



The **AIDS** Accountability Scorecard on Women **2009**

Are governments keeping their promises?

Holding leaders accountable



AIDS Accountability
International

About AIDS Accountability International

AAI is an independent non-profit organization established to increase accountability and inspire bolder leadership in the response to the AIDS epidemic. It does so by rating and comparing the degree to which state and non-state actors are fulfilling the commitments they have made to respond to the epidemic.

AAI aims to build bridges between actors and institutions that collect and analyze primary data in the field of HIV/AIDS and those who make use of this data in different contexts, such as policy makers and advocates. AAI provides these actors with a compass that points to new policy and programmatic directions and helps stimulate debate on the need for greater accountability and leadership.

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Introduction

The AIDS Accountability Rating Initiative

AIDS Accountability International (AAI) is an independent non-profit organization established to increase accountability and inspire bolder leadership in the response to the AIDS epidemic. AAI does this by rating and comparing the degree to which public and private actors are fulfilling the commitments they have made to respond to the epidemic. Its assessments are presented in the form of Scorecards that identify gaps between stated commitments by governments and key actors, and their actual performance.

In adopting the Millennium Development Goals and the United Nations 2001 *Declaration of Commitment on HIV/AIDS* all countries have committed to respond to AIDS effectively, and to comply with the monitoring process through which governments may be held accountable for the results they do or do not achieve. National governments submit progress reports regularly to the Joint United Nations Programme on HIV/AIDS (UNAIDS). The AIDS Accountability Scorecards evaluate and rate these country responses to AIDS, and present the self-reported data provided by governments in a transparent and politically relevant fashion that allows stakeholders to compare responses on key issues across countries.

Greater accountability, and the need to ensure that authorities explain publicly how they are carrying out the responsibilities they have been entrusted with, is essential to stimulating progress towards the Millennium Development Goals and the *Declaration of Commitment on HIV/AIDS*. Without this reporting and evaluation, there is no means to encourage those who are succeeding, put pressure on those who are failing, or stimulate debate about how the factors driving the epidemic can be best addressed in different settings.

The AIDS Accountability Scorecard on Women

presents an analysis of the degree to which countries are fulfilling their commitments to respond to the needs of women in the context of the AIDS epidemic.

The Scorecard has been developed through a consultative process involving globally acknowledged experts from civil society, UN agencies, and research and public health institutions. It follows on from AAI's first Scorecard, the AIDS Accountability Country Scorecard, which was the first independent global rating of country performance in the response to AIDS. The Country Scorecard was issued in advance of World AIDS Day 2008.

Why a focus on women?

Globally, HIV/AIDS is the leading cause of death and disease in women of reproductive age.

The 2001 *Declaration of Commitment on HIV/AIDS* acknowledges that women are disproportionately affected by AIDS in the global context and must be given priority in the response. Some 50% of adults living with HIV are women, the vast majority of whom are in sub-Saharan Africa. In the most severely affected countries, three young women are infected for every young man. Whereas the 'feminization' of the epidemic is most pronounced in sub-Saharan Africa, women's vulnerability to HIV is unacceptably high in all epidemiological settings.

While there are biological reasons why women are at greater risk of HIV infection than men, the major drivers of increased risk for women are social and cultural factors, in particular the inequality and disempowerment that come from being female in different contexts. The majority of women who become infected with HIV do not voluntarily engage in high-risk behaviour. Instead, they are vulnerable as a result of the behaviour of others, or because they lack the tools, information and resources needed to protect themselves.

Gender norms and HIV risk

The concept of 'gender' refers to norms within a society about appropriate male and female attributes, behaviour, and roles, which in turn define how men and women interact with each other. 'Gender inequality' exists where men and women's opportunities, influence, rights and responsibilities are unequal and depend on their sex. In the context of AIDS, such inequality may, for example, deny women the opportunity to negotiate safe sex, or force women and girls into abusive transactional sexual relationships in order to obtain food and other necessities. Other dimensions of gender such as norms that define masculinity, or the human rights and public health needs of people with different sexual orientations, are also central to an effective response to AIDS. In 2010, AAI will be launching a new gender rating initiative focused on sexual diversity.

For the purposes of this Scorecard, however, country responses to the AIDS epidemic can be said to have a 'gender dimension' if policies are formulated on the basis of an understanding of women's and girls' specific vulnerabilities, and if government actions seek to counter such inequities by helping women gain control of their lives and set the conditions of their sexual relationships.

In adopting the 2001 *Declaration of Commitment on HIV/AIDS*, all United Nations Member States committed

to a set of time-bound targets and targeted actions to empower women to protect themselves from HIV infection and to promote and protect their rights. The goals agreed to be met by 2010 include a global reduction in HIV prevalence among young women by 25%, and ensuring that at least 95% of young women have access to the information, education and services needed to reduce their vulnerability to HIV infection.

Progress towards these goals should form part of the regular monitoring and reporting on national responses to AIDS. In reality, however, country reports fail to capture many of the interventions required to address women's needs in the context of AIDS. The urgent need for more and better indicators to monitor progress on reducing the impact of HIV/AIDS on women and girls is discussed below. Because of the almost total lack of data on girls' vulnerabilities and their access to treatment, care and prevention services, this is a scorecard on women, and not on women and girls, as was first intended.

The sections below briefly present the AIDS Accountability Scorecard on Women and summarize its general conclusions and findings. A full technical report, as well as country-specific information, is available on the AAI website: www.aidsaccountability.org. The information on the website also allows for the individual generation of issue- and country-specific versions of the Scorecard.



PHOTO: MISSHIBISCUS / ISTOCKPHOTO

The AIDS Accountability Scorecard on Women

Example Country
Country

Element 1: Data Collection	A
Element 2: Gender Mainstreaming	C
Element 3: Policy and Legal Environment	B
Element 4: National Programmes	B
Element 5: Knowledge and Behaviour	A
Element 6: Impact	D
Narrative Reporting	B
Women Reporting Index	A

2009
Year

AAI
Signature

The AIDS Accountability Scorecard on Women

The AIDS Accountability Scorecard on Women analyzes the latest data reported by 192 countries against the core indicators used for monitoring an effective national response for women, as laid out in the United Nations *Declaration of Commitment on HIV/AIDS*.

Elements of the Scorecard

The six key elements included in the Scorecard are: **Data Collection, Gender Mainstreaming, Policy and Legal Environment, National Programmes, Knowledge and Behaviour** and **Impact**. Each element is presented in further detail below.

