Guide to conducting programme reviews for HIV, viral hepatitis and sexually transmitted infections

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Foreword

Sound periodic programme reviews provide opportunities for countries to objectively assess progress and take corrective action to sustain or get back on track towards achieving their medium and long-term programme goals. It reflects people's diverse needs, enables efficient use of health system resources and improves the predictability, sustainability and transparency of the programmes.

Countries worldwide have gathered vast and varied experience in conducting programme reviews in recent decades. Approaches to conducting programme reviews need to continually adapt to the rapidly changing global health context to effectively address today's complex health system challenges. COVID-19 and other health threats underscore the importance of aligning efforts to maintain essential health services and strengthen core health system functions for greater health security. Persistent inequities create urgency in reorienting disease responses within a primary health care approach. The full potential of community-led services should be deployed to reach those who are poorly served by regular delivery channels. The growing demand for health services, coupled with financial instability, require smarter investment decisions. Fully inclusive dialogue is vital to ensure that affected populations are active stakeholders in decision-making. The health sector needs to take the lead in engaging other sectors in a holistic approach to health.

This publication provides guidance to countries on how to perform programme reviews for HIV, viral hepatitis and sexually transmitted infections in this dynamic health sector context. The guidance encourages integrated reviews across health programmes for more efficient use of health system resources. The welfare of populations to be served must be at the centre of health programme reviews, with the overarching resolve to protect and promote health as a human right.

We encourage all national partners, including health ministries, related ministries, civil society, affected communities and other stakeholders to use this guidance for participatory and evidence-informed programme reviews. WHO stands ready to support countries in their planning efforts, and we are convinced that robust programme reviews will help lay the foundation for strategic plans that can effectively steer HIV, viral hepatitis and sexually transmitted infection responses towards the goal of universal health coverage.

Meg Doherty

Director - Department of Global HIV, Hepatitis and Sexually Transmitted Infection Programmes

World Health Organization

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WHO Staff and consultants

This guide was developed by a core team comprising WHO staff members from the Department of Global HIV, Hepatitis and Sexually Transmitted Infections Programmes: Mazuwa Banda, Mayada Youssef Fox, Olufunmilayo Lesi and Teodora Wi, with support from consultant Kelly Safreed-Harmon. The team was led by Mazuwa Banda under the overall guidance of Meg Doherty.

The following WHO staff members contributed to the guidance as internal reviewers: Wole Ameyan (headquarters), Theresa Babovic (headquarters), Rachel Baggaley (headquarters), Lastone Chitembo (WHO Regional Office for Africa), Maeve Brito de Mello (headquarters), Carlos Cisneros (headquarters), Adriana De Putter (headquarters), Diana Faini (headquarters), Nabeel Konath (WHO Regional Office for South-East Asia), Daniel Low-Beer (headquarters), Niklas Luhmann (headquarters), Ismail Maatouk (headquarters), Virginia Macdonald (headquarters), Yamuna Mundade (headquarters), Christine Musanhu (WHO Regional Office for Africa), Morkor Newman (headquarters), Muhammad Pasha (WHO Regional Office for the Eastern Mediterranean), Clarice Pinto (headquarters), Ajay Rangaraj (headquarters), Michelle Rodolph (headquarters), Jane Rowley (headquarters), Andrew Seale (headquarters), Kafui Senya (WHO Regional Office for Africa), Altea Sitruk (headquarters), Karin Stenberg (headquarters), Marco Vitoria (headquarters) and Lara Vojnov (headquarters).

External Contributors

WHO gratefully acknowledges contributions from stakeholders who were part of wider consultation processes for developing this guidance, including national disease programmes, civil society representatives, and members of the WHO Strategic and Technical Advisory Group on HIV, Viral Hepatitis and Sexually Transmitted Infections.

Acronyms

AGYW	Adolescent girls and young women
ANC	Antenatal care
ART	Antiretroviral therapy
EMTCT	Elimination of mother-to-child transmission
HBsAg	Hepatitis B surface antigen
HBV	Hepatitis B virus
HCV	Hepatitis C virus
GHSS 2022–2030	Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022–2030
HepB-BD	Hepatitis B birth dose vaccine
HepB3	Three doses of hepatitis B vaccine (infant vaccination)
MCH	Maternal and child health
MNCH	Maternal, newborn and child health
MTCT	Mother-to-child transmission
NSP	Needle and syringe programme
OAMT	Opioid agonist maintenance therapy
PMTCT	Prevention of mother-to-child transmission
PrEP	Pre-exposure prophylaxis
PWID	People who inject drugs
RMNCAH	Reproductive, maternal, newborn, child and adolescent health
STI	Sexually transmitted infections
TB	Tuberculosis
VMMC	Voluntary medical male circumcision
WHO	World Health Organization

Part 1.
The programme review process

Part 1 of this guide describes how the review process is typically organized for mid-term and end-term reviews of national programmes on HIV, viral hepatitis and sexually transmitted infections.

Key steps include planning and preparation; the desk review; the field review; analysing the findings and formulating recommendations; and disseminating the findings and recommendations.

As review teams follow this process, they may draw on the selected programme review tools provided in Part 2 of this guide.

1.1 Introduction

This chapter describes the role of programme reviews in driving progress toward achieving national and global health targets. It notes important considerations about the health and development context in which HIV, viral hepatitis and sexually transmitted infection programmes operate. It identifies elements of successful programme reviews and also explains the role of this guide in supporting programme review planning and implementation.

In countries worldwide, efforts to end epidemics of HIV, viral hepatitis and sexually transmitted infections face many challenges. Achieving national and global targets across these three disease areas requires maximizing the resources invested in national and subnational disease programmes. Conducting rigorous programme reviews to determine how long-term programme performance can be improved is a vital activity that requires careful planning and execution.

Depending on the setting, a national health system's response to HIV, viral hepatitis or sexually transmitted infections may be integrated into a larger area of activity rather than defined as a stand-alone programme. For example, preventing and treating sexually transmitted infections may be addressed as part of a national sexual and reproductive health programme. In this publication, a programme review is an exercise for addressing the nationally coordinated work that is underway any disease intervention area regardless of whether the health system refers to this work as a programme.

1.1.1. The purpose of programme reviews

As countries step up their efforts to improve the health of their citizens in the context of the Sustainable Development Goals, they need to ensure that their investments and efforts in health translate result into improving people's health. This requires selecting the right priorities based on good evidence and implementing these priorities to scale while ensuring that the most affected and vulnerable populations are addressed and that no one is left behind. Countries also need to closely monitor the progress of implementation and results to ensure that they are on the right course towards attaining national and global targets.

Programme reviews provide an opportunity for countries to pause and take stock of how a programme has performed over a period of years. Programme reviews complement other processes for assessing progress. Routine programme monitoring and annual reviews mainly focus on how activities are being implemented. This includes the extent to which service delivery units and target populations are meeting programme targets. They also identify implementation gaps and barriers. They are carried out mostly by managers and implementers of the programme and can be carried out daily, weekly, monthly, quarterly or annually.

Mid-term and end-term programme reviews, in contrast, analyse the direction of the programme with respect to driving impact over the defined period. They focus on the extent to which the programme inputs, outputs

and outcomes are translating into impact. They include not only the people involved in implementing the programme but also external parties.

Programme reviews must be harmonized with health sector reviews to ensure synergy and consistency and alignment of the two processes. Programme reviews can be fully integrated in health sector reviews or can be conducted separately to address issues specific to the programme.

1.1.2. Programme reviews on HIV, viral hepatitis and sexually transmitted infections: the health and development context

HIV, viral hepatitis and sexually transmitted infections remain major interrelated epidemics that collectively cause 2.3 million deaths and 1.2 million cases of cancer each year. Although there have been many achievements in recent years in addressing these diseases, key 2020 targets in all three disease areas were missed *(1)*. The COVID-19 pandemic further hampered progress, placing an enormous strain on health systems worldwide while also worsening the inequalities that make some populations more vulnerable to disease. The full benefits of available tools and technologies to prevent and treat HIV, viral hepatitis and sexually transmitted infections are not being realized, and progress is hampered by persistent structural and financial barriers.

Health systems face the complex task of strengthening their responses to HIV, viral hepatitis and sexually transmitted infections in the context of major demographic shifts, urbanization, population mobility, political instability and the worsening climate crisis. Health systems further must meet the needs of ageing populations, address the growing burden of noncommunicable diseases and build and maintain capacity to respond swiftly to humanitarian crises, natural disasters and emerging or re-emerging pathogens with pandemic potential.

In this context, effectively focusing programme reviews is imperative to identify the root causes of underperformance across areas of HIV, viral hepatitis and sexually transmitted programmes. The return on investment in these programmes is ultimately measured in their impact on health outcomes. Programme reviews provide an opportunity to investigate why national and global targets reflecting health impact are not being achieved and to formulate recommendations for strengthening disease programme activities in these areas. Findings from HIV, viral hepatitis and sexually transmitted infection programme reviews are a tool for helping health systems determine how to best allocate resources to end epidemics of these major diseases while addressing other urgent health issues within the framework of strengthening primary health care and advancing universal health coverage.

1.1.3. Global health sector strategies

In 2022, WHO published the Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022–2030 (GHSS 2022–2030) *(2)*. Recognizing the opportunities for harmonized approaches among three disease areas that share common determinants and affect overlapping populations, the GHSS 2022–2030 consolidate the strategies for HIV, viral hepatitis and sexually transmitted infections into a single publication for the first time. The GHSS 2022–2030 aim to guide all countries in their national planning efforts in the health sector with a common vision of ending these epidemics and advancing universal health coverage, primary health care, and health security (Box 1).

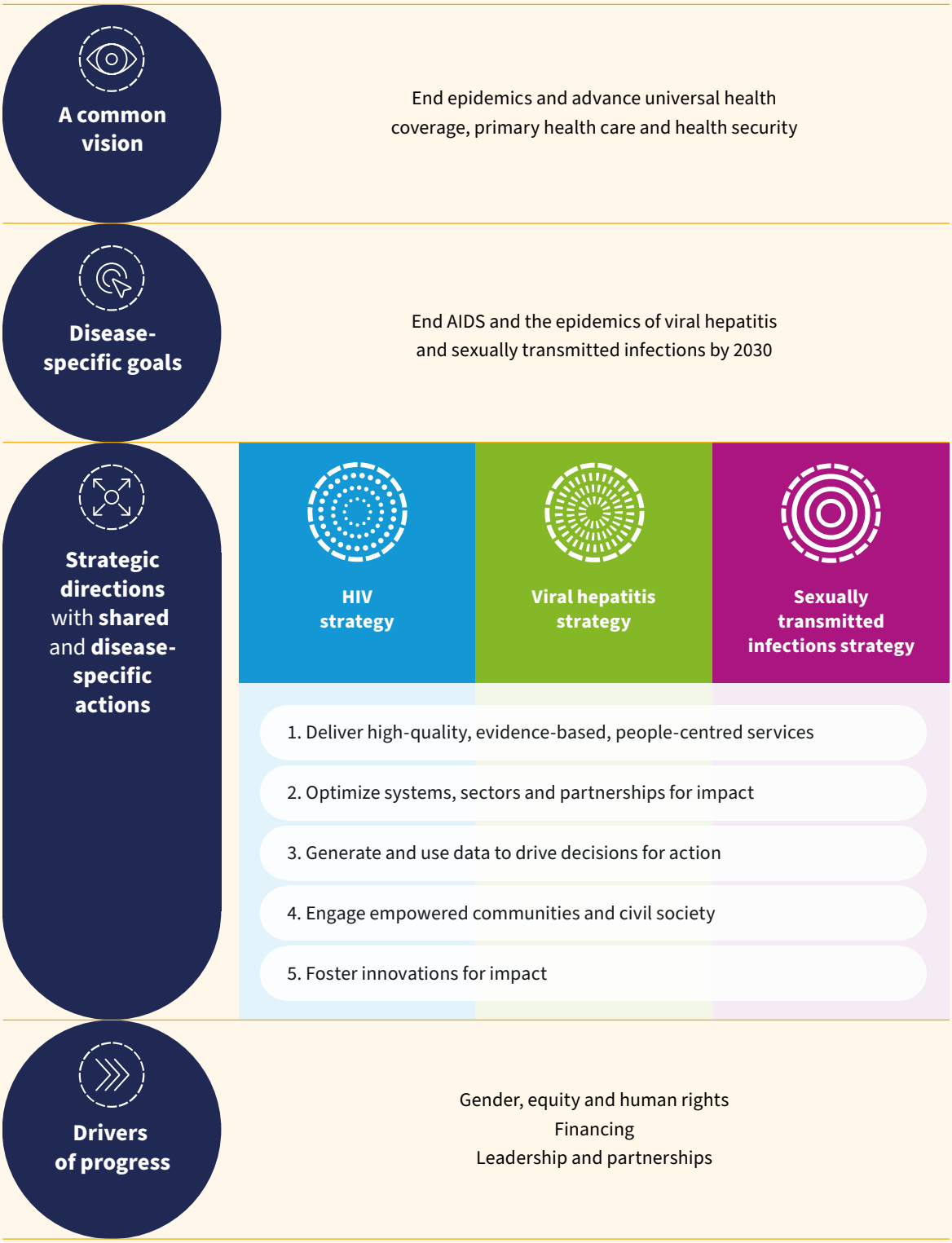
Box 1. The GHSS 2022–2030

The GHSS 2022–2030 guide the health sector in implementing strategically focused responses to achieve the goals of ending AIDS, viral hepatitis B and C and sexually transmitted infections as public health threats by 2030 (Fig. 1). Building on the achievements and lessons learned under the 2016–2021 global health sector strategies (3–5), the GHSS 2022–2030 consider the epidemiological, technological and contextual shifts of the past years, foster lessons across the disease areas and seek to leverage innovations and new knowledge for effective responses to HIV, viral hepatitis and sexually transmitted infections.

Vision, goals and strategic directions

The GHSS 2022–2030 share a common vision to end the epidemics and advance universal health coverage, primary health care and health security and to achieve the goals of ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections as public health threats by 2030. Five strategic directions guide actions across all three strategies, reflecting synergy in the responses to HIV, viral hepatitis and sexually transmitted infections (Fig. 1).

