV testing			
Sex workers: HIV prevalence			
Men who have sex with men: prevention programmes			
Men who have sex with men: condom use			
Men who have sex with men: HIV testing			
Men who have sex with men: HIV prevalence			
Migrants: condom use			
Migrants: HIV testing			
Migrants: HIV prevalence			
Prisoners: HIV prevalence			
Health facilities that provide HIV testing and counselling services			
Sexually transmitted infections			
<b>Target 2. Reduce transmission of HIV among PWID by 50% by 2015</b>			
Prevention programmes			
Condom use			
Safe injection practices			
HIV testing			
HIV prevalence			
Opiate users			
NSP and OST sites			
<b>Target 3. Eliminate mother-to-child transmission of HIV by 2015 and substantially reduce AIDS-related maternal deaths</b>			
Prevention of mother-to-child transmission			
Early infant diagnosis			
Mother-to-child transmission rate (modelled)			
Pregnant women who know their HIV status			
Infants born to HIV-infected women receiving ARV prophylaxis for prevention of mother-to-child-transmission			
Distribution of feeding practices for infants born to HIV-infected women at DTP3 visit			
Pregnant women who inject drugs			
<b>Target 4. Have 15 million people living with HIV on antiretroviral treatment by 2015</b>			
Antiretroviral therapy among people diagnosed with HIV infection			
HIV treatment: 12 months retention			
HIV treatment: survival after 12 months on antiretroviral therapy, IDUs			
HIV treatment: 60-month retention			
IDU on treatment: 60 months retention			
ART stock-outs			
Late HIV diagnosis			

Targets	Dublin Declaration (ECDC)	Global AIDS Response Progress (UNAIDS)	Universal Access (WHO)
<b>Target 5. Reduce tuberculosis deaths in people living with HIV by 50% by 2015</b>			
Co-management of tuberculosis and HIV treatment			
Percentage of adults and children newly enrolled in HIV care starting isoniazid preventative therapy (IPT)			
Percentage of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit			
<b>Target 6. Reach a significant level of annual global expenditure (USD 22–24 billion) in low and middle-income countries</b>			
Domestic and international AIDS spending by categories and financing sources (Note: the National Funding Matrix is <u>not</u> an indicator)			
<b>Target 7. Critical enablers and synergies with development sectors</b>			
National Commitments and Policy Instrument (NCPI) (Note: the NCPI is <u>not</u> an indicator.)			
European Supplement to the NCPI (Note: the European Supplement is <u>not</u> an indicator.)			
Prevalence of recent intimate partner violence			
Adults and children with HIV enrolled in HIV care			
HIV/hepatitis			

## Findings

The European Supplement to the NCPI included a total of six questions on combined reporting. The same three questions were asked of government and civil society:

1. Is this combined approach an improvement over previous processes?
  - If yes, please briefly explain how the new approach is better.
  - If no, please briefly explain why not and identify ways in which it could be improved.
2. Please rank the amount of effort put in by your country during previous rounds of Dublin and UNGASS reporting (scale of 0–10, with 0 being the least effort and 10 being the most effort)
3. Please rank the amount of effort put in by your country during this round of combined reporting (scale of 0–10, with 0 being the least effort and 10 being the most effort).

Question 2 focused on Dublin and UNGASS/GARP reporting because historically these were done according to the same biennial cycle. However, since the combined reporting in 2012 included WHO reporting on universal access, it is likely that government and civil society representatives factored those indicators into their responses to questions 1 and 3.

### Combining ECDC, UNAIDS and WHO reporting into a single process was an improvement over previous reporting processes.

A significant majority of government and civil society respondents felt the combined approach to reporting was an improvement over previous processes: 93% of government respondents and 86% of civil society respondents felt the combined approach was an improvement. Although the difference is relatively small, the responses to the follow-up questions did not provide any insights on the disparity between the government and civil society perspectives.

The responses to the follow-up questions did provide useful perspectives from both government and civil society on the positives and negatives of the effort to combine reporting. On the positive side, there were multiple comments about how it simplified the reporting process; reduced the duplication and/or level of effort and alleviated the overall reporting burden. There were also comments about the convenience of web-based/electronic reporting. In addition, there were positive comments about the value of regionally relevant indicators and questions.