Under each element, countries are given a score for reporting sex-disaggregated data on women and responding to relevant questions in the UNAIDS

monitoring tool, selected to measure the quality of their response in that area. These scores are recalculated as percentages of the total possible score and grades are then based on brackets of 20 percentage points – from A (very good) to E (very poor). Countries that report no data on one or more of the constituent indicators or questions for an element receive a lower score for that element. If countries report none of the relevant data for an element, this is noted as 'no data' (ND). The Scorecard takes into account differences in reporting requirements depending on epidemiological type. (For a more detailed account of the methodology used in the construction and scoring of the elements as well as in the additional analyses, please refer to the above-mentioned technical report on the AAI website).

In their reporting on the *Declaration of Commitment on HIV/AIDS*, governments are also requested to submit a narrative report with additional information on specific aspects of their epidemic and its response. For this Scorecard, AAI analyzed the 145 narrative reports submitted in the latest round of reporting to UNAIDS to determine how well governments used this opportunity to discuss the nature of women's vulnerability to HIV and their access to AIDS-related treatment, care and prevention services. Governments that did not include any such discussion received an E grade, while those that addressed women's vulnerability, access to services and efforts to improve women's wellbeing in the context of AIDS, received grades between A and D, depending on the quality of their responses.

The final element of the Scorecard rates the completeness of reporting by countries across both the six key elements and the narrative reports. The composite score thus generated is included in a Women Reporting Index that assesses the overall quality of reporting of relevant data by countries. Countries receiving an A or B grade are characterized as **responsive**, to the extent that they have reported the data required to implement an effective response to the needs of women in the context of AIDS. Countries receiving a C or D grade are characterized as **aware**, to the extent that the quality of their reporting shows an awareness of the need to monitor and report data specific to women, even if in practice they do not always do so systematically. Countries receiving an E grade are characterized as **unfocused** on women's needs: these countries have either failed to acknowledge women's particular vulnerabilities to HIV infection and the obstacles that many experience in trying to access treatment, care and prevention services, or have failed to report on these aspects. Countries that have not

reported on any aspects of their AIDS response are noted as having provided 'no data' (ND).

An additional analytical reflection on the Women Reporting Index explores a number of factors, including political leadership and structural factors, that may explain differences in the quality of reporting from African countries with generalized epidemics.

Quality of country reporting

As has been emphasized in the findings of the 2008 AIDS Accountability Country Scorecard, country progress reports to the United Nations are only a measure of how governments, and to some extent civil society, rate their own responses to AIDS. As a result, the ratings presented in AIDS Accountability Scorecards can only reflect the quality of reporting of governments, rather than their actual performance. In some instances this may mean that the scores attributed to a country do not do justice to its response or, alternatively, reflect too favourably on it. For example, a number of high-income countries score poorly because they do not participate in the global monitoring system, on the grounds that they use different country-specific indicators. While the effectiveness of some of these countries' responses is recognized, they nevertheless fail to live up to a central tenet of the *Declaration of Commitment on HIV/AIDS*, to report on progress and to uphold the principles of transparency and accountability. Poor reporting against agreed global indicators arguably represents a failed commitment at the level of political leadership.

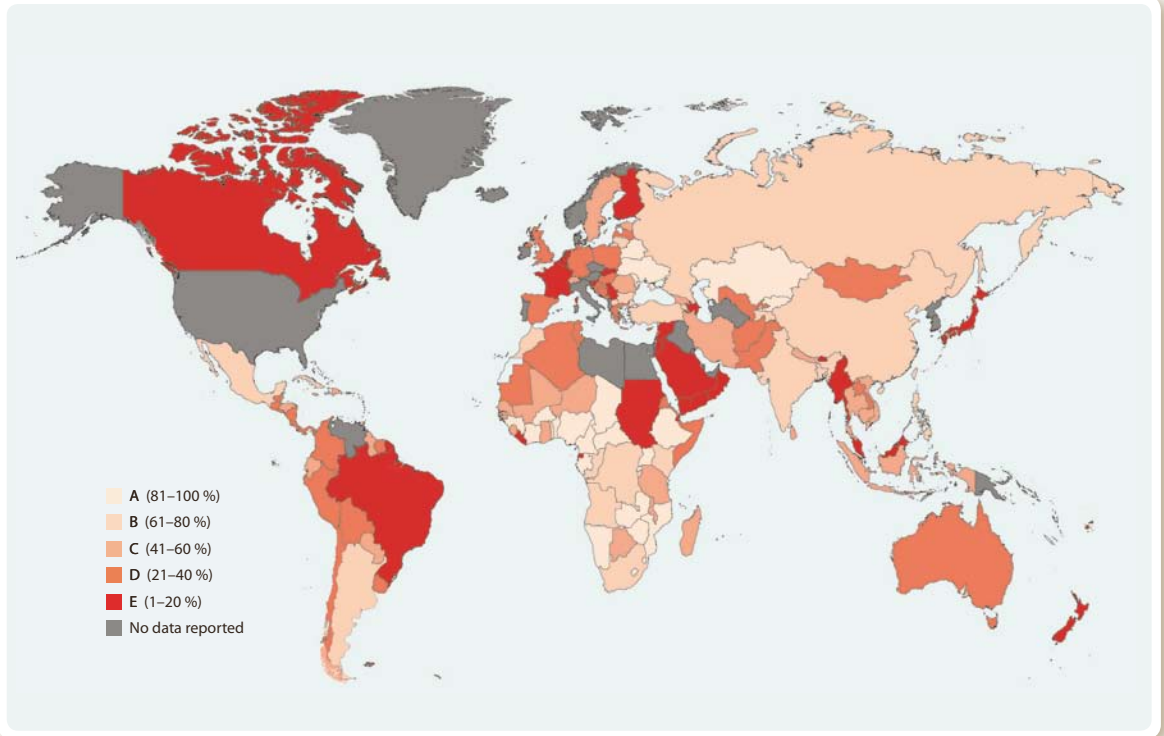
The next section highlights some key aspects related to the quality of reporting on the Scorecard's six elements, and the analysis of the narrative reports and the Women Reporting Index, and briefly discusses the results of the additional contextual analysis.

Element 1: Data Collection

This element reflects the completeness of data reported by countries. It tracks the amount of data specific to women that countries reported on 17 key indicators in the UNAIDS monitoring tool, as well as their responses to 11 questions that focus on women or gender issues more

generally. Whether countries provide a discussion of the gender dimension to AIDS in their narrative reports is also assessed. Scores on this element take account of differences in the reporting requirements for countries with low, concentrated or generalized epidemics.