Fig. 3. GHSS 2022–2030 – vision, goals and strategic directions



Strategic shifts towards ending epidemics

The GHSS 2022–2030 recommend strategic and innovative shifts to protect the gains achieved in the response to HIV, viral hepatitis and sexually transmitted infections to date and to accelerate progress towards ending these epidemics by 2030:

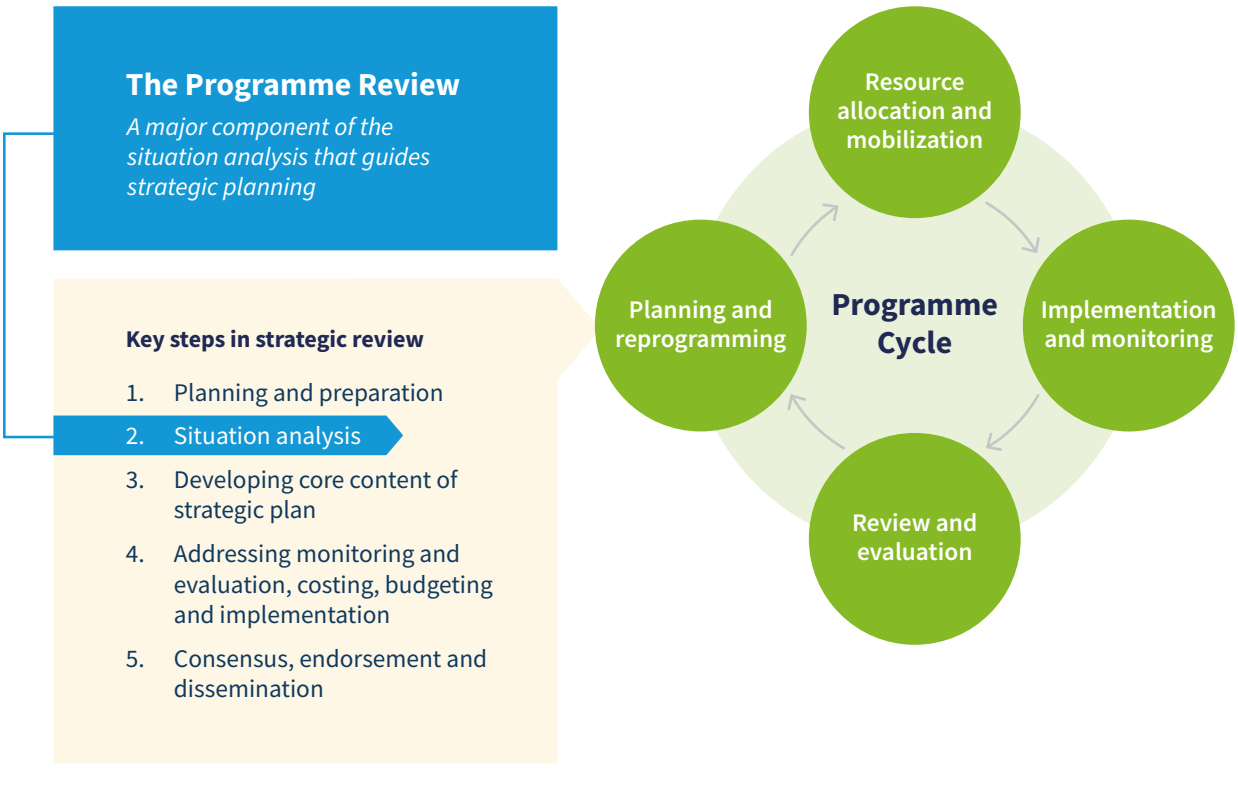
- putting people at the centre: placing people at centre of health system responses by setting priorities for services based on people's needs rather than around diseases;
- addressing unique priorities for each disease area: addressing the unique gaps, challenges and priorities for HIV, viral hepatitis and sexually transmitted infections respectively to accelerate progress and setting priorities for impact;
- taking a shared approach towards strengthening health and community systems: leveraging synergy in relation to service delivery and other health and community system functions such as governance, financing, health products and health information;
- responding to a swiftly changing health and development context: building resilience in response to the COVID-19 pandemic and other future emerging threats as well as other shifts such as the growing burden of noncommunicable diseases, climate change and increasing population displacement and insecurity; and
- eliminating stigma, discrimination and other structural barriers: taking a multisectoral approach to eliminate the inequalities, stigma and discrimination and criminalization that drive the epidemics and prevent many people from accessing needed services.

These global shifts guide national strategic planning efforts to end he epidemics and to advance universal health coverage, primary health care and health security for all.

1.1.4. Programme cycle

Periodic programme reviews are an integral part of the programme cycle (Fig. 2) and are closely linked to programme planning are reprogramming. A good programme review helps to create a strong foundation for the next strategic planning cycle. It informs the situation analysis of a new strategic plan, which in terms informs identification of priorities of the new plan or the remaining implementation period.

Fig. 2. Programme reviews, national strategic planning and the programme cycle



A programme review is more likely to yield high-level strategic guidance regarding how to deliver programme impact when the actions identified in Box 2 are integrated into the planning and implementation of the review. The guidance and tools presented in this publication are intended to help drive these actions.

Box 2. Key actions to optimize the value of the programme review

Engage in careful and comprehensive planning. Planning should start long before the review is to be conducted and should ensure clarity and consensus on the focus of the review, implementation steps, expertise required and resources needed.

Ensure that the programme review is highly participatory. Planning should consider the importance of involving all stakeholder groups at all stages of the programme review process. These stakeholder groups include key and affected populations, civil society organizations, private-sector entities, faith communities, academic institutions, technical partners and donors.

Follow all preparatory steps. A programme review requires meticulous preparation and strict adherence to a sequence of preparatory steps such as stakeholder consultations, drafting terms of reference, identifying the review team, developing review tools and collecting information.

Identify the best available sources of data. Data are everything to a programme review. Without good data, it will not be possible to appreciate the real programmatic situation in a country, and observations and findings will therefore largely be speculation.

Organize a highly qualified review team. The skills, competencies and experience of reviewers are what will ultimately make the difference between a useful review and one that is not useful. The review team should have the range of skills required for the particular review. It is also important to have some people who have had previous experience in conducting programme reviews.

Implement the review swiftly. Although considerable time should be devoted to planning, a programme review should be implemented swiftly in a short period of time to minimize disruptions in programme implementation and facilitate the consolidation of review findings.

Generate strong recommendations. Review recommendations should highlight which aspects of national disease programmes are most critical for increasing impact in the subsequent strategic period based on observations in the review period. Recommendations should be useful at senior policy-making levels and at programme management and service delivery levels.

1.1.6. About this guide

This guide complements the WHO guidance for developing national strategic plans: *Health sector response to HIV, viral hepatitis and sexually transmitted infections: guidance for national strategic planning.*

It is intended to enhance the value of programme reviews that are conducted on HIV, viral hepatitis and sexually transmitted infections.

Scope. This guide has been developed to respond to numerous requests from countries and partners for more standardized tools for conducting mid-term and end-term programme reviews across HIV, viral hepatitis and sexually transmitted infections. The guide has been developed as reference material to assist countries in various stages of programme reviews. In addition, this guide can be adapted to support the conduct of other types of programme reviews such as annual reviews, thematic reviews and project reviews.

Countries must be clear about what they want from a programme review, and reviewers must understand what they should look for in the review. The main function of this guide is to assist in organizing the review information and in ensuring that important components of the review are not left out or overlooked.

This guide primarily focuses on conducting reviews of HIV, viral hepatitis and sexually transmitted infection programmes. It may be used to conduct reviews of individual disease programmes or to conduct reviews of two or more disease programmes jointly.

Given the insufficient attention focused on the prevention and treatment of sexually transmitted infections in many settings as well as how epidemics of sexually transmitted infections are interrelated with epidemics of HIV and viral hepatitis, health system officials are strongly encouraged to consider incorporating reviews of sexually transmitted infection programmes into HIV and viral hepatitis programme reviews. Depending on the health system context, countries may also wish to address other disease programmes in the same programme review (Box 3).

Box 3. Considerations in conducting joint reviews of multiple disease areas

A joint programme review simultaneously focuses on multiple programmes such as HIV, tuberculosis (TB), viral hepatitis and sexual and reproductive health. In countries where health systems have established major areas of alignment or integration across certain programmes, reviewing these programmes together presents opportunities to identify cross-cutting drivers of impact and cross-cutting opportunities for strengthening programmes.

Regardless of the degree of existing alignment or integration, joint reviews offer other advantages. Joint reviews assist in reducing the transaction cost of carrying out several programme reviews in the same country. They also assist in addressing common implementation challenges and promoting joint programming. However, joint reviews can be more challenging to manage and might be perceived as not providing enough attention to programme-specific issues.

Audience. This guide is intended primarily to serve the needs of those engaged in conducting mid-term and end-term HIV, viral hepatitis and sexually transmitted infection programme reviews, including national health sector staff members, members of relevant technical working groups, implementing partners, relevant United Nations agencies, other development partners, nongovernmental and civil society organizations, private-sector care providers and consultants recruited to conduct programme reviews.

Structure. The first part of the publication describes the key steps in the review process and provides suggestions on how they should be carried out. The second part presents tools that can be used in various stages of the review process (Fig. 3).

Fig. 3. Publication structure

Part 1. The programme review process

- Guiding framework
- Planning and preparation
- Desk review
- Field review
- Analysis and recommendations
- Report and dissemination

Part 2. Programme review tools

- Planning and preparation tools
- Desk review tools
- Field review tools
- Reporting tools
- Thematic checklists on programmatic and technical issues

1.2. Guiding framework

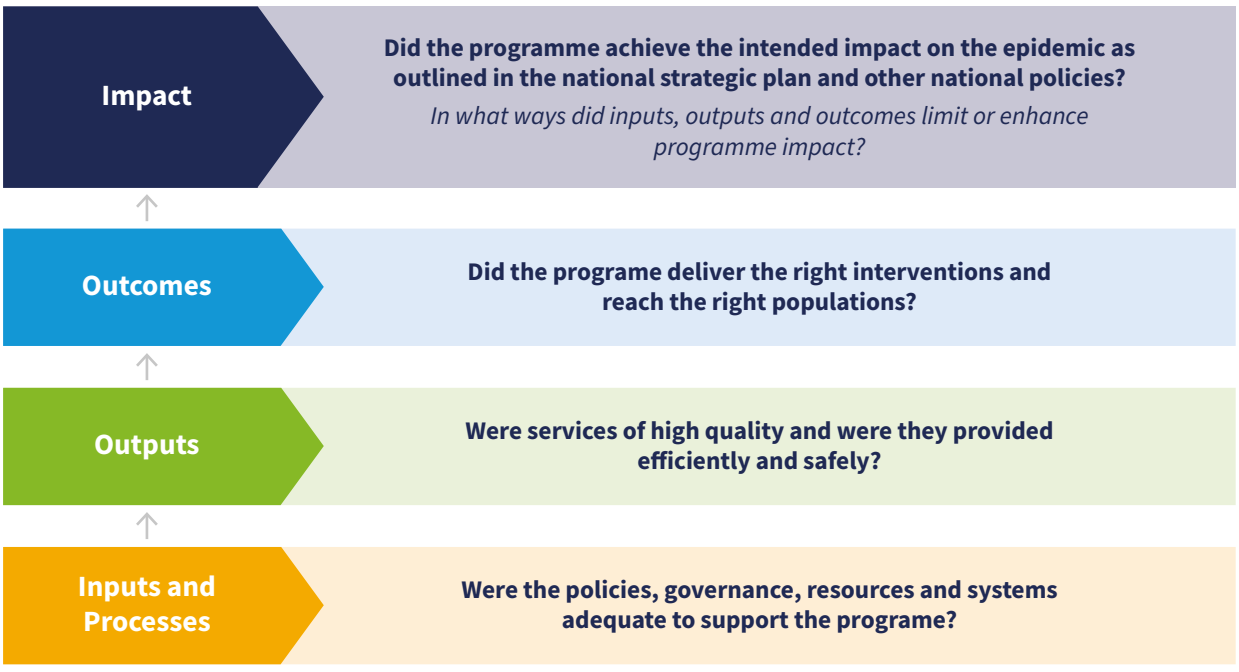
This chapter describes the logical framework for the programme review and discusses the importance of focusing the review on the issues that have the greatest bearing on programme impact.

A programme review functions as a tool for identifying actions that should be taken to sustain or increase programme impact. Because complex interaction of many factors determines programme impact, identifying core drivers of impact and proposing recommendations for altering these drivers in ways that will fundamentally improve programme performance can be challenging. Having a strong grasp of the programme results chain and of how the review process addresses the results chain is important for conducting an effective review.

1.2.1. The programme review framework

The logical framework for the programme review calls for reviewers to investigate how various components of the results chain have interacted to produce impact (Fig. 4).

Fig. 4. Logical framework for programme review



Questions about impact (disease status and trends) ought to be the starting-point for the programme review. Although questions about earlier stages of the results chain are also important, these questions should seek to highlight issues that may have significantly influenced programme impact.

Thus, the best way to understand the dynamics that determine programme impact is to work backward, considering relationships between what has been observed for different components of the results chain. How can programme impact be explained by findings about coverage of related essential services (outcomes)? How were the most important findings on service coverage affected by the production and delivery of related products and services (outputs)? Likewise, how were the most important outputs shaped by programme inputs and processes?

This approach to assessing programme performance can help the programme review team give more attention to issues that have greater consequences for programme impact. The result is that arriving at recommendations that address the root causes of why programmes are achieving or not achieving key targets relating to programme impact will be easier.

1.2.2. Strategically focusing the programme review

Using the programme review as an opportunity to gain insight into core drivers of impact requires strategically focusing the review in response to emerging findings as the review is being conducted.

The desk review provides the foundation of the programme review. It should address all review questions as comprehensively as possible based on the available information. The findings from the desk review should then guide the programme team in determining how to more deeply explore selected issues in the field review that are of significance to the performance of the programme. Decisions about which issues to give priority in the field review should reflect the aim of obtaining insight into why the programme has obtained the observed results in terms of progress toward key targets. If the desk review indicates that the intended targets were not achieved, the field review should be used as an opportunity to investigate factors that may help to account for and improve the situation.

Attempting to give the same degree of attention to how the elements of the programme results chain have interacted across all components of the programme under review is a mistake. Careful decision-making is needed regarding how to focus the review to avoid gathering too much information in an indiscriminate manner. Giving priority to the issues that have the greatest implications for programme impact, especially in the field review, is essential for helping the review team arrive at recommendations that will effectively guide high-level changes to how the programme operates in the future.

1.3. Planning and preparation

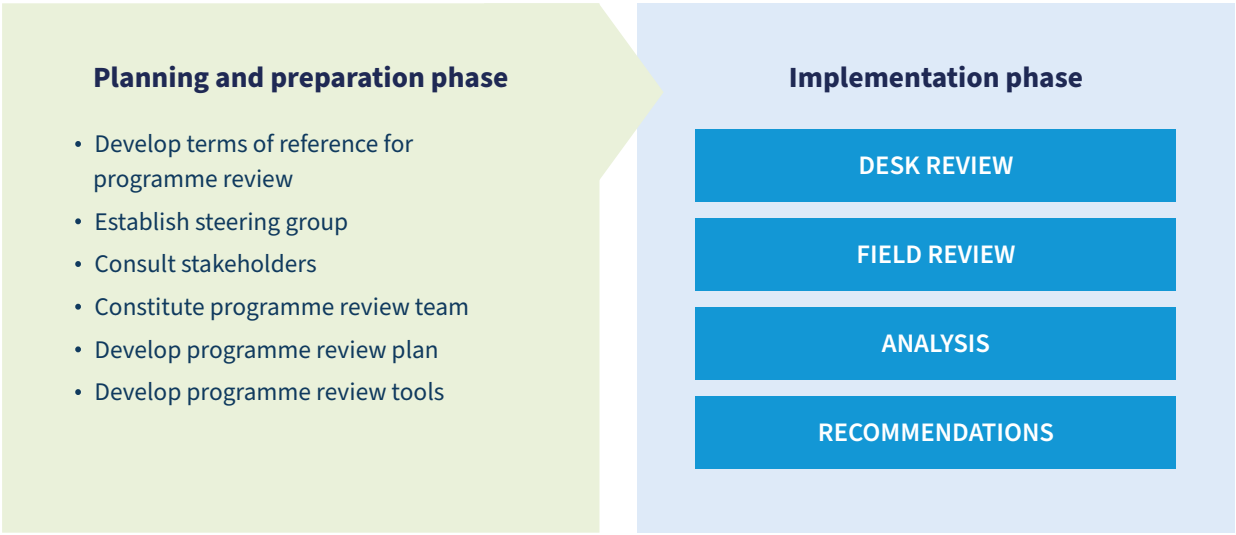
This chapter discusses the vital role of planning and preparation in conducting a successful programme review. It also describes the activities that should take place at key stages of planning and preparation, including:

- **developing terms of reference for the programme review;**
- **establishing a steering group;**
- **consulting stakeholders;**
- **constituting a programme review team;**
- **developing a detailed programme review plan; and**
- **developing programme review tools.**

Programme reviews are complex exercises that entail gathering and analysing many types of information to determine what the programme's highest-level strategic priorities should be. Implementing an effective programme review requires meticulous planning and preparation.