Despite the generally positive comments from respondents, there were multiple comments about the value of additional harmonisation to further reduce the reporting burden. There were also concerns about continuing duplications in the reporting processes and the time required for international reporting. Moreover, several countries submitted specific comments about other aspects of the process (see Box 1).

#### Box 1. Specific comments from respondents about other aspects of the reporting process

- Bulgaria: 'The combined approach is better because it provides options to include more sectors in the reporting process'.
- Belgium: 'The reduced timeframe for reporting in 2012 did not allow for a collaborative response from civil society'.
- Greece: 'It was helpful to have a single deadline for submitting country data'.
- Moldova: 'The reduced timeframe for reporting in 2012 negatively affected the quality of the report that was submitted'.
- Sweden: 'The reporting mechanism should give countries access to data submitted in the previous round of reporting. With this approach in place, countries would only have to update their previous submission if they have new data or if there have been changes in policy, response, etc.'
- United Kingdom: 'Many of the questions for the UN reporting seem more relevant to countries with broader HIV epidemics'.

### For government, the level of effort required for combined reporting was lower; for civil society, it was higher.

Responses to the two questions about the level of effort for previous rounds of reporting versus the recent round of combined reporting were not as conclusive as the direct question that preceded them. Government respondents felt the recent round was less effort, while civil society respondents felt the previous round was less effort.

The median score among government respondents for the level of effort during the previous round of reporting was 7.83, compared with a mean score of 7.06 for the recent round of combined reporting. The corresponding scores from civil society respondents were 5.38 for previous rounds and 6.07 for the recent round.

Among government respondents, significantly more countries ranked the previous rounds as an 8, 9 or 10 (i.e. higher level of effort) than the current round. Specifically, government respondents in 28 countries scored the previous rounds as an 8, 9 or 10, whereas only 17 scored the current round at those levels. Among civil society respondents, 13 countries scored the previous rounds as an 8, 9 or 10; 12 of them scored the current round at those levels.

Among government respondents, eight countries ranked the previous rounds of reporting as requiring less effort than the current round of combined reporting; 19 countries ranked the current round as requiring less effort than the previous rounds, and 15 countries ranked both the previous rounds and the current rounds equally (see Table 2 below).

Among civil society respondents, nine countries ranked the previous rounds of reporting as requiring less effort than the current round of combined reporting; seven countries ranked the current round as requiring less effort than the previous rounds and 20 countries ranked both the previous rounds and the current rounds equally (two countries only responded to one question). Details are set out in Table 2 below.

**Table 2. Level of effort by reporting round**

Countries reporting a lower level of effort for previous rounds than the current round		Countries reporting a higher level of effort for previous rounds than the current round		Countries reporting the same level of effort for previous rounds and the current one	
<i>Government respondents</i>	<i>Civil society respondents</i>	<i>Government respondents</i>	<i>Civil society respondents</i>	<i>Government respondents</i>	<i>Civil society respondents</i>
Azerbaijan	Albania	Armenia	Armenia	Albania	Belgium
Bosnia and Herzegovina	Azerbaijan	Czech Republic	Denmark	Belarus	Bosnia and Herzegovina
France	Bulgaria	Denmark	Georgia	Belgium	Estonia
Israel	Italy	Estonia	Germany	Bulgaria	Finland
Kazakhstan	Kazakhstan	Finland	Luxembourg	Greece	Greece
Malta	Lithuania	Georgia	Macedonia	Latvia	Iceland
UK	Switzerland	Germany	Romania	Luxembourg	Kyrgyzstan
	Tajikistan	Iceland		Moldova	Latvia
	UK	Italy		Montenegro	Moldova
		Kosovo*		Netherlands	Montenegro
		Lithuania		Portugal	Netherlands
		Macedonia		Serbia	Poland
		Norway		Slovenia	Portugal
		Poland		Tajikistan	Serbia
		Romania		Ukraine	Slovakia
		Slovakia		Uzbekistan	Slovenia
		Spain			Spain
		Sweden			Sweden
		Switzerland			Ukraine
					Uzbekistan
<b>7</b>	<b>9</b>	<b>19</b>	<b>7</b>	<b>15</b>	<b>20</b>

The data from the respondents does not provide any explanation for the differences between the assessments of government and civil society regarding level of effort. However, one factor that may have influenced the perspective of civil society was the number of questions asked of them in the European Supplement to the NCPI compared to the number of questions asked of government. Unlike the UNAIDS NCPI, which asks significantly more questions of government than civil society, the Supplement asks a more equal number of questions of both groups.