Element 1: Data Collection



Some 20% of countries reported no data at all for this element and 37% of countries achieved only a D (poor) or E (very poor) grade. The average country score across all epidemiological types was 2.3 out of a maximum score of 5.0. Countries with low or concentrated epidemics achieved an average score of just 1.8, as compared to 4.0 for hyperendemic countries (where 15% or more of the adult population are

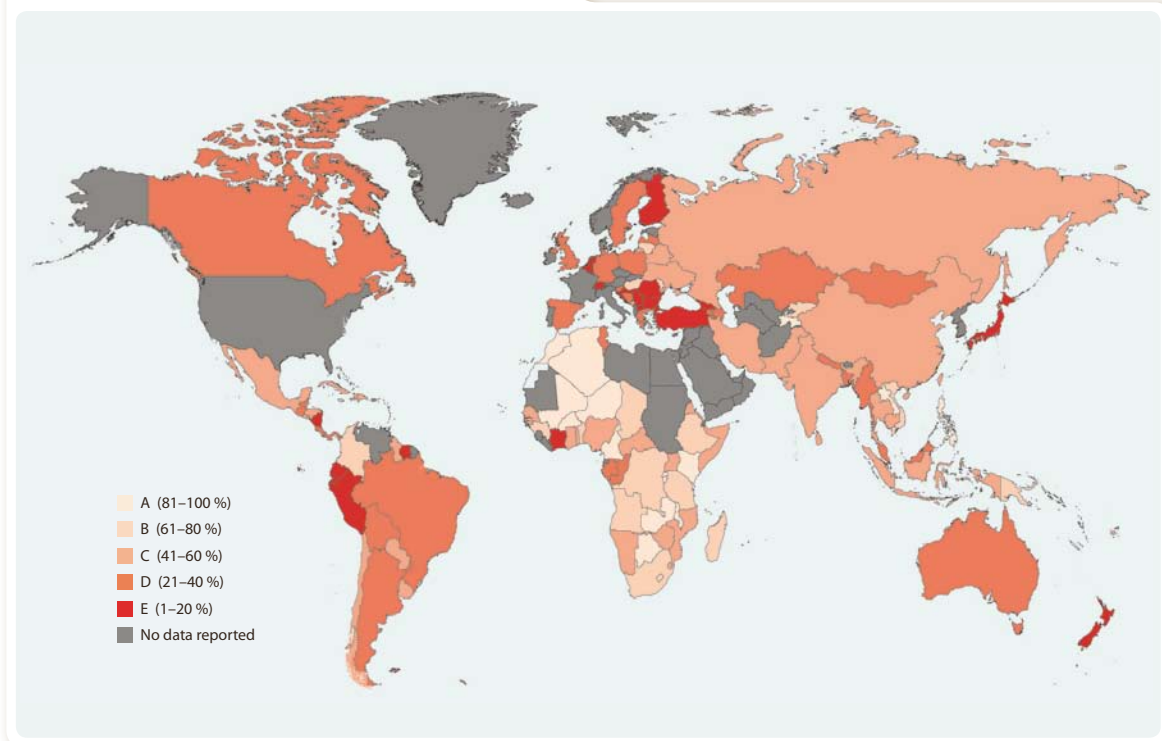
infected). Nineteen of the 25 countries that received an 'A' grade for this element were from sub-Saharan Africa. In general terms, countries facing more severe or problematic epidemics appear to do better at collecting the data needed to understand and address women's needs. Indeed, a pattern of high-burden countries providing the most complete reporting is evident across all elements of this Scorecard.

Element 2: Gender Mainstreaming

This element reflects the degree to which countries have mainstreamed the gender dimension to AIDS in their HIV strategies and overall development planning, and are implementing interventions aimed at improving gender equity with target population groups, including men. In all countries,

such interventions are essential for shifting culturally entrenched modes of sexual and socio-economic behaviour that fuel the epidemic. HIV prevention campaigns, for example, should address issues such as violence against women and encourage men to become more informed and involved in reproductive health. An assessment of whether they do so or not is part of this element.

Element 2: Gender Mainstreaming



More than a quarter of all countries failed to report any data on this element, including 13% of high-burden countries. Again, the vast majority of countries in sub-Saharan Africa (81%) received grades C or higher, whereas most countries in other regions received grades D or E. Stopping violence against women is a focus of prevention campaigns in over 75% of countries with generalized epidemics.

But more than 80% of countries in North Africa, the Middle East, and Western and Central Europe did not provide any information on this issue. Some 75% of countries with generalized epidemics reported that they target men in campaigns to raise awareness of the gender dimension to AIDS. However, only 45% of countries in Latin America, and under 20% of countries in Western and Central Europe, do so.

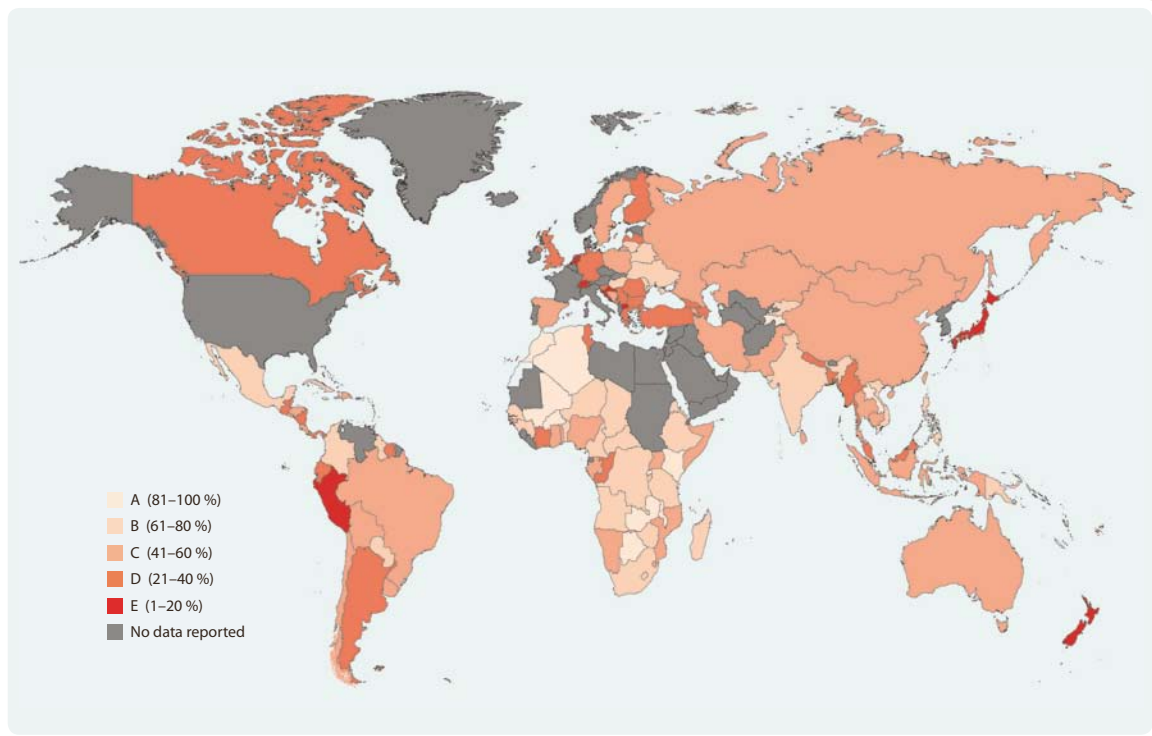
Please find more about the elements, access data, and create your own scorecard at: www.aidsaccountability.org

Element 3: Policy and Legal Environment

This element reflects progress in the development and implementation of national HIV policies and laws aimed at ensuring that men and women have equal access to prevention, treatment, care and support, protection of their rights, and protection against

discrimination. Addressing gender inequalities requires action through political backing, allocation of specific national budgets, and a supportive legal and regulatory environment. One important aspect is whether women receive protection as sexually active adults in their own right, as opposed to only in their capacity as mothers and care-givers.