All components of the implementation phase – the desk review, the field review, the analysis of findings and the dissemination of recommendations – will be shaped by the work that takes place during the planning and preparation phase (Fig. 5). Allocate at least two to three months to carry out the planning and preparation activities described in this chapter.

Fig. 5. Planning and preparation to support the effective implementation of programme reviews



Careful consideration is required in the planning and preparation phase of the programme review process regarding which types of meetings are best suited for an in-person, virtual or hybrid format (Box 4). Although conducting meetings in a virtual or hybrid format may allow a wider group of stakeholders to participate, the ability to participate equitably in online meetings may be greatly affected by how these meetings are structured and moderated. Other limitations to equitable online participation may result from where meeting participants are located geographically or whether they have the financial resources to obtain suitable meeting technology.

Box 4. In-person, virtual and hybrid meetings

Restrictions on movement during the early phases of the COVID-19 pandemic gave rise to much greater use of virtual meeting technology across many areas of society. Programme reviews typically require that many meetings be held over a period of several months, and the planners of programme reviews should carefully consider the best format for these meetings. In-person meetings may be supplemented with virtual meetings, in which all meeting attendees participate through an online platform, and hybrid meetings, in which some meeting attendees gather physically to participate with other attendees who are online. Virtual and hybrid meetings should be conducted in a way that facilitates engagement by all meeting participants and does not give some participants more voice in the proceedings than others. Hybrid meetings in particular may require careful planning to ensure that people who are participating virtually are able to engage as fully as those who are participating in person.

1.3.1. Developing terms of reference for the review

Developing terms of reference constitutes the formal launch of the programme review process. The terms of reference are usually developed by the senior health ministry officer who is responsible for the programme that is to be reviewed.

The terms of reference will guide the entirety of the programme review process. The terms of reference should clearly communicate why the programme review is being conducted, what its scope will be and how and when it will be implemented. More detailed guidance is available in Part 2 of this guide.

1.3.2. Establishing a steering group

A steering group for a programme review provides overall guidance on implementing the review. The steering group typically is led by the health ministry and comprises senior representatives of other stakeholder groups such as other government ministries, civil society, the private sector, communities, affected populations and development partners. The respective programme manager (such as for HIV, viral hepatitis or sexually transmitted infections) usually serves as the secretariat of the steering group.

The responsibilities of the steering group include:

- approving the terms of reference, when necessary;
- appointing the review team;
- approving the review implementation plan;
- mobilizing resources for the review;
- assessing the review findings;
- deciding how to disseminate the review findings; and
- encouraging stakeholders to use the review findings in the intended ways.

1.3.3. Consulting stakeholders

Wide consultation on the programme review with stakeholders is important to obtain broader support for the review and to ensure that major issues of concern are considered in the review. Stakeholders include policy-makers, programme personnel, relevant representatives of other sectors, key and affected populations including people living with the disease or diseases, civil society organizations, private-sector entities, faith communities, academic institutions, technical partners and donors. Consultations may take the form of regular written updates to stakeholders about the review, discussions with individual stakeholders and consultative meetings. All of the above channels should ideally be used.

1.3.4. Constituting a programme review team

A team of competent and experienced individuals should be identified to conduct the programme review. The steering group should choose one of these individuals to serve as the team lead. All team members should meet the following qualifications:

- previous experience with programme reviews or evaluations;
- expertise in specific technical areas to be covered in the review;
- ability to act independently; and
- ability to function well as part of a team.

In addition, the review team as a whole should be constituted with the objective of representing the diverse forms of expertise that are required to perform an effective programme review (Box 5). Nevertheless, review team members do not have to perform all tasks associated with the programme review themselves. The review team may wish to engage other experts to perform specific tasks such as modelling or in-depth analysis.

Box 5. Diverse forms of expertise required of programme review teams

Disease prevention, treatment and care (general knowledge and knowledge of specific priority intervention areas of the programme)

Health system strengthening functions such as service delivery, governance, finance, health workforce, health information systems and medical products, vaccines and technologies

Knowledge of social, cultural, economic and behavioural aspects of programme intervention areas

Data analysis

Representation of perspectives of key stakeholders, including people living with and affected by the disease or diseases, key populations and civil society.

The programme review team can be assembled by recruiting individuals from among stakeholders who have the requisite skills. A review team should preferably include individuals who are internal and external to the programme and individuals who are internal and external to the country. Internal reviewers, with their deeper understanding of the programme, may be well prepared to suggest explanations for many of the review findings. External reviewers, in contrast, can bring fresh perspectives and greater objectivity to the processes of gathering and analysing information and formulating recommendations.

Alternately, an institution can be contracted to carry out the review. In this case, the institution must have the competencies that are required of any programme review team and the ability to ensure broad stakeholder engagement in the programme review process, including community engagement.

1.3.5. Developing a detailed review implementation plan or inception report

The programme review team, shortly after being constituted, should prepare a review implementation plan. The plan should describe in detail how the team will carry out the review and deliver on the terms of reference. The plan should include the following:

- definitions of key questions to be answered by the review;
- a detailed description of the methods and processes to be followed;
- a detailed description of how the information collected will be analysed and presented;
- a list of specific deliverables and the timetable for their completion;
- a budget for the review; and
- an implementation road map.

If an institution has been contracted to carry out the review, then the institution should develop an inception report that similarly provides a detailed account of how the review will be conducted.

1.3.6. Developing review tools

The review team must develop the necessary tools for conducting the programme review. Tools assist in ensuring that there is a standardized approach to collecting information, which will make it easier for the information to be consolidated and analysed. Tools are not a substitute for observations of reviewers but simply assist in organizing information and ensuring that important elements are not forgotten. Part 2 of this guide presents many standard tools for reviewing HIV, viral hepatitis and sexually transmitted infection programmes. These include document templates, interview guides and tools that address specific technical issues. These tools are intended to be adapted to the country context and the specific focus of the review.

Because the desk review must inform the structure and focus of the field review, the field review tools should only be finalized after the desk review has been completed.

1.3.7. Confirming the availability of data

Programme reviews are not intended to serve as an opportunity for routine data collection. High-quality data measuring key aspects of programme performance such as service coverage, treatment uptake and health outcomes must be collected before the programme review and must be available to the programme review team for the review to be guided by a strong evidence base.

It is important to identify the types and sources of information that will be required by the programme review team and to confirm that this information is available. Sources of information may include databases, programme reports, online documents and other types of records. Information may be provided by national and subnational public health programmes and also by donors, nongovernmental organizations, technical agencies, academic researchers and other stakeholders.

If sufficient information about programme performance is not available before the programme review, the review should be postponed until such information can be obtained.

1.4. Desk review

This chapter explains how the desk review contributes to the programme review and provides guidance on conducting the desk review. Key considerations include following a timetable that will support the effective implementation of the overall programme review, identifying sources of information for the desk review and communicating desk review findings to stakeholders.

The desk review is the first step in implementing the programme review. The desk review is a review of available published and unpublished information about the country context, epidemic status, health system response and related issues.

The desk review must be as thorough and complete as possible. Experience has shown that failure to perform an adequate desk review is one of the most common causes of poor programme review outcomes.

The specific purposes of the desk review are:

- to describe programme outcomes and impact in relation to stated national and global targets;
- to analyse how services were delivered and resourced;
- to highlight the policies, strategies and guidelines that guided implementation;
- to identify major information gaps; and
- to propose preliminary conclusions about programme performance and recommendations for increasing programme impact.

Importantly, the desk review should guide the programme review team in identifying the priorities for the field review. In areas in which the desk review indicates that the programme is not performing well, these findings can guide deeper probing in field visits to obtain greater insight into the reasons for underperformance. Key desk review findings can also be selected for validation in the field review.

The programme review team should budget sufficient time for a thorough and complete desk review to be conducted well before the field review. An effective desk review can take several weeks to complete and, if rushed, cannot sufficiently inform the field review. The desk review should be started early enough to allow enough time for the desk review findings to be used to guide the field review. There should be adequate time – at least one month and preferably longer – between completing the desk review and initiating the field review to ensure that the desk review findings are effectively used in planning field review activities. The entire programme review team should be engaged in deciding about which issues to give priority in the field review based on the desk review findings.

1.4.1. Collecting information for the desk review

Having reliable up-to-date information is the key to conducting a successful desk review. A wide range of information is required, including the following:

- epidemiological data;
- programme data;
- health and development policies, strategies and plans;
- evidence about the, economic, legal and political context in which the programme is implemented; and
- information about the financing landscape.

Ideally, much of this information should be assembled by the programme before the review to avoid delays in carrying out the desk review.

Some sources of information for the desk review include the following:

- outputs or reports from routine information systems;
- surveillance reports and estimates;
- periodic programme progress reports;
- national policy, strategy and planning documents;
- publications by international agencies;
- case studies and research reports; and
- media content, including social media content.

1.4.2. Analytical framework for the desk review

The desk review should be guided by an analytical framework that organizes the process of gathering information and drawing conclusions from this information. The analytical framework should specify the types of information needed to respond to each central question or objective of the review and should indicate possible sources for this information. It should also provide a structure for analysing findings and proposing preliminary conclusions.

1.4.3. Drawing conclusions from the desk review

When the desk review is completed, a report should be prepared, preferably in the form of narrative and slide presentations. This report should describe key desk review findings and discuss their implications for the programme. Tables and figures may be useful for helping to communicate this information. The desk review findings should be discussed among the programme review team and other stakeholders. Discussions should focus on identifying areas in which there is general agreement about programme performance, areas of dispute, areas in which there is inadequate information and areas that should be given priority for further investigation during the field review.

1.5. Field review

This chapter describes how a field review is typically conducted. Activities include:

- **providing an initial briefing to the programme review team on the status of the programme;**
- **preparing field review tools;**
- **identifying key informants to be interviewed;**
- **selecting field review sites;**
- **ensuring adequate logistical arrangements;**
- **collecting field review information; and**
- **consolidating the field review findings.**

The field review is the part of the programme review in which members of the review team interview key informants, visit facilities and inspect service delivery processes. The field review provides opportunities to validate findings of the desk review, fill information gaps and explore factors that may be contributing to the observed outcomes and impact of the programme.

The field review must necessarily occur well after the desk review has been concluded. Field review activities might be carried out by many people in addition to members of the core review team. These would include people involved in managing and implementing the programme or programmes under review, including people based in the locations where field visits are conducted. Obtaining field observations from review team members and collaborators with diverse perspectives and areas of expertise will enable the review team to formulate stronger conclusions and recommendations.

1.5.1. Briefing the programme review team

Once the programme review team has assembled for the field review, a briefing on the status of the programme should be given. At the briefing, those responsible in the health ministry and other institutions should present their perspectives on how the programme has performed and should raise any related issues. The briefing should also address how the field review will be conducted. The briefing and the findings of the desk review should give reviewers a good overall picture of the programme and help them determine which issues should be given priority during the field review.

1.5.2. Preparing field review tools

Ideally, draft tools for the field review should be developed several weeks before the field review is to start. After the briefing on the status of the programme and further consideration of findings of the desk review, some modifications to the tools might be necessary, such as questions to be asked or areas of focus. Part 2 of this publication contains suggested interview questions for key informants at multiple levels of the health system.

1.5.3. Identifying key informants to be interviewed

The programme review team should identify all key informants and determine which areas of interest the key informants will be asked to address. The key informants should be people who are key stakeholders in the programme or those who are knowledgeable about the programme at their respective levels of operation. Key informants can be identified before or during field visits. The main advantage of identifying them before field visits is to ensure their availability during the visit.

Interviews can be with individual key informants or with groups of people through focus group discussions. Box 6 lists multiple types of potential key informants. The programme review team should engage a wide range of key informants to obtain diverse perspectives on the programme.

Box 6. Potential key informants for programme reviews

Key informants should at least include the following.

Government

- Programme managers and other programme personnel
- Policy-makers
- Related institutions (such as research, regulatory and manufacturing) and other sectors

Service providers

- Public-sector service providers
- Nongovernmental organizations
- Private-sector service providers
- Service users and beneficiaries

People living with or affected by the disease or diseases

- Key populations
- Women, adolescents and men
- People using services

Communities, civil society and academia

- Local leaders
- Advocacy groups
- Professional associations
- Academic researchers

Development partners

- Donors
- Technical assistance providers

1.5.4. Selecting field review sites

The criteria for selecting subnational administrative divisions and facilities for inclusion in field visits should be agreed on by the programme review team and the steering group. Field review sites are best selected through purposive sampling. The overall objective is to obtain information about heterogeneous programme experiences, consider geographical representation and rural and urban differences, consider the experiences of well-performing and poorly performing programmes, and other considerations. In selecting facilities that will be inspected, the review team should seek to include different types of facilities (public, nongovernmental and private) and facilities that perform a wide range of services.

1.5.5. Ensuring adequate logistical arrangements

Many logistical decisions often need to be made in conducting a field review. Poor logistical support for the field review can result in wasted time, missed opportunities and much frustration, which in turn can undermine the quality of the review. Key considerations include the following:

- establishing plans and schedules with field site personnel and key informants before field visits;
- travel to field sites, including contingency measures should alternate forms of transport be needed;
- lodging for reviewer team members while they are on field visits;
- arrangements for communication among review team members during field visits; and
- facilities for review team members to meet and discuss emerging findings.

1.5.6. Collecting field review information

The review team should be divided into multidisciplinary field teams to visit the selected sites and conduct the key informant interviews. The size of a field team will vary depending on the number of reviewers available but should ideally include individuals with a range of skills to cover the main areas of focus for the review. Each field team should have a team lead identified before the field visit. Field review teams may find it beneficial to identify local liaisons who can help by providing background information about the area and introducing team members to knowledgeable local individuals. Box 7 provides tips for conducting field visit activities.

Box 7. Tips for conducting field visit activities

- Plan for each encounter, including deciding which role each team member will play
- Start by introducing the team and explaining the purpose of the visit
- Be sensitive to pressures, such as time and workload, on the people being visited
- Ask the interviewees whether they consent to proceed with the interview, especially if they were not contacted beforehand
- Discussion is often better than simple questions and answers
- Thank the people involved at the end of each encounter
- Share some of the team's observations with the appropriate responsible person/office or for the programme or health services at the end of the visit

1.5.7. Consolidating field review findings

After the field visit, each field team should meet to reconcile the team members' findings and produce a field report for the team. The programme review team should then organize a one- to two-day meeting to synthesize findings from the field and generate one consolidated field review report. The report should address the field review objectives and should include recommendations arising from observations made during the field visit.

1.6. Analysis of findings and making recommendations

This chapter provides guidance on analysing programme review findings and explains how the analysis should be used to formulate recommendations. It also describes criteria for effective recommendations and discusses how to set priorities for recommendations.