\* This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

## Discussions and conclusions

In general, efforts to harmonise reporting in 2012 did reduce the burden on countries. Fewer requests for information, less duplication among indicators and less reporting helped reduce the overall burden. In addition, having a consolidated approach to data collection and a single deadline for submitting data also helped simplify the reporting process for countries.

It should be noted that delays in launching the combined round of reporting – due largely to changes in the UNAIDS reporting system – had an adverse effect on the total number of responses, both in terms of the number of countries responding and the range of data provided by respondents. The shorter time available to prepare country responses resulted in a reporting burden for government and civil society.

The fact that 93% of government respondents and 86% of civil society respondents felt the combined approach was an improvement is a powerful endorsement of the importance of streamlined reporting to countries in Europe and Central Asia. While the rankings by both sets of respondents about the level of effort are not as clear-cut, these findings should not be seen as a disincentive to continue to reduce the reporting burden. In fact, these rankings demonstrate that the steps taken to date are insufficient and that efforts to further streamline reporting should be a priority.

The limited harmonisation of indicators is a serious concern. As mentioned above (see Table 1), only 14 of the 50 indicators that were part of the combined reporting were fully harmonised across all three reporting mechanisms. And this was after extensive discussions among the lead agencies involved in this round of reporting (i.e. ECDC, UNAIDS and WHO). Given different agency mandates, full harmonisation is unlikely. However, an overall reduction in the number of indicators as well as a reduction in the level of effort to track and report on different indicators/questions would not diminish the value of the international reporting process. In fact, it could increase the quality of data provided by countries.

Greater harmonisation will require more willingness on the part of the international agencies to reassess the strategic and practical value of reporting requirements that continue to reflect individual agency priorities. These agencies should also take into account continuing concerns about the return on investment (i.e. value for money) of fragmented reporting, particularly for national governments and civil society stakeholders.

Although respondents were not asked specifically about the UNAIDS NCPI, there were unsolicited comments in the Supplement that indicated concerns about its relevance and the time required to complete it. For example, one country felt the new approach to combined reporting would be acceptable if the 'global NCPI' was dropped. Another country said that questions in the NCPI were 'not specific enough'. These comments mirrored informal discussions at the monitoring and evaluation workshop held in January 2012 for representatives from countries reporting on the Dublin Declaration about the limited relevance of the UNAIDS NCPI in Europe and Central Asia.

ECDC has taken the most focused approach to data collection, requesting information on 24 indicators/measures. This includes 21 indicators and three other measures (National Spending Matrix, UNAIDS NCPI and European Supplement to the NCPI.) The five Dublin-specific measures collect data that are directly relevant to the HIV situation in Europe and Central Asia; three of the measures are indicators for migrants, one is an indicator for prisoners and the fifth measure is the European Supplement to the NCPI.<sup>11</sup> By way of comparison, UNAIDS collects data on 28 indicators/measures (25 indicators and three other measures) and WHO collects data on 33 indicators.

If one of the aims of international reporting is to provide meaningful data on the state of the HIV epidemic and the response for international organisations as well as country-level stakeholders (i.e. government and civil society), significant work still needs to be done to ensure that indicators and other measures are necessary and useful.

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<sup>11</sup> The lack of data on migrants and prisoners was cited as a shortcoming with significant regional implications in the ECDC report on the 2010 round of UNGASS and Dublin reporting. The European Supplement to the NCPI also included sections on these two populations.