Element 3: Policy and Legal Environment



Some 70% of countries reported data on this element, with an average score of 2.1 (out of a maximum score of 5.0). Reporting was much better from countries with generalized and hyper-endemic epidemics, with average scores of 3.2 and 4.0 respectively. A majority of countries (64%) reported having identified women as a vulnerable group that need particular policy interventions in the response to AIDS. In the two regions of North Africa and the Middle East and Western and Central Europe, however, this figure was only 22% and 31% respectively.

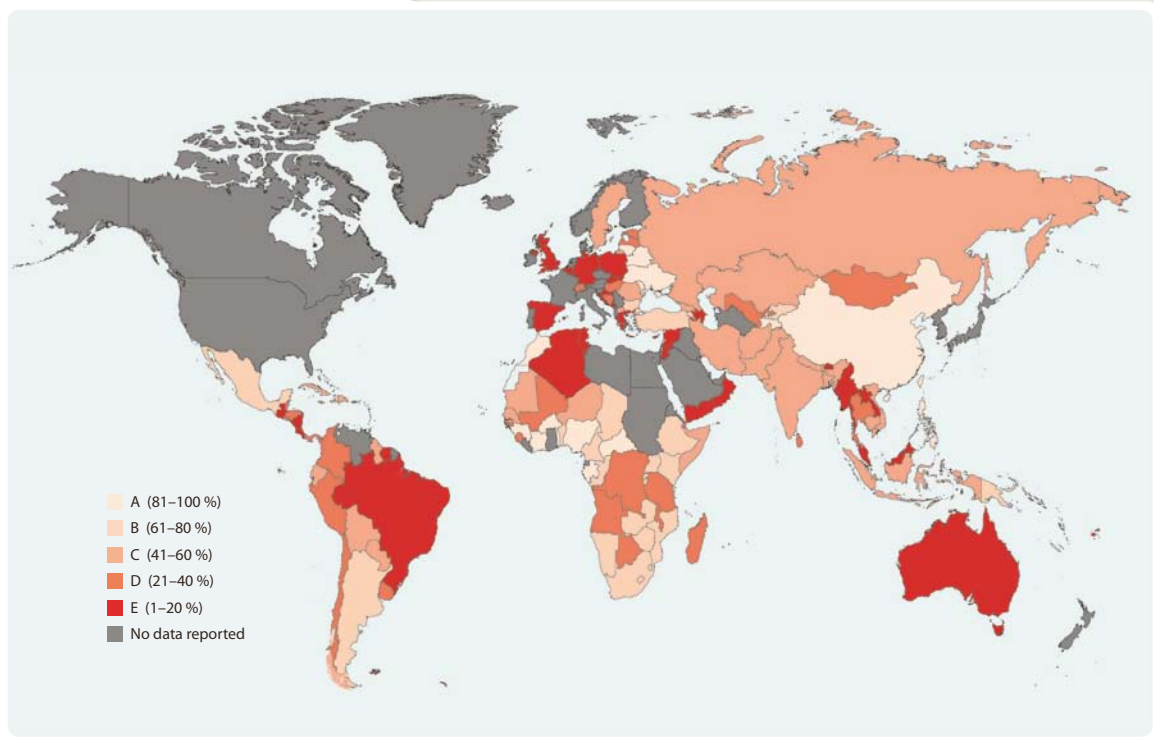
Less than half of all countries (47%) reported that their laws provide special protection to women in the context of AIDS, and only 37% had an earmarked budget for such policies and interventions. Some 57% of countries with generalized epidemics had made such a budget provision, but only 3% of countries in Western and Central Europe had done so. Just over half of all countries (58%) reported that women have some support in policy and law as sexually active adults in their own right. But this figure dropped to 22% in countries in North Africa and the Middle East.

Element 4: National Programmes

This element is based on the five indicators on national programmes for which countries are requested to provide sex-disaggregated data: ARV treatment, the co-management of TB and AIDS treatment, coverage of testing among adult and most-at-risk populations, and the

coverage of prevention programmes among most-at-risk populations. The extent to which governments monitor and report sex-specific data reflects the degree to which their responses are tailored to effectively reach women.

Element 4: National Programmes



As many as 71% of countries reported some data on women on this element, but the relatively low average score (1.9 out of a maximum of 5.0) shows that most countries reported incompletely. The average score increased to 3.3 for countries with generalized

epidemics, 67% of which got a B or an A grade. The average score was a relatively high 3.1 for countries in Eastern Europe and Central Asia, higher than countries in sub-Saharan Africa, with an average of 3.0.

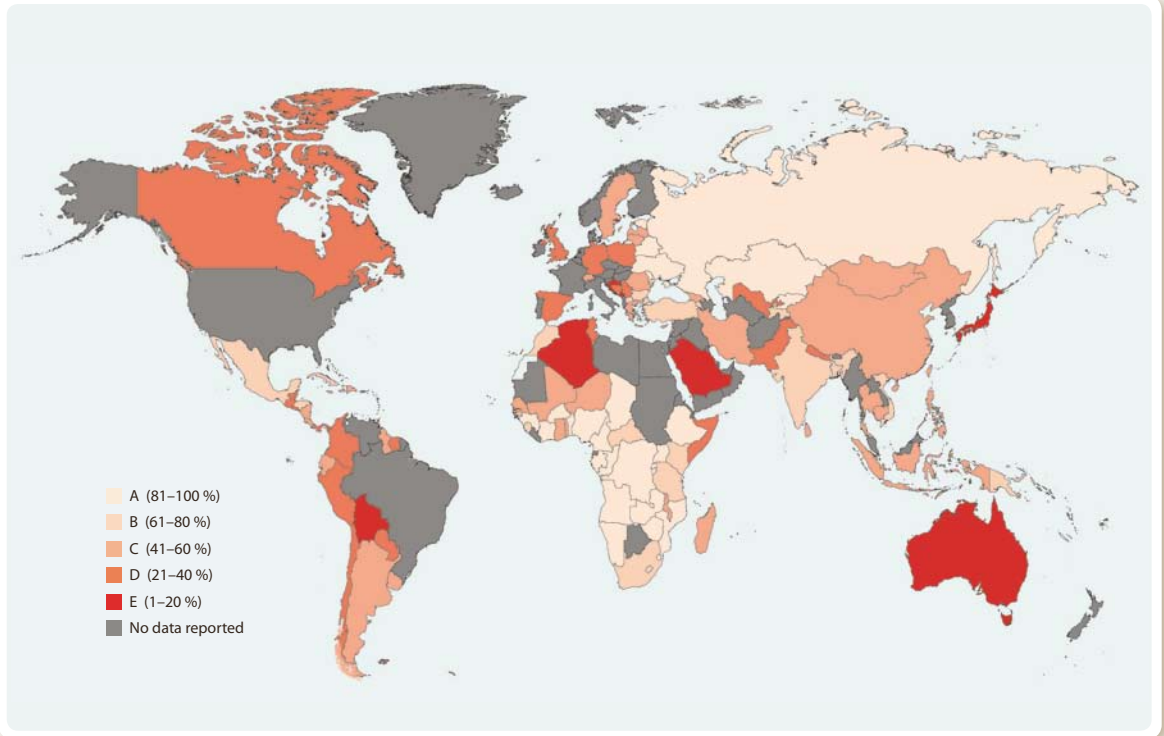
Please find more about the elements, access data, and create your own scorecard at: www.aidsaccountability.org