When the field review is completed, the programme review team must synthesize all findings from the desk review and field review and must use this information as the basis for formulating recommendations for achieving the intended programme impact.

1.6.1. Analysing the review findings

Analysing the findings of programme reviews can be very challenging because of the large amount of information that is often collected. In some cases, coordinating the work of large review teams at this stage of the process can also be challenging. It is best to start by identifying the main highlights of the findings and subsequently work into the details. The programme or programmes as a whole should be addressed first, and recommendations should be generated at that level before the review team moves on to analysing findings and formulating recommendations for specific priority thematic areas.

Fig. 6 presents a simple framework that can assist in organizing programme review information, analysing findings and making recommendations.

Fig. 6. Framework for analysing review findings

Review questions or objectives	Main observations		Actions or changes required to sustain or increase impact
	Desk review	Field review	

The main observations reflect the review team's assessments based on information gathered during the review. For example, a main observation arising from the desk review findings might be: "… Coverage of the intervention was good countrywide and exceeded the national targets ..." The corresponding observation related to the field review might be: "… Service providers in all or most of the sites visited indicated that they were delivering the intervention in accordance with the national guidelines. However, they also indicated that the workload has increased so much that they have had to drop other important areas to cope. This threatens both the pace of scale-up and quality of the intervention going forward."

The ultimate purpose of a programme review is to assess how programme inputs, outputs and outcomes are translating into impact and to generate recommendations that will help programmes to achieve the required impact. Thus, drawing conclusions from the desk review and field review observations about actions or changes that are required to maintain or increase programme impact is a critically important component of the review team's work.

A mistake commonly made during the analysis of desk review and field review findings is that review teams give the same degree of attention to all elements of the programme under review, attempting to comprehensively document "main" observations about a large number of topics. This approach creates more difficulty in identifying recommendations that are of a sufficiently high level to guide major course corrections in the programme. The analysis instead should be viewed as an opportunity to decide which elements of the programme warrant the most attention in regard to the overall objective of maintaining or increasing programme impact.

1.6.2. Formulating recommendations

The recommendations of a programme review indicate how the programme should move forward based on the review findings. They are also the part of the review outcomes that attract the most interest from stakeholders, including policy-makers.

The recommendations should be developed with much thought and consideration and should be based on the objective findings of the review. Recommendations should be broadly focused and not granular. Instead of comprehensively issuing recommendations for all components of a programme, the programme review team should focus on high-level changes that are needed to greatly increase impact, especially in areas in which programme targets are not being met.

The purpose of a programme review is not to pass judgement on the performance of the programme or the people involved but to assist the programme in achieving its goals. The framing of the findings and conclusions therefore needs to be objective and candid, focusing on things that help the programme to move in the right direction.

The recommendations should be drawn from the "actions or changes required to sustain or increase effectiveness and impact" identified by analysing the desk review and field review findings.

Recommendations should be:

- clear and specific about what is being recommended and to whom, avoiding general or vague statements such as "… should be improved or strengthened", but should explain the specific change required (such as "strengthened by" or "improved through").
- put in order of priority: not all recommendations will carry the same weight or significance to the programme, with some being more important than others and some being more urgent than others;
- realistic, since some things might be very important for the programme but might not be implementable in the specific country context, such as doubling the number of health workers in a specific time frame; and
- manageable in number, since too many recommendations can dilute the focus of the review and might be difficult to track and implement.

A good test for well-written recommendations is whether people can remember the main highlights without referring to the report.

1.6.3. Setting priorities for recommendations

Reviewers can set priorities for recommendations by simply ranking each as having "high", "medium" or "low" significance for the programme. Those ranked as "high" can come first in order of presentation or can be framed as overarching recommendations.

If there are too many recommendations to rank in that manner, priorities can be set for the recommendations by assigning scores (such as on a scale of one to five) for the importance and feasibility of each recommendation. The scoring can then be plotted on a chart as in Fig. 7. The highest priority can be given to the recommendations of high importance and high feasibility and the lowest priority to those of low importance and low feasibility.

Fig. 7. Framework for setting priorities for recommendations

1.6.4. Briefing on preliminary findings and recommendations

Once the preliminary findings and recommendations have been framed, an initial summary of review outcomes should be provided to the national programme, to the steering group and to other key stakeholders. This summary typically takes the form of a slide presentation. The presentation along with an aide-mémoire should be distributed to relevant stakeholders, and they should be invited to respond with comments.

This briefing process provides an opportunity for the programme review team to validate findings and make necessary corrections or clarifications while the final report is still being developed. It also enables relevant stakeholders to discuss sensitive issues that might be difficult to address with a wider audience. Further, engaging selected stakeholders in a dialogue about findings contributes to building collective ownership of the findings. Finally, the briefing process may reduce the likelihood of last-minute surprises for everyone involved.

1.7. Review report and dissemination

This chapter provides guidance on how to prepare and disseminate the programme review report. It also identifies how stakeholders may use the findings presented in the report.

Once the programme review team has finalized the findings and recommendations, it should write and disseminate the programme review report.

1.7.1. Preparing the programme review report

The report should outline the purpose and objectives of the review, the methods used and all major findings, conclusions and recommendations. The aim should be to produce a report that is accurate, clear, concise and easy to read. The use of tables and figures may aid in communicating key information.

The following tips may contribute to preparing the programme review report in a timely manner.

Start thinking about what will go into the programme review report at the outset of the review process, and keep this issue in mind while planning and implementing the programme review.

The person or people who will prepare the report should be identified at the beginning of the review process.

The desk review report, field review reports, analysis of findings and recommendations should be written clearly at each respective stage of the process so that they can easily be incorporated into the programme review report. The review team leader and other team members should ensure that all documentation generated by the review team is available to the report writers.

An executive summary should be prepared shortly after the field visit. This, combined with the recommendations, will provide a basis for debriefing the health ministry and other stakeholders. Within one month after the field review is completed, the full report should be completed and circulated to review team members and selected stakeholders for comments before it is finalized.

1.7.2. Content of the programme review report

The programme review report should include several key elements such as an executive summary, introduction, situation analysis, methods, findings and recommendations. Part 2 of this publication provides more detailed guidance on content.

1.7.3. Dissemination of the programme review report

In addition to preparing the full programme review report, the review team may consider other formats such as a slide set, a note verbale or a summary publication to accompany the full report.

The commissioning authority of the review conventionally decides how the programme review report will be disseminated, with input from the steering group. Extensive dissemination of the programme review report can increase awareness of and confidence in the programme. The steering group should develop a dissemination plan to this end.

1.7.4. Use of programme review findings

The purpose of conducting reviews is to improve the performance of the programme. The outcomes of a review therefore must be clear and lead to action at the various levels of the national programme. The findings of a programme review can contribute to implementation, reprogramming, developing a new strategy, mobilizing resources and accountability.

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

Reprogramming. The review can indicate areas in which the current plan needs to be modified to fit the specific 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 interventions to more effective or appropriate ones).

Developing a 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.

Mobilizing resources. Demonstrating that the programme is producing results helps to make 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.

Part 2.
Guides to developing programme review tools

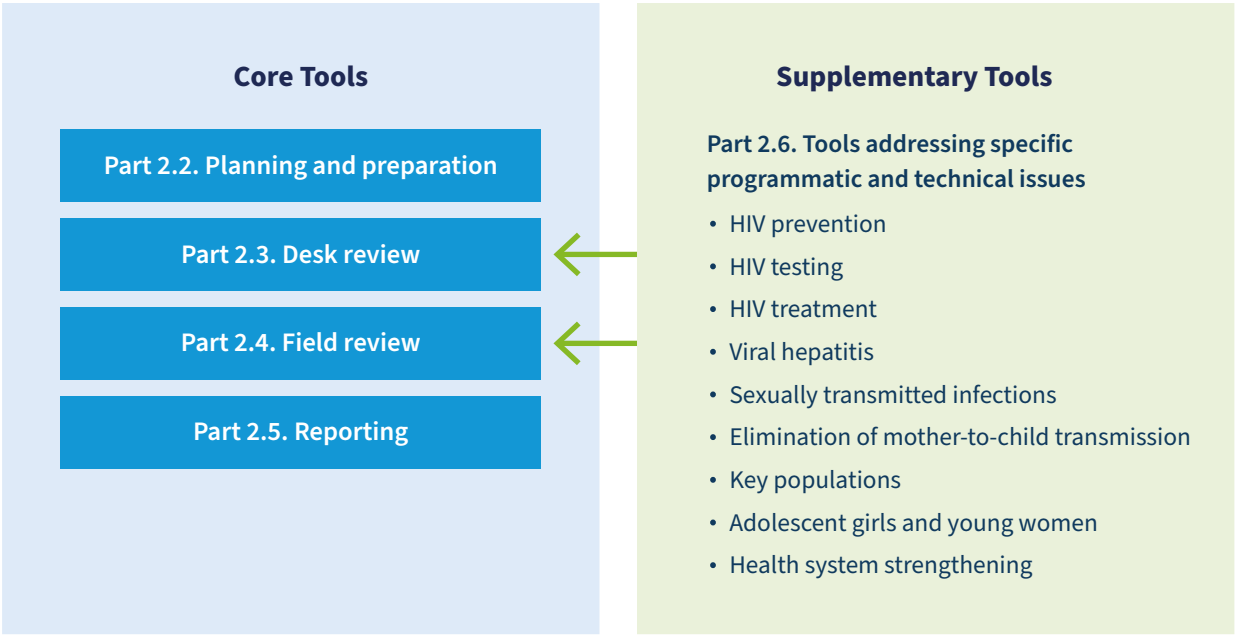
Part 2 of the guide provides various templates that support the implementation of the programme review process described in Part 1.

It includes templates for specific stages of the programme review as well as tools that address technical issues in the HIV, viral hepatitis and sexually transmitted infection fields.

2.1. Overview

Part 2 of the programme review guide contains core tools relating to different steps in the programme review and supplementary tools (Fig. 8). The supplementary tools address specific programmatic and technical issues across the HIV, viral hepatitis and sexually transmitted infection fields. The content of these templates is intended to assist in developing the core tools of the review that address the specific objective of a programme review.

Fig. 8. Content of Part 2



Many of the guides can be used across programme reviews in multiple disease areas, and therefore these tools do not explicitly refer to HIV, viral hepatitis or sexually transmitted infection programmes. Programme review teams should adapt all guides to reflect the particularities of their planned reviews.

2.2. Planning and preparation

2.2.1. Sample outline for terms of reference for a programme review

Background

Explains why the review is being requested and provides other contextual information.

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 outlining the main questions, areas or issues to be addressed in the review.

Methods

Describes the main methods or approaches to be followed in conducting the review.

Reviewers

States who will conduct the review, the required competencies and experience and how the reviewers will be identified or recruited.

Outputs

Defines the expected deliverables during and after the review. These would include a detailed review plan, interim reports and updates, presentations and the final review report.

Management

Defines how the review will be managed and the roles and responsibilities of the various actors.

Timeline

States the timeline for carrying out the whole review.

Cost

Indicates the approximate costs or resources available for the review.

2.2.2. General review questions

1. **Did the programme achieve the impact on the epidemics as outlined in the needle and syringe programme and other national policies? (impact level)**
   - How has the incidence changed over time, disaggregated by age, sex, specific priority population groups and geographical locations?
   - How has the prevalence changed over time, disaggregated by age, sex, specific priority population groups and geographical locations?
   - How has the mortality changed over time, disaggregated by age, sex, specific priority population groups and geographical locations?
   - How has vertical transmission changed over time, disaggregated by geographical locations?

2. **Did the programme deliver the right interventions and cover the right populations? (outcome level)**
   - How has coverage of essential services (including prevention, testing and treatment cascades) for HIV, viral hepatitis and sexually transmitted infections changed over time?
     - in general population disaggregated by age and sex
     - in key, vulnerable and other priority populations
     - by geographical locations
   - To what extent have societal determinants to accessing health services and health living (including stigma, discrimination, gender equality and human rights) been addressed over time?

3. **Were the services provided efficiently and safely and were they of good quality? (output level)**
   - Are the modes of services delivery appropriate to the target population?
   - Are the services being delivered efficiently?
   - What measures are in place for improving the quality of services?
   - How is service delivery strengthening community-based and community-led services?
   - How well are the services integrated with the other health-care services (people-centred services)?
   - How have the services contributed to strengthening the primary health care system and universal health coverage?

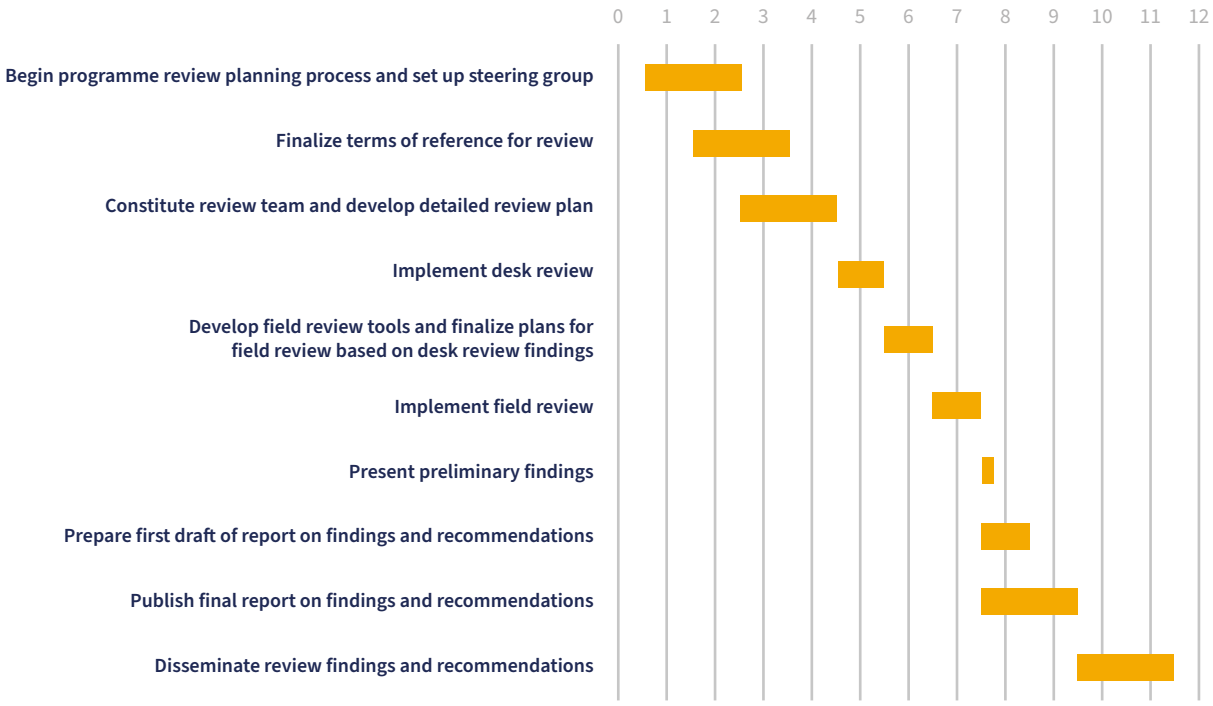
4. **Were the policies, governance, resources and systems adequate to support the programme? (input level)**
   - Are the national policies, strategies and guidelines adequate to support the programme?
   - Are the planning, management, stakeholder involvement and coordination of the programme adequate?
   - Are the types, distribution and skills of the health-care workforce (including community and lay providers) adequate to deliver the required services?
   - Is the procurement and supply chain management system working optimally for the programme?
   - Is the health management information system adequate to support the programme?
   - What is the funding landscape for the programme, and is the funding adequate?