## Issues needing further action

- There should be fewer indicators for tracking the epidemic and responses. The indicators should be relevant to the region and the type of epidemic and a significant majority of them should be harmonised across multiple agencies.
- Country-level stakeholders need to be more actively and fully engaged in discussions about the relevance of particular indicators/measures and the level of effort required to track and report on them, individually and collectively. The value and uses of the data collected should also be discussed among the international agencies requesting the data and the country-level stakeholders collecting and reporting it.
- If the UNAIDS National Commitments and Policy Instrument is to continue as an element of international monitoring and reporting, it should be tailored to the specific needs of European and Central Asian countries to improve its relevance and reduce the reporting burden. Otherwise, it should be replaced with the European Supplement to the NCPI.
- If combined reporting is to continue, countries need more time than was allowed for the 2011–2012 round. Guidelines and questionnaires should be available to respondents at least six months in advance of the reporting deadline. Short timeframes for reporting place undue stress on those national stakeholders responsible for reporting, taking time and resources away from country priorities.
- The technology for online reporting should be improved to streamline and expedite the reporting process:
  - The online reporting tool should be pre-populated with the most recent data submitted by countries (e.g. from the previous round of reporting). Countries would then be able to simply update responses when/where they have new data.
  - The online reporting tool should allow for easy and secure access by multiple stakeholders in reporting countries. Wider access should be coupled with a system to ensure the key stakeholder responsible for national reporting verifies the final submission before it is sent in.
  - The user interface for the online reporting tool should be more logical, fluid and intuitive, in keeping with generally accepted standards for interactive, web-based tools.

Progress on addressing these issues is summarised here:

Issue identified as needing further action in previous report	Progress Shading indicates amount of progress since last reporting round; ranked from limited to good.				Comment
Indicators should be harmonised so they are more epidemic- and region-specific. Harmonising indicators should also translate to fewer indicators, which would reduce the reporting burden for countries.	Limited progress			Good progress	Many of the indicators included in this round of international reporting were not epidemic- and/or region-specific. In addition, many of the questions included in the UNAIDS NCPI were not applicable in the region. Only 14 of the 50 indicators/measures included in the 2012 round of reporting were fully harmonised across all three agencies (ECDC, UNAIDS, WHO).
There is an urgent need to combine the multiple reporting mechanisms currently being used by international organisations, including GARP (formerly UNGASS), into one exercise.	Limited progress			Good progress	Reporting <u>was</u> combined into a single exercise, which did reduce duplication of effort for countries. However, the overall burden of reporting did not decline to the greatest extent possible, given the number of indicators retained by the international agencies and, in particular, the number of indicators only relevant to a single agency.
Clarity is needed on what data needs to be reported and how often.	Limited progress			Good progress	The consolidation of reporting mechanisms and a single deadline helped clarify what data needs to be reported and when. However, it continues to be unclear why reporting to UNAIDS and WHO is annual when the response does not change dramatically from year to year. The reporting burden on countries is of real concern.
There should be clearly defined benefits to countries for reporting (e.g. shared learning, inter-country benchmarking and regional analysis of issues that affect multiple countries).	Limited progress			Good progress	There are no indications that countries see reporting as a benefit rather than an obligation. In addition, there are no formal programmes to promote the benefits of reporting.

## Annex 1. Countries included in Dublin Declaration monitoring

Nr	Country	Nr	Country	Nr	Country
1	Albania	20	Greece	39	Poland
2	Andorra	21	Hungary	40	Portugal
3	Armenia	22	Iceland	41	Romania
4	Austria	23	Ireland	42	Russian Federation
5	Azerbaijan	24	Israel	43	San Marino
6	Belarus	25	Italy	44	Serbia
7	Belgium	26	Kazakhstan	45	Slovak Republic
8	Bosnia and Herzegovina	27	Kosovo	46	Slovenia
9	Bulgaria	28	Kyrgyzstan	47	Spain
10	Croatia	29	Latvia	48	Sweden
11	Cyprus	30	Liechtenstein	49	Switzerland
12	Czech Republic	31	Lithuania	50	Tajikistan
13	Denmark	32	Luxembourg	51	Turkey
14	Estonia	33	Malta	52	Turkmenistan
15	Finland	34	Moldova	53	Ukraine
16	the former Yugoslav Republic of Macedonia	35	Monaco	54	United Kingdom
17	France	36	Montenegro	55	Uzbekistan
18	Georgia	37	Netherlands		
19	Germany	38	Norway		