Element 5: Knowledge and Behaviour

This element tracks what women know about HIV and how to prevent its transmission, and to what extent they have adopted behaviours that reduce their risk of infection. For example, prevention efforts in many countries include the goals of delaying the age at which young people first have

sex, reducing the number of sexual partners that an individual may have, encouraging consistent and correct condom use, and promoting safer injecting and sexual practices among injecting drug users. The monitoring of data specific to women is essential to understanding how women internalize and act on prevention messaging and whether they have adequate access to prevention information and services.

Element 5: Knowledge and Behaviour



Only 31% of countries in Western and Central Europe reported any data on women on this element, achieving a very low average score of just 0.75 (out of 5.0). In contrast, 83% of high-burden countries with generalized epidemics reported, with an average score of 3.8. Of the

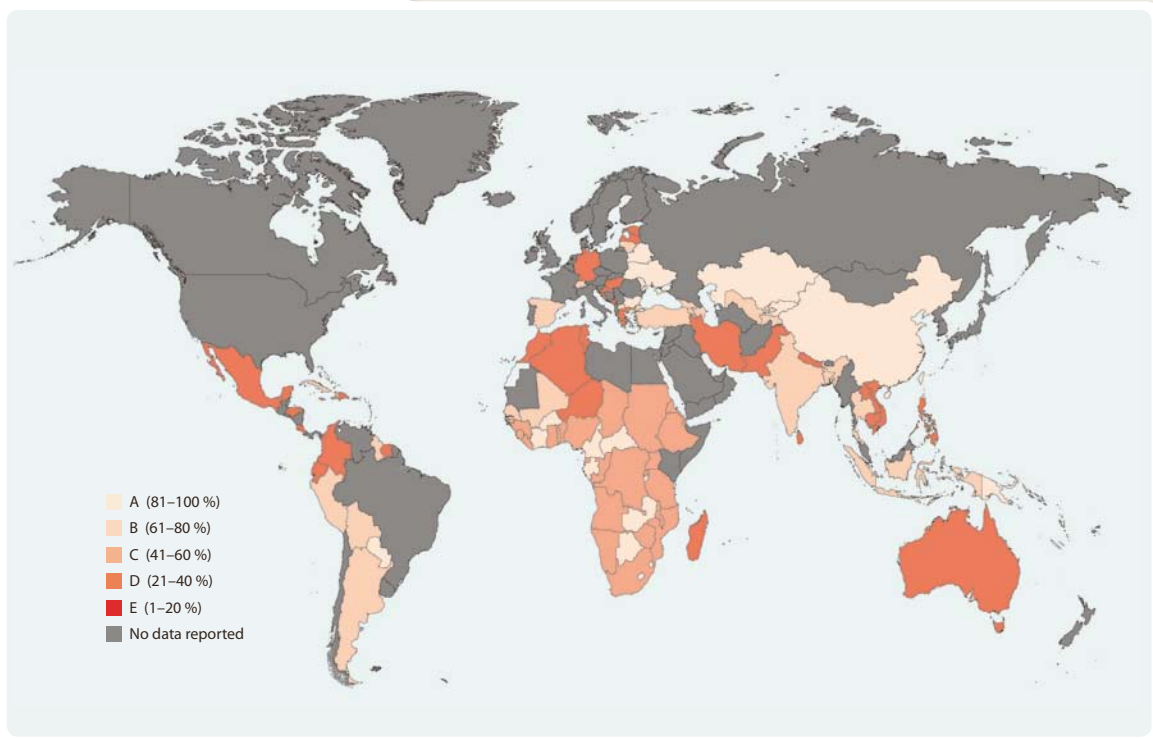
countries with low or concentrated epidemics, only 18% reported data on safe injecting practices and condom use among female injecting drug users. Just over half (51%) of these countries reported on condom use among female sex workers.

Element 6: Impact

Among the main goals of any HIV response must be the reduction of HIV incidence – to ‘turn off the tap’ on new infections – as well as assisting people living with HIV to access treatment on a continuous basis. This element is designed to capture three critical measures of

the effectiveness of the national response: a) the percentage of young people aged 15-24 who are HIV-infected; b) the percentage of most-at-risk populations who are HIV-infected; and c) the percentage of adults and children with HIV who are still on antiretroviral therapy 12 months after initiating treatment.

Element 6: Impact



As many as 44% of countries reported no data on women on this element, and only 10% of countries reported all the requested data on women. Again, reporting on this element was most complete from countries with generalized epidemics. Of the 21 countries in South and South-East Asia, 43% reported no data at all, nor did 78% of the countries in Western and Central Europe.