These sample review questions and subquestions highlight (or are based on) the main components of the guiding framework described in section 1.2 of this publication, which describes how the various levels of the result chain interact to determine impact.

2.2.3. Programme review schedule

Fig. 9 indicates possible beginning and end dates for the steps in the programme review process, but it is not intended to dictate the duration of the activities that take place at each step. The planners of a programme review should develop a programme review schedule with consideration for country-specific factors and context-specific factors that may affect whether more or less time is required for various activities. However, planning for a programme review must start well in advance to be completed on time without sacrificing the quality of the review. It is recommended to start the planning process at least 10 months before the review is to be completed.

Fig. 9. Indicative programme review schedule



Much of the time set aside for the review should be spent on planning and preparation to ensure that the review is implemented efficiently, effectively and on time. Similarly, enough time should be set aside for the desk review to ensure that it can be completed thoroughly and rigorously and in plenty of time to inform the field review. A period of at least one month should be set aside between the completion of the desk review and the beginning of the field review, to ensure that the findings of the desk review can be consolidated and used to finalize planning for the field review.

The actual implementation of the field review, on the other hand, should be completed swiftly and efficiently. In many cases, the field review teams will be on the ground for only a few weeks and will have limited time to complete their tasks. Good preparation will ensure that they are able to complete a high-quality field review without delay.

2.3. Desk review

2.3.1. Sample terms of reference for a desk review

Background

Good understanding of the level of and trends in the burden of disease and how these have been influenced by the implementation of prevention and treatment interventions is very important to national health programmes. Countries need to closely monitor the progress of implementation and results to ensure that they are having the required impact on HIV, viral hepatitis and sexually transmitted infections.

Programme reviews provide an opportunity for countries to pause and take stock of how a programme has performed over a period. They complement other processes for ongoing monitoring of implementation. Programme reviews are concerned with all the components of the results chain (impact, outcomes, outputs and inputs) and how they have been interconnected in the programme.

There has been some experience in recent years in conducting reviews jointly for several programmes. These joint reviews have several benefits, including reducing transaction costs on the programme and fostering cooperation, synergy and integration between programmes. Nevertheless, joint reviews can sometimes be challenging to manage and might be perceived as not providing enough depth in specific programme issues.

The desk review is a very important part of the programme review. It is the stage at which available data and other related programme information are reviewed. It includes information on the epidemiological situation, programme response status and broader contextual factors. The desk review should identify the achievements and gaps in the four main domains above. It should also identify areas that should be given priority during the field review. There should be adequate time between the desk review and the field review, preferably a minimum of one month, so that the findings of the desk review can be used to inform the planning design of the field review.

Objectives

The objectives of the desk review are as follows:

- to assess the level of and trends in the burden of disease (incidence, prevalence and mortality) and the extent to which the impact targets of the programme are being met;
- to assess country progress in the response to HIV, viral hepatitis and sexually transmitted infections, including the prevention, care and treatment cascades for populations covered by key interventions and services;
- to determine the efficiency, effectiveness, quality and resilience of delivering essential services for HIV, viral hepatitis and sexually transmitted infections;
- to determine the adequacy of policies, governance, financing and other health system resources in supporting the implementation of the national strategic plan on HIV, viral hepatitis and sexually transmitted infections; and
- to identify priority areas of the programme response, including major gaps, for further investigation during the field review.

Specific tasks

Objective 1: To assess the level of and trends in the burden of disease (incidence, prevalence and mortality) and the extent to which the impact targets of the programme are being met.

- Identify current prevalence and numbers and trends over time, disaggregated by age, sex, population groups and geographical areas
- Identify current incidence and trends over time, disaggregated by age, sex, population groups and geographical areas.
- Review current mortality and trends over time, disaggregated by age, sex, population groups and geographical areas.
- Identify current vertical transmission rate or numbers, trends and stacked bar analysis.

Objective 2: To assess country progress in the response to HIV, viral hepatitis and sexually transmitted infections including the prevention, care and treatment cascades for populations covered by key interventions and services.

- Define the main prevention, testing and treatment cascades for each disease area.
- Identify the coverage of effective interventions for specific priority population groups and/or geographical locations.
- Assess changes in the levels of stigma and discrimination in health-care settings.

Objective 3: To determine the efficiency, effectiveness, quality and resilience of delivering essential services for HIV, viral hepatitis and sexually transmitted infections.

- Identify the modes of service delivery used for specific target populations and determine their effectiveness.
- Determine the efficiency of delivery of services, including opportunities for integration and other programme synergy.
- Determine the adequacy of community services.
- Identify the measures in place to improve the quality of services.
- Determine how HIV, viral hepatitis and sexually transmitted infections are contributing to attaining universal health coverage through primary health care.

Objective 4: To determine the adequacy of policies, governance, financing and other health system resources in supporting the implementation of the national strategic plan on HIV, viral hepatitis and sexually transmitted infections.

- Review technical policies, strategies, plans and guidelines to determine the extent to which they are based on evidence and in accordance with current global directions.
- Assess the structures and processes for planning, management, stakeholder involvement and coordination of the programme.
- Identify the types, distribution and skill sets of the human resources for the programme.
- Assess the effectiveness of systems for procurement and the supply chain management system.
- Assess the adequacy of the health information system, including the key indicators tracked, data collection, flow of information, reports generated and use of information for decision-making.
- Review the funding landscape for the programme, including funding sources, allocations and funding gaps.

Objective 5: To identify the priority areas of the programme response, including major gaps, for further investigation during the field review.

- Highlight the major achievements of the programme.
- Indicate the major programme gaps and shortcoming identified.
- Indicate the priority areas of the programme to be further investigated or validated during the field review.

Deliverables

- A comprehensive report addressing all tasks under the five objectives of the epidemiological and impact analysis outlined in this document with a conclusion section on the adequacy of the information reviewed.

Several versions of the report, from the most extensive to the most concise summary, may be required to inform different readerships, including decision-makers, programme personnel, the media, the public at large and international stakeholders. The report therefore needs to have a strong and concise executive summary, a clear structure and annexes with the key data and analysis to support the findings. A consultation meeting will be required to introduce and to discuss and disseminate the findings at the beginning and end.

- A set of slides on the methods, findings and recommendations of the desk review.

Time required

This depends in part on the extent to which the people conducting the review are already familiar with the country where the assessment is being done and the associated data and their previous experience of conducting such reviews. For someone familiar with the country and the data and with previous experience of such work, an estimated 2–3 weeks is required. For other situations, an estimated two weeks of preparatory work is required to compile all necessary data and other information plus an additional two weeks of in-country or virtual work.

The completion of combined reviews depends strongly on the availability of local data generated through the built-in programme monitoring and evaluation system and enriched by additional ad hoc surveys and studies. Thus, a successful combined review will require close cooperation between national staff from within and, if necessary, outside the programme and external resources if necessary.

Profile required

- A senior epidemiologist or statistician with extensive quantitative and qualitative skills and a proven track record of producing results and communicating them well.
- Excellent understanding of HIV epidemiology and monitoring and evaluation activities to test hypotheses in programme contexts.
- Extensive experience in working with national HIV health programmes and offering technical assistance, especially in countries with a high burden of HIV.

2.4. Field review

Sections 2.4.1 to 2.4.5 present sets of suggested questions for conducting field interviews at each level of the health system. They follow the hierarchy of results described in the guiding framework of this publication and assist in making the links between inputs, outputs outcomes and impact.

They are intended to help programme review teams as they develop the interview tools for field reviews. Programme review teams are strongly encouraged to adapt the suggested review questions to the context of their respective programme reviews. Questions may be modified or omitted, and different sets of questions may be developed for use with different interview participants. Additional questions about specific programmatic and technical issues, provided in section 2.6 of this guide, may be integrated into these questions.

Subsection 2.4.6 b provides a checklist to guide field review teams in making observations about facilities where programme-related services are performed.

2.4.1. Suggested national-level key informant interview questions

Potential key informants or people to interview would include, but not be limited to, representatives of the following:

- programme managers and other programme personnel;
- senior health ministry officials;
- related health institutions (regulatory, research and procurement);
- policy-makers, other ministries and other public sector;
- representatives of key and affected populations;
- civil society organizations;
- the private sector;
- interest groups (professional associations, advocacy groups and consumer groups);
- academic institutions and individual experts; and
- development partners.

1. **Did the programme achieve the impact on the epidemics as outlined in the needle and syringe programme and other national policies?**
   - What have been the main achievements of the programme in relation to impact on the diseases?
   - What are the reasons for the programme achieving or not achieving the targets on impact?
   - Why do population groups or geographical areas differ in the impact of the programme?
   - What should be done to further reduce prevalence, incidence and mortality in general and for the most severely affected populations?

2. **Did the programme deliver the right interventions and cover the right populations?**
   - Did the programme deliver the right services? If not, why?
   - What are the main achievements of the programme in relation to coverage of services?
   - Does service coverage differ significantly between population groups or geographical areas? If so, why?
   - Why did the programme achieve or not achieve the targets related to people accessing the services?
   - How can the coverage of services be improved in general and for specific populations?

3. **Were the services provided efficiently and safely and were they of good quality?**
   - Are the modes of services delivery differentiated for specific priority populations? Are they differentiated? How can the models for service delivery be improved?
   - Are the services being delivered efficiently? What is working well and not working well? How can the services be delivered more efficiently?
   - What is your view about the quality of services being delivered? What should be done to improve service quality?
   - How well are the services integrated with the other health-care services (people-centred services)? What more can be done to improve integration?
   - How has the programme contributed to strengthening primary health care and achieving universal health coverage?
   - How are communities and people affected by the diseases involved in delivering services?

4. **Were the policies, governance, resources and systems adequate to support the programme?**
   - Are the national policies, strategies and guidelines adequate to support the programme? Are they consistent with international norms and standards? Where should improvements be made?
   - Are the planning, management, stakeholder involvement and coordination of the programme adequate? Where should improvements be made?
   - Are the types, distribution and skills of the health workforce adequate to deliver the required services? Where should improvements be made?
   - Is the procurement and supply chain management system working optimally for the programme? Where should improvements be made?
   - Are there adequate systems for managing health information at all levels of the programme? Where should improvements be made?
   - What is the funding landscape for the programme, and is the funding adequate? How can funding of the programme be improved?

2.4.2. State- and provincial-level key informant interview guide

Potential key informants or people to interview would include, but not be limited to, representatives of the following:

- state, provincial and regional programme managers and other programme personnel;
- state, provincial and regional senior health ministry officials;
- related health institutions (regulatory, research and procurement);
- state, provincial and regional policy-makers, other ministries and other public sector;
- civil society organizations;
- representatives of key and affected populations;
- the private sector;
- interest groups (professional associations, advocacy groups and consumer groups);
- professional associations; and
- development partners in the state, province and region.

1. **Did the programme achieve the impact on the epidemics as outlined in the needle and syringe programme and other national policies?**
    - What have been the main achievements of the programme in relation to impact on the diseases nationally and in this state or province?
    - What are the factors behind the programme achieving or not achieving the targets on impact in the state or province?
    - Did the impact of the programme differ between population groups and geographical locations in the state or province? If so, why?
    - What should be done to further reduce prevalence, incidence and mortality in general and for the most severely affected populations in the state or province?

2. **Did the programme deliver the right interventions and cover the right populations?**
    - Did the programme deliver the right services? If not, why?
    - What are the main achievements of the programme in relation to coverage of services in the state or province?
    - Does service coverage differ significantly between population groups or geographical areas within the state or province? If so, why?
    - Why did the programme achieve or not achieve the desired coverage of services?
    - How can the coverage of services be improved in general and for most severely affected populations?

3. **Were the services provided efficiently and safely and were they of good quality?**
    - Are the modes of service delivery differentiated for specific priority populations? How can they be improved?
    - Are the services being delivered efficiently? What is working well and not working well? How can the services be delivered more efficiently?
    - What is your view about the quality of services being delivered? What should be done to improve service quality?
    - How well are the services integrated with the other health-care services (people-centred services)? What more can be done to improve integration?
    - How are communities and people affected by the diseases involved in delivering services?
    - How has the programme contributed to strengthening the health system?

4. **Were the policies, governance, resources and systems adequate to support the programme?**
    - Are the national policies, strategies and guidelines adequate to support the programme? How are they applied at the state or provincial level? Where should improvements be made?
    - Are the planning, management, stakeholder involvement and coordination of the programme adequate? Where should improvements be made?
    - Are the types, distribution and skills of the health workforce adequate to deliver the required services? Where should improvements be made?
    - Is the procurement and supply chain management system working optimally for the programme? Where should improvements be made?
    - Is the health management information system adequate to support the programme? Where should improvements be made?
    - What is the funding landscape for the programme in this state or province, and is the funding adequate? How can funding of the programme be improved?

2.4.3. District-level key informant interview guide

Potential key informants or people to interview would include, but not be limited to, representatives of the following:

- district-level programme managers and other programme personnel;
- district leadership and other sectors;
- public health providers;
- other health-care providers;
- representatives of key and affected populations;
- civil society organizations;
- the private sector;
- interest groups (women, men and young people); and
- community leaders,

1. **Did the programme achieve the impact on the epidemics as outlined in the needle and syringe programme and other national policies?**
    - Has the number of people getting newly infected in this district increased or decreased? If so, what could have caused the change?
    - Has the number of people dying from the disease in this district increased or decreased? If so, what could have caused the change?
    - Who is most severely affected by new infections and death? Why are they most severely affected?
    - What should be done to reduce or further reduce new infections and related deaths?

2. **Did the programme deliver the right interventions and cover the right populations?**
    - What services are available for HIV, hepatitis and sexually transmitted infections in the district? Are the services adequate?
    - Who is benefitting most from those services? Are there people being left out, and if so, why?
    - What should be done to ensure that more people who need these services can be reached?
    - What efforts are being made within the district to reach key populations and vulnerable populations and people living in hard-to-reach communities?

3. **Were the services provided efficiently and safely and were they of good quality?**
    - How well are services for HIV, viral hepatitis and sexually transmitted infections integrated with other health services?
    - How are the stakeholders within the district involved in the services? Is this working well? How can stakeholder involvement be improved?
    - What is your view about the quality of the activities being conducted? How can this be improved?
    - How does the district provide supervision for the work of the communities and facilities? What are the challenges and how can these be addressed?
    - How are members of the community involved in providing services? How could community involvement be improved?

4. **Were the policies, governance, resources and systems adequate to support the programme?**
    - Are there clear guidelines or instructions on how provide services for HIV, viral hepatitis and sexually transmitted infections in the district? Do you think the guidelines are adequate?
    - Do you think there are enough personnel with the right skills to deliver the required services? What improvements would you suggest?
    - What is the situation regarding the availability of medicines and commodities in the district? How can the availability of drugs and commodities be improved?
    - How do you receive information from the communities and the facilities? How do you send information to the state or province and national level? Do you think the flow of information is adequate? What improvements would you suggest?
    - How are the services in the district funded? Is funding adequate? How can the funding be improved?

2.4.4. Community-level key informant interview guide

Potential key informants or people to interview would include, but not be limited to, representatives of the following:

- community leaders;
- community members;
- community health workers;
- lay service providers;
- interest groups (women, youth, men, clubs and religious groups); and
- key and affected populations

1. **Did the programme achieve the impact on the epidemics as outlined in the needle and syringe programme and other national policies?**
    - Has the number of people requiring services for HIV, viral hepatitis and sexually transmitted infection in this community increased or decreased? Why?
    - Has the number of people dying from the disease in this community increased or decreased? If so, what could have caused the change?
    - Who is most severely affected by new infections and death? Why are they most affected?
    - What should be done to reduce or further reduce new infections and related deaths?

2. **Did the programme deliver the right interventions and cover the right populations?**
    - What services are being provided for HIV, hepatitis and sexually transmitted infections in the community? Do you think the services are adequate?
    - Who benefits the most from the services? Are there people being left out and, if so, why?
    - What should be done to ensure that more people who need the services can be provided with the services?

3. **Were the services provided efficiently and safely and were they of good quality?**
    - How are the services being delivered to the various beneficiaries? Is this working well? Can you suggest ways that these services can be improved?
    - How are communities involved in delivering services? Is this working well? How can community involvement be improved?
    - Are you satisfied with the services available in the community? Why? What should be done to improve service quality?
    - How are people with more than one health problem handled? Are there ways to handle such situations better?
    - How well are community activities linked to health facilities? What should be done to improve this?

4. **Were the policies, governance, resources and systems adequate to support the programme?**
    - Are there clear guidelines on how to deliver services at the community level? Are the guidelines adequate?
    - Are there enough people with the right skills to deliver the required services? What improvements would you suggest?
    - How common is it for facilities within this community to run out of commodities? Which commodities most frequently run out of stock? What do the facilities do when they run out of stock?
    - How do you get reports from the facilities? How do you report to the district about your activities? What do you think can be done to improve information flow? How are activities in the community funded?
    - Is funding of health services in the community adequate? How can the funding be improved?

2.4.5. Facility-level key informant interview guide

Potential key informants or people to interview would include, but not be limited to, representatives of the following:

- head of the facility or a representative;
- staff responsible for the programme and for sub-areas;
- health-care providers (facility staff and others);
- patients and clients (informed consent is required):
- representatives of key and affected populations;
- other beneficiaries; and
- members of facility advisory and support bodies.

1. **Did the programme achieve the impact on the epidemics as outlined in the needle and syringe programme and other national policies?**
    - Has the number of new cases in this facility increased or decreased? If so, what could have caused the change?
    - Has the facility seen an increase or decrease in the number of people dying from the disease? If so, what could have caused the change?
    - Among which group of people are the new cases and deaths occurring most frequently? Why are those populations most severely affected?
    - What should be done to reduce or further reduce new infections and related deaths?

2. **Did the programme deliver the right interventions and cover the right populations?**
    - What range of services for HIV, hepatitis and sexually transmitted infections does the facility provide? Are these services adequate for the people that use or are around the facility?
    - Who is mostly using or receiving the services? Are there people being left out and, if so, why?
    - What should be done to ensure that more people who need the services can access them?

3. **Were the services provided efficiently and safely and were they of good quality?**
    - How are the clients or patients accessing services for HIV, viral hepatitis and sexually transmitted infections in the facility? Is this working well? Can you suggest ways that these services can be improved?
    - What is your view about the quality of services being delivered? What should be done to improve service quality?
    - How easy is referring or receiving patients or clients to or from other levels of the health system or communities?
    - How are people with more than one health problem handled? Are there ways to handle such situations better?
    - To what extent are the people who use the facility satisfied with the services being provided? Why?
    - How can the way that services are provided be improved?

4. **Were the policies, governance, resources and systems adequate to support the programme?**
    - Are there clear guidelines, standard operating procedures and job aids on how services should be provided in the facility? Are they consistent with national guidelines? Are they being used? How can they be improved?
    - Are the services well managed and coordinated? If not, why? What needs to be improved?
    - Does the facility have adequate capacity (personnel, infrastructure etc.) to deliver the required services at this level of care? If not, what should be improved as a priority?
    - Does the facility have enough commodities for effective service delivery? How does the facility manage stock-outs when they occur? Where should improvements be made?
    - Are the mechanisms for collecting, recording and reporting health and logistic information in the facility adequate? Do the data collected contribute to decision-making within the facility?
    - How does the facility determine its resource needs? Are the resources provided to the facility adequate?

2.4.6. Field observations checklist

The quality of the facility-level review depends largely on the ability of the reviewers to conduct focused observations of key areas the desk review identifies as requiring further exploration. The reviewers must resist the temptation to focus solely on their own areas of interest or expertise rather than on the overall interest of the programme review. Among others, reviewers should focus on the following issues:

- confirming that copies of the relevant national policies, guidelines and tools are available at the facility;
- confirming that guidelines, standard operating procedures, process flow charts and other job aids are visibly displayed at appropriate locations within the facility;
- inspecting the service delivery sites for cleanliness of the environment, appropriateness for the services being provided, privacy, safety and client friendliness;
- observing the performance of key tasks for different service areas, comparing these to what the guidelines recommend and determining whether the guidelines are being followed;
- confirming the availability of the relevant registers and logbooks;
- examining the logbooks to confirm that the documentation for the various procedures is adequate; and
- inspecting the laboratories – space, equipment, commodities, techniques being used, documentation of results, cleanliness, safety issues etc. and verifying how resource inputs and use are tracked at the facility level, including whether the records are up to date.

2.5. Reporting review findings

2.5.1. Review report outline

The programme review report should include the following elements.

Executive summary

The executive summary is often the most widely read part of the report. It summarizes the whole report, highlighting the most pertinent issues in each part of the full report. It should clearly present what is in the full report and should ideally be about 1–4 pages long. The executive summary is normally written after the full report has been drafted.

Introduction

Describes why the review was undertaken, who requested or commissioned it and what is expected from the review. It can also describe the programmatic, health, social and economic context in which the review was undertaken ("The review comes at a time when …").

Purpose and objectives

The purpose and objectives of the review should be clearly stated. These will usually be reproduced, expanded or summarized from the terms of reference of the programme review.

Methods

Describes how the review was carried out, including who carried it out and who else was involved. It also describes the main approaches and methods used at each stage. It should also highlight any issues in the validity and the representativeness of the findings as well as any limitations.

Findings

The findings constitute the main body of the review report. They must be presented clearly and logically. Using graphics, charts and tables is preferable in addition to descriptions of what is observed or emerging.

- **Country context.** Summary of the country context that may not have been included in the introduction. This would include general demographics, income and challenges; health status and health system; and how the HIV, viral hepatitis and sexually transmitted infection programmes are organized.
- **Overall observations.** Overarching observations on whether the country is on track with respect to impact on new infections, mortality and morbidity, including populations left behind. Highlight main areas of success and concern.
- **Specific findings.** Summary the of findings in specific thematic areas beginning on or emphasizing the main areas of success or concern highlighted in the overall observations above. This would include for each area indicative key data points, what is going well, what is not going well and what needs to be addressed for better results.

Recommendations

The recommendations should define the key actions or changes required for the country to remain or get back on track to the programme impact goals. For each key action or change, ways of implementing this change should also be suggested, including required improvements in specific thematic areas.

Annexes

Additional information can be presented in annexes. This should include the full terms of reference and can also include the people involved in the review (steering group, review team, experts and others), programme of work for the review, additional data analysed, people interviewed, places visited, documents reviewed, data collection tools used and other additional information on methods.

The report may also include a foreword, a preface, acknowledgements, a table of contents, abbreviations and a glossary as necessary.

Slide presentations

A slide set for presenting the outcome of the programme review can also follow the above outline.

2.6. Specific programmatic and technical issues

The following thematic guides are intended to support both the desk review and the field review. Programme review teams should address the programmatic and technical issues presented in this section selectively rather than comprehensively, choosing to focus on the areas that are most relevant for the programme or programmes being reviewed.

Suggested field review questions can be integrated into field interview tools, as described in section 2.4. The questions should be modified in accordance with the needs of the programme review team.

Table 2.6.1. HIV prevention

HIV prevention *(6–9)*			
Review questions	**Desk review**	**Field review**	**Observations and conclusions**
Impact of HIV prevention services	• Prevalence – current and trends – by population groups and geographical locations • New infections and incidence – current and trends – by population groups and geographical locations	Interviews: • Why is there low coverage of services for HIV prevention (general population and/or specific population groups)? • What are the main barriers to accessing HIV prevention services? • What other issues related to HIV prevention identified in the review require further explanation and clarification? Site visits: • Availability of services and commodities in the facility or locality • Ease of access to HIV prevention in the locality or facility • Types of outlets and providers involved, including lay distributors • Linkage between HIV prevention and other services	• What is working well and should be continued or expanded? • What is not working well and should be stopped or reformulated? • What new approaches should be considered? • What are the key issues that should be addressed to improve HIV prevention?
Did the services for HIV prevention reach the right people and at the sufficient scale? **[Please note that, in addition to the intervention for primary HIV prevention in this table, all other service areas in this guide (including HIV testing, HIV treatment and services for specific populations) contribute to HIV prevention.]**	<u>**Condom programming**</u> • Condom coverage: • General population • Key populations • Adolescent girls and young women • Women seeking contraceptive services • Men and boys • Other populations at increased risk • Policies and practices for demand creation • Status of community distribution, peer navigators and private-sector involvement • Integration of condom services in other health and social programmes		

Table 2.6.1. HIV prevention (continued)

HIV prevention *(6–9)*			
	Pre-exposure prophylaxis (PrEP) • PrEP coverage among (priorities set according to epidemiology): • Sex workers • Men who have sex with men • Transgender people • Adolescent girls and young women • Women seeking contraceptive services • Other populations at increased risk • Innovations in delivering PrEP, including differentiated service delivery and introduction of long-acting products (such as dapivirine vaginal ring and long-acting injectable cabotegravir) **Voluntary medical male circumcision** • Coverage of voluntary medical male circumcision among men 15 years and other, including: – Size estimates of population in need – Number of people circumcised by age and geographical location • Demand creation measures being used • Package of care provided alongside voluntary medical male circumcision • Linkage to prevention and treatment services • Reported severe adverse events • Quality assurance measures for voluntary medical male circumcision • Sustainability considerations – policy and implementation		

Table 2.6.1. HIV prevention (continued)

HIV prevention *(6–9)*			
Review questions	**Desk review**	**Field review**	**Observations and conclusions**
Were condom services provided efficiently and safely and were they of good quality? (outputs and service delivery)	• Distribution of condom services in general and in relation to populations at high risk and high-transmission settings • Policies and practices for demand creation • Status of community distribution, peer navigators and private-sector involvement • Integration of condom services in other health and social programmes		
Were national policies, systems and resources optimized to support the delivery and uptake of condom services? (inputs)	• Availability of policies, guidelines and tools for HIV prevention at all levels • Managing and coordinating HIV prevention at all levels • Types, skills and distribution of service providers • Using digital technologies in providing HIV prevention services • Supply, distribution and quality assurance of HIV prevention services and commodities • Records, data and information flow for HIV prevention • Funding of HIV prevention		

2.6.2. HIV testing

HIV testing services *(7,10)*			
Review questions	**Desk review**	**Field review**	**Observations and conclusions**
Did the HIV testing services reach the right people and at the sufficient scale? (outcomes)	People with HIV who know their HIV-positive status (number and percentage), including: • General population • Key populations and their partners • Men in settings with a high burden of HIV • Young people (15–24 years old) from key populations and in settings with a high burden of HIV • Family planning service attendees in settings with a high burden of HIV • Partners of people living with HIV • Sexually transmitted infection patients • People living with HIV initiating antiretroviral therapy but lost to follow-up	Interviews: • Why is there high or low coverage of HIV testing? • What are the main barriers to accessing HIV testing services? • What should be done to improve uptake of HIV testing? • Ask about other service delivery, resource and policy gaps that may have been identified in the desk review Site visits: • Availability of HIV testing services in the facility or locality • Ease of access to HIV testing • Other services associated with HIV testing • Types of outlets and providers involved.	• What is working well and should be continued or expanded? • What is not working well and should be stopped or reformulated? • What new approaches should be considered? • What is the most important issue or factor that should be addressed in HIV testing?
Were HIV testing services provided efficiently and safely and were they of good quality? (outputs and service delivery)	• Demand creation • Counselling • Linkage to prevention and treatment services • HIV self-testing • Social network–based approaches • HIV testing algorithms • Dual HIV and syphilis rapid diagnostic tests • Maternal retesting • Use of lay providers		

Table 2.6.2. HIV testing (continued)

HIV testing services *(7,10)*			
Review questions	**Desk review**	**Field review**	**Observations and conclusions**
Were HIV testing services provided efficiently and safely and were they of good quality? (outputs and service delivery)	• Community-based approaches • Integration with relevant services (TB, hepatitis, sexually transmitted infections, maternal, newborn and child health, sexual and reproductive health, harm reduction and voluntary medical male circumcision • Quality assurance measures for tests and testing		
Were national policies, systems and resources optimized to support the delivery and uptake of HIV testing services? (inputs)	• Existing testing policies, guidelines and tools at all levels, including retesting and Western blotting • Measures to reduce stigma and discrimination • Measures for preventing violence and empowering communities • Managing and coordinating testing services at all levels • Numbers, distribution and skills of testing service providers • Availability of test kits and other related commodities at service delivery points • Testing records, data and information flow at all levels • Funds available for HIV testing		

Table 2.6.3. HIV treatment

HIV treatment and care *(7,11,12)*			
Review questions	**Desk review**	**Field review**	**Observations and conclusions**
What was the impact of the programme on HIV-related mortality and morbidity?	• Numbers and prevalence of people living with HIV by population groups and geographical location • AIDS-related deaths by population groups and geographical location • Testing and treatment cascade – current and trends	Interviews: • Why is there high or low coverage of services for HIV treatment and care? • What are the main barriers to accessing services for HIV treatment and care? • What should be done to eliminate vertical transmission? • Ask about other service delivery, resource and policy gaps that may have been identified in the desk review Site visits: • Availability of the required services for HIV treatment and care in the facility or locality • Ease of access to services for HIV treatment and care • Other services linked to services for HIV treatment and care in the facility or locality • Types of service providers and outlets involved	• What is working well and should be continued or expanded? • What is not working well and should be stopped or reformulated? • What new approaches should be considered? • What is the most important issue or factor that should be addressed in reducing HIV-related mortality?
Did the services for HIV treatment and care reach the right people and at the sufficient scale? **(outcomes and coverage)**	• Antiretroviral therapy coverage by age, sex, population group and geographical location • Viral load suppression by age, sex, population group and geographical location • Antiretroviral therapy coverage among children younger than five years • People living with HIV with TB starting TB treatment • People living with HIV receiving TB prophylactic treatment		
Were services for HIV treatment and care provided efficiently and safely and were they of good quality? **(outputs and service delivery)**	• Differentiated models of service delivery for HIV treatment • Diagnostic and treatment regimens • Early initiation of antiretroviral therapy • Re-engagement in care and community services • TB and HIV coinfection • Other coinfections (HIV and hepatitis B virus and HIV and hepatitis C virus coinfection) • Advanced HIV disease • Toxicity monitoring • Drug resistance monitoring • Palliative care measures		

Table 2.6.3. HIV treatment (continued)