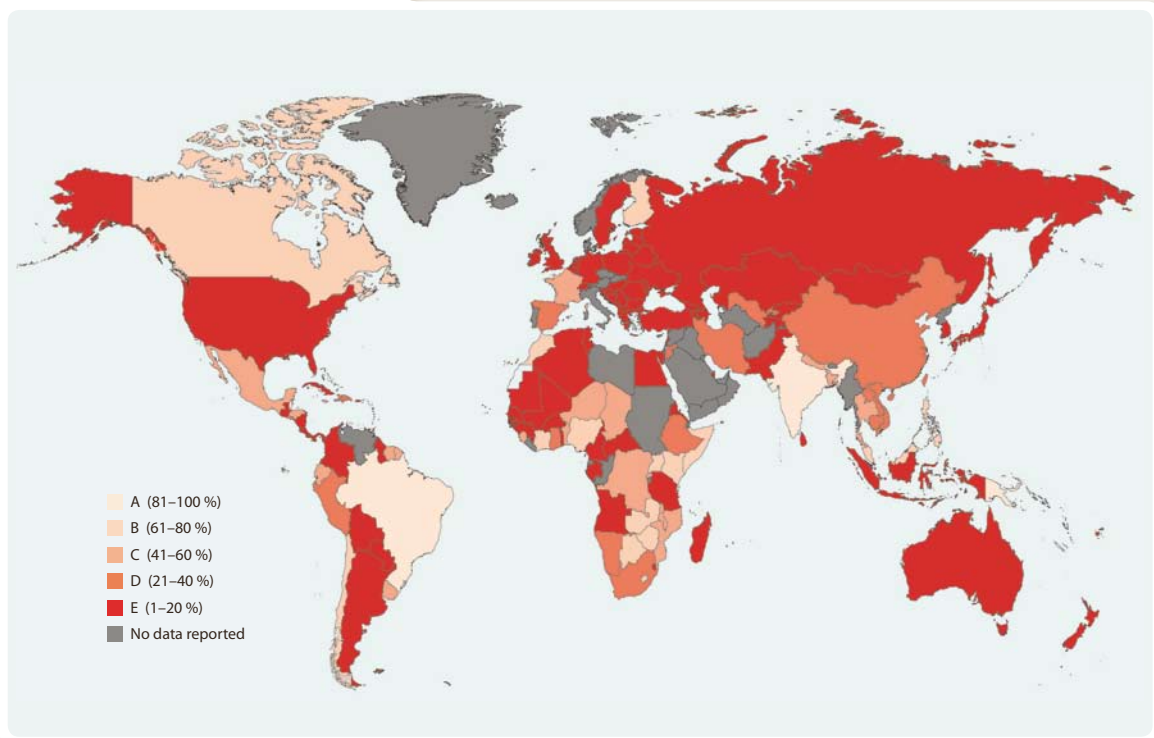
While data on HIV prevalence among young people is only required from the 39 countries with generalized epidemics, a full 79 (52%) of other countries also reported on this. However, only 36% of countries reported HIV prevalence among female sex workers, and only 14% of countries reported on prevalence among female injecting drug users.

Narrative Reporting

In addition to the quantitative reporting of country-level progress against the UN indicators, narrative reports provide countries with the opportunity to elaborate on qualitative aspects of their efforts. The reports submitted by countries differ greatly in ambition and scope

– from brief sketches of 3-4 pages to engaging 100-page analyses by Brazil and a few other countries. For the purposes of this Scorecard, the analysis of these reports was undertaken based on clear criteria for assessing the quality of countries' discussions of the gender dimension to AIDS and of how country responses address women's specific vulnerabilities and needs.

Narrative Reporting



As many as 83 (or 57%) of the 145 countries that submitted narrative reports failed to discuss gender at all. The low average score (1.3) shows that few countries used their narrative reporting as an opportunity to share essential qualitative information and arguments on the gender dimension to AIDS in their countries.

As in the case of the reporting on the other six Scorecard elements, the high-burden countries out-scored the others, with more than twice the

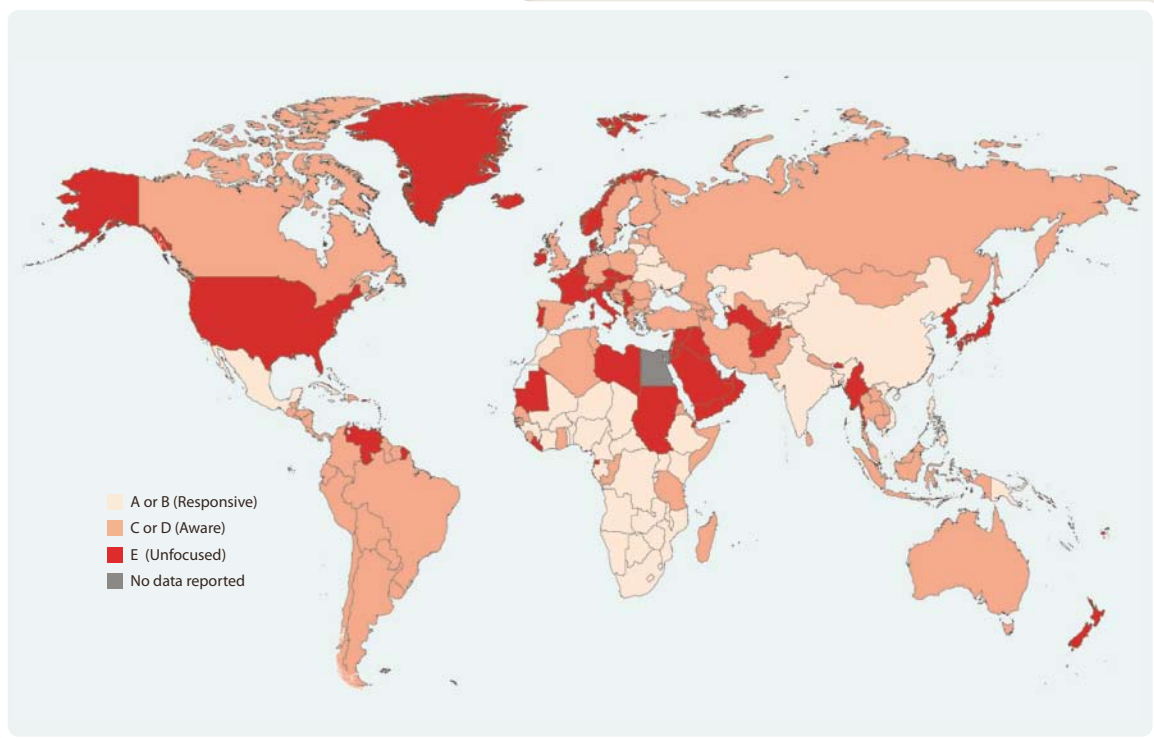
average score. For the majority of countries the inclusion of their scores on the narrative report did not change their composite score in the Women Reporting Index (see section below). In all, the composite scores of 35 countries were downgraded as a result of poor narrative reporting on women, and the scores of five countries were upgraded (Belize, Chile, Finland, Malaysia and Sierra Leone).

Women Reporting Index

Poor monitoring and reporting of data compromise the evidence required to hold governments to account: assessment of performance cannot occur unless countries provide data in a transparent and comparable fashion. The final element of the Scorecard,

the Women Reporting Index, therefore reflects the overall quality of reporting on women and gender-specific data provided by governments in response to the commitments they made in the 2001 *Declaration of Commitment on HIV/AIDS*. The Women Reporting Index is a composite score based on results under the six elements above and the narrative reporting.