HIV treatment and care *(7,11,12)*			
Review questions	**Desk review**	**Field review**	**Observations and conclusions**
Were services for HIV treatment and care provided efficiently and safely and were they of good quality? **(outputs and service delivery)**	• HIV quality assurance and quality improvement measures • Community-led monitoring • Addressing financial and other barriers to accessing HIV treatment and care • Integrating HIV treatment and care services across settings and programmes		
Were national policies, systems and resources optimized to support the delivery and uptake of services for HIV treatment and care? **(inputs or systems and resources)**	• Existing testing policies, guidelines and tools for services for HIV treatment and care at all levels • Managing and coordinating services for HIV treatment and care at all levels • Numbers, distribution and skills of service providers • Availability of drugs, diagnostics and other related commodities at service delivery points • Records, data and information flow on HIV treatment and care at all levels • Funds available for services for HIV treatment and care		

Table 2.6.4. Viral hepatitis

Viral hepatitis *(13-15)*			
Review questions	**Desk review**	**Field review**	**Observations and conclusions**
What was the impact of the national programme on viral hepatitis?	• Prevalence of hepatitis B surface antigen among children younger than five years • Annual incidence of hepatitis C virus in the general population and among people who inject drugs • Annual mortality rate attributed to hepatitis B virus or hepatitis C virus infections	Why is there low progress or differences in reducing the prevalence and incidence of hepatitis B virus and hepatitis C virus?	• What is working well and should be continued or expanded? • What is not working well and should be stopped or reformulated? • What new approaches should be considered? • What is the most important issueor factor that should be addressed in reducing the prevalence and incidence of viral hepatitis?
Did the services for viral hepatitis reach the right people and at the sufficient scale? (outcomes and coverage)	• Coverage of prevention interventions, including immunization, preventing vertical transmission, blood and injection safety and harm reduction • Percentage of people tested for hepatitis B surface antigen • Percentage of people tested for anti-hepatitis C virus (or hepatitis C virus core antigen) • Percentage of people tested for hepatitis B surface antigen who had a positive result • Percentage of people tested for anti-hepatitis C virus (hepatitis C virus core antigen) who had a positive test • Percentage of people who tested positive for anti-hepatitis C virus and had a positive hepatitis C virus RNA (PCR) • Percentage of people starting treatment for hepatitis C virus infection • Percentage of people starting treatment for hepatitis B virus infection • Coverage of hepatitis B virus vaccination, including birth dose by geographical areas • Vaccination policy for high-risk populations	Interviews: • Why is there high or low coverage of prevention, diagnosis and treatment of viral hepatitis? • What are the main barriers to accessing services for viral hepatitis? • What should be done to improve services for viral hepatitis to reach the 2030 targets? • Explore other service delivery, resource and policy gaps that may have been identified in the desk review. Site visits: • Availability of the required services for prevention, diagnosis and treatment of hepatitis C virus in the facility or locality • Availability of the required services for prevention, diagnosis and treatment of hepatitis B virus in the facility or locality • Ease of access to the services for viral hepatitis	

Table 2.6.4. Viral hepatitis (continued)

Viral hepatitis *(13-15)*			
Review questions	**Desk review**	**Field review**	**Observations and conclusions**
Were services for viral hepatitis prevention, diagnosis, treatment and care provided efficiently and safely and were they of good quality? **(outputs and service delivery)**	• Approaches to reaching target populations • Testing and treatment guidelines for hepatitis C virus • Testing and treatment guidelines for hepatitis B virus • Quality assurance measures • Decentralization • Task-shifting • Community involvement • Integrating services for viral hepatitis in various settings and programmes	• Other services linked to services for viral hepatitis prevention, diagnosis, treatment and care in the facility or locality • Types of service providers and outlets involved	
Were national policies, systems and resources optimized to support the delivery and uptake of services for prevention, diagnosis, treatment and care of viral hepatitis B and/or C? (inputs or systems and resources)	• Availability of policies, guidelines and tools for sexually transmitted infection services at all levels of service delivery • Managing and coordinating services for viral hepatitis at different levels of care • Surveillance systems for hepatitis and their complications • Numbers, types, skill sets and distribution of personnel providing hepatitis services • Availability of facilities, test kits and other related commodities for hepatitis services at service delivery points • Records, data and information flow on sexually transmitted infection services • Available funds for hepatitis services at different service delivery points		

Table 2.6.5. Sexually transmitted infections

Sexually transmitted infections *(16)*			
Review questions	**Desk review**	**Field review**	**Observations and conclusions**
What was the impact of the programme on sexually transmitted infections?	• Number and prevalence of (the most common and curable: trichomoniasis, chlamydia, gonorrhoea and syphilis) sexually transmitted infections by population groups: total and disaggregated by type of sexually transmitted infection, age, sex and geographical distribution • Numbers and incidence of new cases of (the most common and curable: trichomoniasis, chlamydia, gonorrhoea and syphilis) sexually transmitted infections: total and disaggregated by type of sexually transmitted infection, population groups, age, sex and geographical distribution	Why is there low progress or differences in reducing the prevalence and incidence of sexually transmitted infections?	• What is working well and should be continued or expanded? • What is not working well and should be stopped or reformulated? • What new approaches should be considered? • What is the most important issue or factor that should be addressed in reducing the prevalence and incidence of sexually transmitted infections?
Did the services for sexually transmitted infections reach the right people and at the sufficient scale? **(outcomes and coverage)**	• Population groups at higher risk for sexually transmitted infections – current, trends and disaggregated by type of sexually transmitted infection, population group, age, sex and geographical distribution • Number and proportion of people at risk who are tested for sexually transmitted infections: total and disaggregated by type of sexually transmitted infection, population group, age, sex and geographical distribution • Number and proportion of people testing positive for sexually transmitted infections who are provided treatment: total and disaggregated by type of sexually transmitted infection, population group, age, sex and geographical distribution	Interviews: • Why is there high or low coverage of sexually transmitted infection prevention, diagnosis and treatment? • What are the main barriers to accessing sexually transmitted infection services? • What should be done to improve services for sexually transmitted infections to reach the 2030 targets? • Ask about other service delivery, resource and policy gaps that may have been identified in the desk review.	

Table 2.6.5. Sexually transmitted infections (continued)

Sexually transmitted infections *(16)*			
Did the services for sexually transmitted infections reach the right people and at the sufficient scale? **(outcomes and coverage)**	• Number and proportion of people testing negative for sexually transmitted infections who are provided preventive services: total and disaggregated by type of sexually transmitted infection, population group, age, sex and geographical distribution • Number and proportion of the populations at risk who are using the sexually transmitted infection services: total and disaggregated by type of sexually transmitted infection, population group, age, sex and geographical distribution	Site visits: • Availability of the required services for prevention, diagnosis and treatment of sexually transmitted infection in the facility or locality • Ease of access to the sexually transmitted infection services • Other services linked to services for sexually transmitted infection prevention, diagnosis, treatment and care in the facility or locality • Types of service providers and outlets involved	
Were services for sexually transmitted infection prevention, diagnosis, treatment and care provided efficiently and safely and were they of good quality? **(outputs and service delivery)**	• Systems in place for reaching the most at-risk populations with services • Service packages provided to populations at higher risk • Accessibility to the services provided by the programme in terms of physical space, location and timing of the services • Antimicrobial sensitivity patterns for the various sexually transmitted infections and how this informs treatment • Methods for determining the needs of the various populations for sexually transmitted infection services • Integrating sexually transmitted infection services into hepatitis, HIV and other health services • Existing referral mechanisms for sexually transmitted infection services • Effect of culture, stigma and discrimination on sexually transmitted infection service delivery • Use of lay providers involved in reaching the populations at risk with sexually transmitted infection services • Existing quality assurance measures for sexually transmitted infection services being provided to the clients		

Table 2.6.5. Sexually transmitted infections (continued)

Sexually transmitted infections *(16)*			
Were national policies, systems and resources optimized to support the delivery and uptake of services for sexually transmitted infection prevention, diagnosis, treatment and care? **(inputs or systems and resources)**	• Availability of policies, guidelines and tools for sexually transmitted infection services at all levels of service delivery • Managing and coordinating sexually transmitted infection services at different levels of care • Surveillance systems for sexually transmitted infections and their complications • Numbers, types, skill sets and distribution of personnel providing sexually transmitted infection services • Availability of facilities, test kits and other related commodities for sexually transmitted infection services at service delivery points • Records, data and information flow on sexually transmitted infection services • Available funds for sexually transmitted infection services at different service delivery points		

Table 2.6.6. Eliminating vertical transmission

Eliminating the vertical (mother-to-child) transmission of HIV, syphilis and hepatitis B virus *(17)*			
Review questions	**Desk review**	**Field review**	**Observations and conclusions**
What was the impact of the programme on the vertical transmission of HIV, viral hepatitis and congenital syphilis?	• Population case rate of children newly infected with HIV through vertical transmission per 100 000 live births • Vertical transmission rate of HIV in non-breastfeeding populations and breastfeeding populations • Case rate of congenital syphilis per 100 000 live births • Prevalence of hepatitis B surface antigen among children five years and older	Interviews: • Why is there low progress or differences in impact on vertical transmission?	• What is working well and should be continued or expanded? • What is not working well and should be stopped or reformulated? • What new approaches should be considered? • What is the most important issue or factor that should be addressed in eliminating vertical transmission?
Did the services for elimination of vertical transmission reach the right people and at the sufficient scale? **(outcomes)**	• Antenatal care coverage (at least one visit) • Coverage of HIV testing of pregnant women • Antiretroviral therapy coverage of pregnant women living with HIV • Coverage of syphilis testing of pregnant women among those who attended at least one antenatal care visit • Adequate syphilis treatment of syphilis-seropositive pregnant women • Coverage of three doses of hepatitis B vaccine • Hepatitis B birth dose vaccine coverage • Coverage of maternal hepatitis B surface antigen testing • Coverage with antiviral drugs for eligible hepatitis B surface antigen–positive pregnant women	Interviews: • Why is there high or low coverage of elimination of vertical transmission? • What are the main barriers to accessing services for preventing vertical transmission? • What should be done to eliminate vertical transmission? • Explore other service delivery, resource and policy gaps that may have been identified in the desk review Site visits: • Availability of services for eliminating vertical transmission in the facility or locality • Ease of access to services for preventing vertical transmission • Availability of services for eliminating vertical transmission in the facility or locality • Ease of access to services for preventing vertical transmission • Other services associated with eliminating vertical transmission • Types of outlets and providers involved.	

Table 2.6.6. Eliminating vertical transmission (continued)

Eliminating the vertical (mother-to-child) transmission of HIV, syphilis and hepatitis B virus *(17)*			
Were services for elimination of vertical transmission provided efficiently and safely and were they of good quality? **(outputs and service delivery)**	• Number and proportion of health facilities providing antenatal care and postnatal services offering both HIV testing and antiretroviral therapy for preventing vertical transmission: current, trends national and disaggregated by geographical distribution • Number and proportion of health facilities offering integrated antiretroviral therapy and family planning services for preventing vertical transmission: current, trends national and disaggregated by geographical distribution • Performance of the prevention of vertical transmission cascade in the past 12 months: national and disaggregated by geographical distribution • Service accessibility within reproductive, maternal, newborn, child and adolescent health in terms of physical space, location and timing of the services • Availability of adolescent-friendly service sites and facilities • Use of lay providers in reaching women with services for preventing vertical transmission • Integrating hepatitis, HIV and sexually transmitted infections into reproductive, maternal, newborn, child and adolescent health services • Addressing culture, stigma and discrimination and other factors affecting the services for preventing vertical transmission • Availability of quality assurance measures for the services for preventing vertical transmission being provided		
Were national policies, systems and resources optimized to support delivery and uptake of services for eliminating vertical transmission? **(inputs)**	• Policies, guidelines and tools on elimination of mother to child transmission at all levels of service delivery • Managing and coordinating HIV testing services at all levels • Using community actors and other relevant stakeholders in managing (including monitoring and evaluation) and coordinating the programme for preventing vertical transmission • Numbers, types, skill sets and distribution of personnel providing services for preventing vertical transmission • Availability of HIV test kits and drugs, syphilis and hepatitis test kits, and other related commodities required for services for preventing vertical transmission at service delivery points • Records, data and information flow on services for preventing vertical transmission at all levels • Funding for services for preventing vertical transmission		

Table 2.6.7. Key populations

Services for key populations *(18)*			
Review questions	**Desk review**	**Field review**	**Observations and conclusions**
What was the impact of the programme on key populations?	Population size estimates for specific key populations: • Men who have sex with men • Trangenders and gender-diverse people • Sex workers • People who inject drugs • People in prisons and other closed settings Prevalence among specific key populations – current and trends	Interviews: • Why are there differences in trends in impact indicators between key populations and other affected populations or the general population? • Why is there high or low coverage of services for key populations? • What are the main barriers to accessing services for key populations? • What should be done to improve coverage of services for key populations? Site visits: • Availability of services for key populations in the facility or locality • Ease of access to services for key populations (including assessment of local stigma and discrimination) • Other services associated linked to services for key populations • Extent of involvement of key populations and other community groups in delivering services	• What is working well and should be continued or expanded? • What is not working well and should be stopped or reformulated? • What new approaches should be considered? • What is the most important issue or factor that should be addressed in providing services for key populations?
Did the services for key populations reach the right people and at the sufficient scale? **(outcomes and coverage)**	Coverage of essential package of services for key populations by population group, age and geographical location • Enabling interventions – Removing punitive laws, policies and practices – Reducing stigma and discrimination – Community empowerment – Addressing violence • HIV, viral hepatitis and sexually transmitted infection interventions – Harm reduction (needle and syringe programmes, opioid agonist maintenance therapy and naloxone for overdose management) – Condoms and lubricant – PrEP for HIV – Post-exposure prophylaxis for HIV and sexually transmitted infections – Preventing the vertical transmission of HIV, syphilis and hepatitis B virus – Hepatitis B vaccination – Addressing chemsex		

Table 2.6.7. Key populations (continued)

Services for key populations *(18)*			
	– HIV testing – Sexually transmitted infection testing – Hepatitis B and C testing – HIV treatment – Screening, diagnosis, treatment and prevention of HIV-associated TB – Sexually transmitted infection treatment – Hepatitis B virus and hepatitis C virus treatment • Broader health interventions – Conception and pregnancy care – Contraception – Mental health – Prevention, assessment and treatment of cervical cancer – Safe abortion – Screening and treatment for hazardous and harmful alcohol and other substance use – TB prevention, screening, diagnosis and treatment		
Were services for key populations provided efficiently and safely and were they of good quality? (outputs and service delivery)	• Distribution of service delivery sites for key populations – location of sites, venues for service delivery • Participation of key populations in planning and delivering services • Using peer groups and other community-led services • Service delivery by civil society organizations • Quality improvement measures for services, including community-led monitoring of services for key populations		