Women Reporting Index



Ten countries submitted no data at all on progress towards the targets set out in the *Declaration of Commitment on HIV/AIDS*. Fifty-two countries (or 28%) were categorized as **unfocused** on women's needs because they either submitted data with no specific reference to women or gender issues (21 countries or 11%), or they submitted very little such data (34 countries or 17%).

The largest group of countries (82 countries or 43%) was classified as **aware** of the need to monitor and report women-specific data, although

many did not in fact report this data systematically across all elements. Only 47 countries (25%) qualified as **responsive**, reporting the quality of data needed for an effective response to the needs of women in the context of AIDS. A full 67% of the high-burden countries fell into this 'responsive' category, as did all seven countries with hyperendemic epidemics. These hard-hit countries have collected the information they need to start reversing the feminization of AIDS.

Please find more about the elements, access data, and create your own scorecard at: www.aidsaccountability.org



Context Analysis

One clear pattern in the quality of reporting has been noted throughout the Scorecard analysis: the 39 high-burden countries with generalized epidemics generally reported better than countries where AIDS is less of a problem. Countries with generalized epidemics had an average score of 3.6 out of 5.0 on the Women Reporting Index, as opposed to an average of 1.9 for all other countries. However, scores also varied considerably within the group of countries with generalized epidemics - from 0.57 for Liberia to the highest score of 4.71 for Zambia. How can we explain these differences in quality of reporting among high-burden countries where, presumably, few other health challenges than AIDS are more urgent for the general population, and particularly for women?

In order to explore this question, three analyses were run to establish whether there were any correlations between countries which report better on women and AIDS and:

- a) countries in which women enjoy a higher status in general terms, as measured by data on women's health, levels of education, and access to income;
- b) countries that have stronger democratic systems and governance, including, for example greater civil society

participation and an emphasis on human rights, or higher levels of public accountability; and

- c) countries in which the national AIDS response is coordinated through a single national AIDS authority (as reported under element 5 of the AIDS Accountability Country Scorecard).

Initial findings indicated that strong or moderately strong correlations exist between the quality of country reporting on women among African countries with generalized epidemics and the quality of governance by national AIDS coordinating authorities. The latter is, in turn, a function of good political governance more generally (as represented by the Mo Ibrahim Governance Index). The overall quality of political governance, finally, is linked to higher levels of development for women (as represented by UNDP's Gender Development Index).

These initial explorations suggest that countries with strong and effective leadership in their response to AIDS are likely to be more responsive to the gender dimension. Responsiveness to the needs of women flows from good governance in a responsible democracy in which leaders can be held accountable. This has been the assumption behind much stakeholder advocacy for effective, gender-responsive governance of AIDS in Africa and elsewhere.

General Conclusions: Needs and Shortcomings Revealed by the Scorecard Development Process

The first-ever systematic assessment of how well governments are attuned to the specific needs and vulnerabilities of women in the context of the AIDS epidemic reveals the need to strengthen significantly the gender dimension of the response in virtually all countries, as well as to address a number of serious shortcomings in global data collection systems and reporting.

1. Need for more relevant indicators on women's vulnerability and prevention

It is widely recognized that the current indicators included in the UNAIDS tool to monitor country progress do not capture many of the underlying factors contributing to women's HIV risk. As the international community reflects on a new monitoring framework to be used by countries after 2010 (the agreed date for meeting the targets set out in the *Declaration of Commitment on HIV/AIDS*), it will be critical to include reporting on more gender-specific qualitative and quantitative data that allow a fuller understanding of the epidemic and of what is needed to make real progress in responding to the needs of women in the context of AIDS. Better consolidation of evidence and harmonization of data among international initiatives and key players in the global AIDS response are also required.

The *Declaration of Commitment on HIV/AIDS* identifies women as a whole as a vulnerable population group. It

is clear, however, that some groups of women are more vulnerable than others. Women who are also injecting drug users or sex workers face a combination of factors that exacerbate their vulnerability. It is therefore essential for countries to better monitor their situation. Women in marginalized immigrant and migrant communities also need special attention. Living on the margins of societies, these women may not be able to communicate effectively and often suffer from multiple sources of discrimination. They are also less likely to trust health authorities and to access services that may be available.

Finally, it will also be critical to include more specific reporting on the situation of young and adolescent girls. Whereas a number of the indicators request that countries report data that is disaggregated by both sex and age, those data sets are not combined. This makes it impossible to accurately monitor the situation of girls and respond appropriately. Moreover, data on girls and HIV cover the age range of 0-14 years, a range that does not conform to the definition of a child (0-18 years) as laid out in the Convention on the Rights of the Child. This makes the consolidation of HIV data and those related to the survival and development of girls more broadly much more complex. As girls are among the most vulnerable sub-populations in countries with generalized epidemics, these flaws in reporting must be corrected.



2. Need for more complete reporting

The AIDS Accountability Scorecard on Women was developed to review how governments report on and rate their own responses to the needs of women.

The Scorecard analysis, however, underlines how little is actually known about country responses to the situation of women in the context of AIDS. Whereas the monitoring and reporting on women in the response to AIDS is better in high-burden countries where the feminization of AIDS is most pronounced, the absolute level of knowledge is still far too low to allow for complacency, even in countries that do score relatively well.

Graph 1 below presents regional summaries of the percentage of countries reporting women-specific data on each of four key indicators for measuring progress towards the Millennium Development Goal 6 and the Declaration of Commitment on HIV/AIDS:

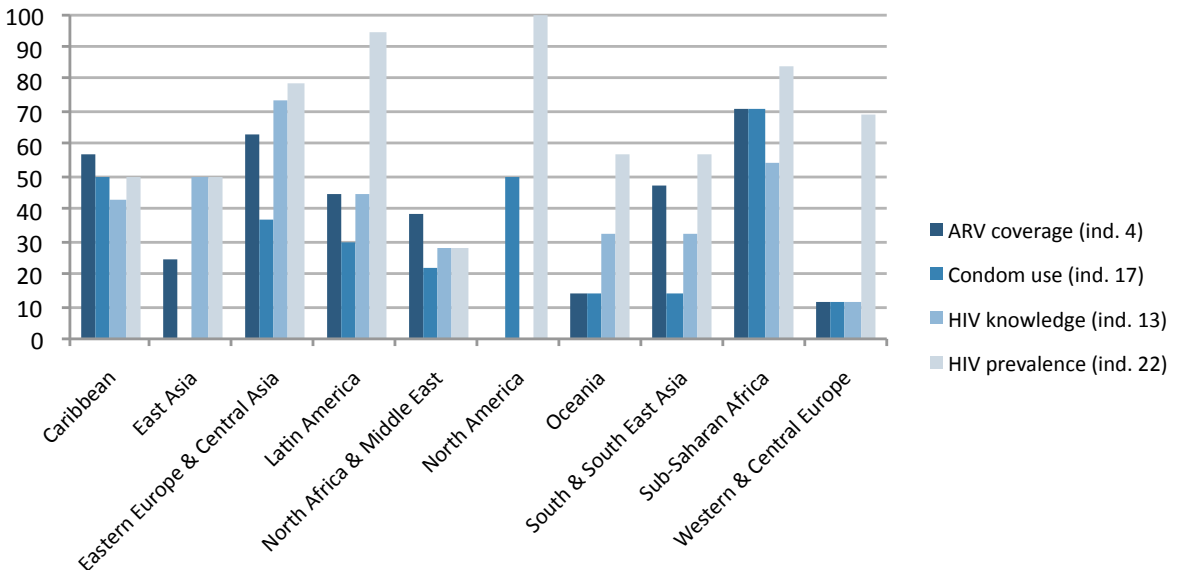
a) the percentage of adults and children with advanced HIV infection receiving antiretroviral therapy;