Table 2.6.8. Adolescent girls and young women

Adolescent girls and young women *(19)*			
Review questions	**Desk review**	**Field review**	**Observations and conclusions**
Did the services for adolescent girls and young women reach the right people and at the sufficient scale? **(outcomes and coverage)**	• Coverage of services for adolescent girls and young women disaggregated by subsets (adolescent girls, young women, pregnant, married, key populations etc.), age and geographical locations • Knowledge among adolescent girls and young women about important health issues and health services being provided • Composition of packages of services for adolescent girls and young women	Interviews: • Why is there high or low coverage of services for adolescent girls and young women? • What are the main barriers to accessing services for adolescent girls and young women? • What should be done to improve access to for adolescent girls and young women? • Explore other service delivery, resource and policy gaps that may have been identified in the desk review Site visits: • Availability of services for adolescent girls and young women in the facility or locality • Ease of access to services for adolescent girls and young women • Other services associated with services for adolescent girls and young women • Types of outlets and providers involved	• What is working well and should be continued or expanded? • What is not working well and should be stopped or reformulated? • What new approaches should be considered? • What is the most important issueor factor that should be addressed in HIV for adolescent girls and young women?
Were services for adolescent girls and young women provided efficiently and safely and were they of good quality? **(Outputs/Service delivery)**	• Support provided by the gatekeepers and community organizations for providing health services to adolescent girls and young women and for using these services by the adolescent girls and young women • Service packages provided and distributed by health facilities and appropriateness to the needs, preferences and individual contexts of the clients • Measures to address barriers to accessing services by adolescent girls and young women – such as operating hours, appointment procedures, waiting times, service environments, confidentiality, equipment, medicines etc • Involvement of the adolescent girls and young women in planning, delivering and monitoring service provision • Appropriateness of age-disaggregated service delivery reports to districts • Quality improvement measures for services • Referrals and integration of services for adolescent girls and young women, including mental health and nutrition		

Table 2.6.8. Adolescent girls and young women (continued)

Adolescent girls and young women *(19)*			
Were national policies, systems and resources optimized to support the delivery and uptake of services for adolescent girls and young women? **(inputs or systems and resources)**	• Policies, guidelines and tools for services for adolescent girls and young women at all levels • Managing and coordinating services for adolescent girls and young women at all levels • Numbers, distribution and skills of providers of services for adolescent girls and young women • Availability of drugs and commodities at service delivery points • Records, data and information flows on services for adolescent girls and young women at all levels • Funding for services for adolescent girls and young women		

Table 2.6.9. Health system strengthening

Health system strengthening *(20–24)*		
	Review questions	**Observations & Implications**
Service delivery	• To what extent are services for HIV, viral hepatitis and sexually transmitted infections linked with services for TB, reproductive health and maternal and child health? • To what extent are services for HIV, viral hepatitis and sexually transmitted infections integrated with other health services within primary health care? • To what extent are diagnostic services integrated across diseases, especially HIV and TB? • To what extent are services for HIV, viral hepatitis and sexually transmitted infection differentiated to meet the needs of priority populations? • To what extent are community services integrated into and empowered in the health system? • To what extent are other health service providers, including the private sector and civil society, integrated into the health system?	What major change in approach to service delivery will be needed to improve access, utilization and coverage of essential services for HIV, viral hepatitis and sexually transmitted infections?
Governance	• Are there adequate national policies, strategies and plans to address HIV, viral hepatitis and sexually transmitted infection? • Are key stakeholders, including other government sectors, the private sector, civil society and development partners, involved in governance of services for HIV, viral hepatitis and sexually transmitted infections?	
Financing	• Was adequate funding available for services for HIV, viral hepatitis and sexually transmitted infections from all sources? • Were there increases in domestic funding for services for HIV, viral hepatitis and sexually transmitted infections? • What mechanisms are in place for providing financial risk protection for the users and potential users of services for HIV, viral hepatitis and sexually transmitted infections from all sources? • Is available funding being allocated efficiently and equitably to address priority services and populations for HIV, viral hepatitis and sexually transmitted infections?	
Supply chain	• Are the regulatory policies and procedures governing supply chain management adequate and properly enforced? • Is the quantification process standardized and appropriate to the needs of services for HIV, viral hepatitis and sexually transmitted infections? • Are storage and inventory management adequate to support services for HIV, viral hepatitis and sexually transmitted infections?	

Table 2.6.9. Health system strengthening (continued)

Health system strengthening *(20–24)*		
	• Is the distribution process efficient and effective in delivering the commodities to the service delivery points? • Are the policies on remaining shelf life for commodities standardized and appropriate to the needs of services for HIV, viral hepatitis and sexually transmitted infections?	
Health workforce	• Are the existing national policies and plans for the health workforce adequate to support services for HIV, viral hepatitis and sexually transmitted infections? • What systems are in place for training, skills building and retention? • What measures are in place to motivate and empower community health workers and other community volunteers in delivering? What systems are in place for training, skills building and retention?	
Information systems	• Does the national health information system generate high-quality data and use data analysis to guide services for HIV, viral hepatitis and sexually transmitted infections, including at decentralized levels? • Are there adequate systems for person-centred monitoring to support person-centred services, by increasing the granularity of data appropriately disaggregated by sex, disability, age and other relevant population characteristics? • Are information systems specific for HIV, viral hepatitis and sexually transmitted infections linked to each other and with broader health information systems to strengthen universal health coverage and support the transition to digital information systems with appropriate attention to data governance, security and interoperability?	
Diagnostic services	• Is the diagnostic network organized, mapped and managed for maximum efficiency and impact, including integrating and networking testing access at all levels of the health system? • Are there a national strategic plan and guidelines for laboratory services and are they adequate to support services for HIV, viral hepatitis and sexually transmitted infections? • Are the efforts to train and build the capacity of the laboratory workforce and trained health-care workers adequate for the diagnostic needs of services for HIV, viral hepatitis and sexually transmitted infections? • To what extent is the information system for diagnostic services integrated at different levels of the health system?	
Social determinants	• To what extent are the programmes addressing the key social determinants within the health sector and through multisectoral action?	
Health security	• Do the programmes plans to maintain service delivery through health emergencies and contribute to emergency preparedness?	

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Annex 1. Examples of information required for a desk review

This annex indicates the types and sources of information that could be considered for the desk review. The review teams can select from the list the information they would need or that is likely to be available for the review.

Table 1. Examples of information required for a desk review

Subquestion	Types of information required	Source documents
1. Did the programme achieve the impact on the epidemics as outlined in the needle and syringe programme and other national policies? (impact level)		
1.1: How has the prevalence changed over time, disaggregated by age, sex, population groups and geographical areas?	• Total number of infections: current (most recent), national, disaggregated (age, sex, key populations and vulnerable populations) and geographical distribution • Total number of infections: trends (over the needle and syringe programme period or according to available data), national, disaggregated (age, sex, key populations and vulnerable populations) and geographical distribution • Prevalence: current (most recent), national, disaggregated (age, sex, key populations and vulnerable populations) and geographical distribution • Prevalence: trends (over the needle and syringe programme period or according to available data), national, disaggregated (age, sex, key populations and vulnerable populations) and geographical distribution	• Epidemiological analysis report • AIDS indicator survey reports • DHS report • IBBSS/BSS report • Mode of transmission* report • Reports of sentinel surveys • Surveillance reports • Vital registrations • Incidence study reports • Data published by international organizations (WHO, UNAIDS, World Bank, UNDP etc.) • Reports from other relevant studies
1.2: How has the incidence changed over time, disaggregated by age, sex, population groups and geographical areas?	• Numbers of new infections, current (most recent), national, disaggregated (age, sex, key populations and vulnerable populations) and geographical distribution • Number of new infections, trends (over the needle and syringe programme period or according to available data), national, disaggregated (age, sex, key populations and vulnerable populations) and geographical distribution • Incidence, current (most recent), national, disaggregated (age, sex, key populations and vulnerable populations) and geographical distribution • Incidence of new infections, trends (over the needle and syringe programme period or according to available data), national, disaggregated (age, sex, key populations and vulnerable populations) and geographical distribution	
1.3: How has the mortality changed over time, disaggregated by age, sex, population groups and geographical areas?	• Numbers of deaths: current (most recent), national, disaggregated (age, sex, key populations and vulnerable populations) and geographical distribution • Numbers of deaths: trends (over the needle and syringe programme period or according to available data), national, disaggregated (age, sex, key populations and vulnerable populations) and geographical distribution • Mortality rate: current (most recent), national, disaggregated (age, sex, key populations and vulnerable populations) and geographical distribution • Mortality rate: trends (over the needle and syringe programme period or according to available data), national, disaggregated (age, sex, key populations and vulnerable populations) and geographical distribution	

Table 1. Examples of information required for a desk review (continued)

Subquestion	Types of information required	Source documents
1.4: How has vertical transmission changed over time, disaggregated by geographical areas?	• Numbers of infections among pregnant women: current (most recent), national, disaggregated by age and geographical distribution • Number of infections among pregnant women: trends (over the needle and syringe programme period or according to available data), national, disaggregated by age and geographical distribution • Vertical transmission rate: current (most recent), national and by geographical distribution	
2. Did the programme deliver the right interventions and cover the right populations? (outcome level)		
2.1: Were the most effective interventions implemented for this programme? **2.2: Were the most severely affected or vulnerable populations reached by these interventions?** **2.3: Are the interventions covering the right geographical settings?**	• Coverage of key interventions: current (most recent), national, disaggregated (age, sex, key populations and vulnerable populations) and geographical distribution • Coverage of key interventions: trends (over the needle and syringe programme period or according to available data), national, disaggregated (age, sex, key populations and vulnerable populations) and geographical distribution • Testing, prevention and treatment cascades: trends (over the needle and syringe programme period or according to available data), national, disaggregated (age, sex, key populations and vulnerable populations) and geographical distribution	• Demographic and health surveys and other population-based surveys • IBBSS and BSS reports • Programme reports (routine monitoring and evaluation reports, DHIS2 etc.) • People Living with HIV Stigma Index report
2.4: Has the programme produced behaviour change and risk reduction?	• Frequency of condom use with a non-regular sexual partner – total and disaggregated by age, sex, population groups and geographical distribution • Number and proportion of people who inject drugss reporting safe injection practices – total and disaggregated by age, sex and geographical distribution • Number and proportion of people engaged in high-risk behaviour – total and disaggregated by age, sex, population groups and geographical distribution	• Reports of assessment of specific technical areas • Published and unpublished research • Programme reports, including facility assessments and clinical reporting • International guidelines (WHO, UNAIDS etc.)
2.5: Has there been a change in the level of stigma and discrimination?	• Number and proportion of clients reporting discriminatory attitudes towards them – total and disaggregated by sex, age, population groups and geographical distribution. • Number and proportion of clients avoiding health care because of stigma and discrimination – total and disaggregated by age, sex, population groups and geographical distribution • Number and proportion of clients reporting disease-related discrimination in health-care settings – total and disaggregated by age, sex, population groups and geographical distribution	

Table 1. Examples of information required for a desk review (continued)

Subquestion	Types of information required	Source documents
3. Were the services provided efficiently and safely and were they of good quality? (output level)		
3.1: Are the modes of service delivery appropriate to the target population?	• Service packages defined or recommended in national policies, strategies and guidelines for general and/or specific populations • Models of delivery of the services for general and/or specific populations • Geographical distribution of the services	• Demographic and Health Survey • IBBSS and BSS reports • Programme reports and routine monitoring and evaluation reports • Activity reports • Annual reports • People Living with HIV Stigma Index report • Other household survey reports • Reports of assessment of specific technical areas • Published and unpublished research
3.2: Are the services being delivered efficiently?	• Policies, guidelines and implementation of task shifting • Policies, guidelines and implementation of decentralization of service delivery • Policies, guidelines and implementation of integration of service delivery within the programme and with other programmes • Description of referral system • Measures to reduce costs in providing services • Policies, guidelines and implementation of quality assurance or improvement	
3.3: What measures are in place for improving the quality of services?	• Description of training and other capacity-strengthening initiatives related to quality improvement • Policies, guidelines and implementation of mentoring in service provision • Policies, guidelines and implementation of mentoring in service provision	
3.4: How well are the services integrated with other health-care services (people-centred services)?	• Description and implementation of common service delivery platforms (such as antenatal care, child clinics, integrated testing sites and co-location of services) • Description and implementation of referrals between programmes • Description of how the programme addresses other health needs of clients such as cervical cancer screening and noncommunicable diseases • Description and use of common laboratory capacity with other programmes	
3.5: How have the services contributed to strengthening the health-care system in the context of universal health coverage?	• Description of alignment between programmes and health sector policies, strategies and plans • Description of how resources - both financial and non-financial – provided for HIV, hepatitis or sexually transmitted infections benefit other programmes. • Involvement of programme managers in developing and implementing wider health sector strategies and plans	• Facility assessment reports • National health-care strategy and other national documents • Programme reports

Table 1. Examples of information required for a desk review (continued)

Subquestion	Types of information required	Source documents
3.6: Is community potential being adequately harnessed?	• Description of community involvement at the different levels of the programme	
4. Were the policies, governance, resources and systems adequate to support the programme? (input level)		
4.1: Are the national policies, strategies and guidelines adequate to support the programme?	• Policies, strategies and guidelines for key intervention areas at the national and subnational levels • Implementation of key policies, strategies and guidelines at the subnational and facility levels • Legislative and legal context relevant to the programme • Description of legal and social barriers to accessing services	• Policy documents • Administrative data • Relevant survey reports • People Living with HIV Stigma Index report • International guidelines
4.2: Is the planning, management, stakeholder involvement and coordination of the programme adequate?	• Description of the management structure of the programme • Description of the structures in place for coordination within the programme and with other stakeholders • Description of how the programme relates with other sectors	• Programme reports • Annual reports • Training reports • Monitoring and evaulation reports • Administrative data • Personnel records from health ministry • Reports from other programmes and partners such as PEPFAR and the Global Fund to Fight AIDS, Tuberculosis and Malaria • Reports of facility assessment
4.3: Are the types, distribution and skillsets of the human resources adequate to deliver the required services?	• Description of the types, numbers, and distribution of human resources involved in management and service delivery • Description of training and capacity building for staff in the programme • Description of approaches used to retain and motivate staff • Description of initiatives to encourage and sustain involvement in the programme of peers, communities or other volunteers	

Table 1. Examples of information required for a desk review (continued)

Subquestion	Types of information required	Source documents
4.4: Is the procurement and supply chain management system working optimally for the programme?	• Policy and guidelines on procurement and supply chain management • Information on availability of medicines, commodities and diagnostics and on stock-outs • Description of planning and forecasting for procurement and supply-chain management • Description of the logistics management information system • Information on costs of medicines, commodities and diagnostics	• National policy documents • Programme reports
4.5: Is the health management information system adequate to support the programme?	• Information on patient monitoring and routine programme reporting • Description of the flow of health information from the facility level to the national level • Data available in and coverage of DHIS2 • Description of other parallel reporting systems and how they relate to national systems • Description of other sources of information (surveys, vital registration etc.) • Description how the information generated by the programme is used	• Programme reports • Annual reports • Monthly and quarterly strategic information reports
4.6: What is the funding landscape for the programme and is the funding adequate?	• Information on funds available to the programme and the sources, including domestic and external (for the review period) • Description of the mechanism for disbursing funds to other levels and how they are functioning • Estimates of resource needs and potential sources of funding for the next planning period • Description of financial barriers to accessing services	• National health accounts • National AIDS spending assessment report • National budgetary allocation and release report • External grant documents • Other financial tracking documents

BSS: Behaviour Surveillance Survey. IBBS: Integrated Bio-Behavioural Survey. DHS: Demographic Health Survey. DHIS2: District Health Information Software 2.

Further resources

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World Health Organization
Global HIV, Hepatitis and
Sexually Transmitted Infections Programmes
20, avenue Appia
1211 Geneva 27
Switzerland

who.int

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