b) the percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse;

c) the percentage of young women and men aged 15-24 who both correctly identify way of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission; and

d) the percentage of young women and men aged 15-24 who are HIV infected.

Graph 1. Percentage of countries reporting women-specific data on four key indicators, by global region





Only 46% of all countries reported the requested data on women's access to antiretroviral treatment, a figure that rose to 77% for countries with generalized epidemics but was as low as 12% for countries in Western and Central Europe. Neither Canada nor the US reported any data on this indicator.

Even fewer countries (36%) reported data on condom use among women who had more than one sexual partner during the last year. But this figure too increased to 73% for countries in sub-Saharan Africa and to 86% for the hyperendemic countries in southern Africa. None of the countries in the East Asia region reported data on this indicator.

Just over a third of countries (36%) reported data on the level of correct knowledge of HIV among women. But only 22% countries in North Africa and the Middle East, 14% in South and South-East Asia and 12% in Western and Central Europe provided data. On this

indicator too, Canada and the US failed to report any data.

Globally, more countries (67%) reported on HIV prevalence among young women, but only 36% of countries in North Africa and the Middle East and 28% of countries in the Oceania region did so.

Lack of information on women's vulnerability to HIV and services to mitigate it means that much of our knowledge about the response to AIDS rests on assumptions that have yet to be validated. While reporting through the UN process has improved in recent years, it is insufficient to generate a clear picture of whether countries are, or are not, achieving their goals.

Reducing the impact of HIV requires that the needs of women are identified and then addressed at both the national and community levels. Without greater accountability and transparency, however, we cannot be sure that financial resources are being well used or that women are getting their fair share of attention and support.



3. Need for better narrative reporting

The qualitative analysis of country narrative reports is an important component of this Scorecard analysis. Narrative reports are potentially a rich source of contextual information that can greatly add to an understanding of the issues countries face and progress they have made in the response to AIDS.

Analysis of the 145 reports in the latest round of UN reporting shows that far too few countries took the opportunity to share crucial information on the gender dimension to AIDS, a missed opportunity that further limits our knowledge of women's situation in the context of AIDS.

The narrative reports are also essential in order to make constructive use of the 'shadow reports' that are

submitted to UNAIDS by civil society organizations - as a form of unofficial but complementary reporting to the official country reports. The validity of the alternative stories they tell of the response to AIDS in the respective countries is more difficult to assess if the official reporting does not itself include a comprehensive qualitative report.

Future reporting requirements in the global monitoring of AIDS should explore ways of strengthening qualitative narrative reporting in order to generate a more contextual analysis of the epidemic and the response to AIDS in countries. This would then in turn facilitate greater debate and constructive deliberation among country stakeholders.

Scorecard on Women at a Glance

The AIDS Accountability Scorecard on Women includes assessment of six key elements required for an effective national response for women, based on the latest data on progress reported by countries against the core indicators used for monitoring the United Nations 2001 *Declaration of Commitment on HIV/AIDS*. It also analyzes the additional information provided by governments in their narrative reports. A Women Reporting Index then rates countries according to the overall quality and completeness of their reporting of relevant data on women across both the six key elements and the narrative reports.

How are the scores calculated?

Under each element, countries are given a score for reporting sex-disaggregated data on women and responding to relevant questions in the UNAIDS monitoring tool, selected to measure the quality of their response in that area. These scores are then aggregated and expressed in grades, from A (very good) to E (very poor). Countries that fail to submit the required data for one or more of the constituent indicators or questions for an element receive a lower score for that element. If countries report none of the relevant data for an element, this is noted as 'no data'. The Scorecard takes into account differences in reporting requirements for countries depending on their epidemiological type.

The Women Reporting Index provides an additional qualitative characterization of the composite scores generated by countries. Countries receiving an A or B grade are characterized as **responsive**, to the extent that they have reported the data required to implement an effective response to the needs of women in the context of AIDS. Countries receiving a C or D grade are characterized as **aware**, to the extent that the quality of their

reporting shows an awareness of the need to monitor and report data specific to women, even if in practice they do not always do so systematically. Countries receiving an E grade are characterized as **unfocused** on women's needs: these countries have either failed to acknowledge women's particular vulnerabilities to HIV infection and the obstacles that many experience in trying to access treatment, care and prevention services, or have failed to report on these aspects. Countries that have not reported on any aspects of their AIDS response are noted as having provided 'no data' (ND).

Why does country X get such a poor rating on element Z when everyone knows the country has a good response?

This can have three explanations. The first is that country X did not report some or any of the data required for element Z, or they reported incorrectly. In some cases it is not clear why; in others, the narrative reports submitted by countries offer explanations as to why the required data are unavailable. The second reason may be that the questions that countries are asked to respond to in the UNAIDS questionnaire fail to capture certain qualities of the response for women. The third and, perhaps, more controversial reason may be that 'everyone' was wrong – country X does not have as strong a national response as it claims or as is generally believed. The lower-than-expected rating may be quite accurate. We must remember that the response to AIDS is steeped in politics. The fact that countries may have unexpected ratings or do not report as well as they have promised to do should lead to a healthy debate on different claims about the response to women in the context of AIDS. Gaps in country reporting signal a need for greater accountability.

Country data by region

West and Central Africa

COUNTRY	ELEMENTS						Narrative	REPORTING INDEX
	1	2	3	4	5	6		
Benin	A	B	B	B	A	C	C	Responsive
Burkina Faso	A	A	A	A	A	A	E	Responsive
Burundi	B	A	B	B	A	A	ND	Responsive
Cameroon	A	A	B	B	A	A	E	Responsive
Central African Republic	A	C	B	A	B	A	E	Responsive
Chad	A	B	B	B	A	C	C	Responsive
Congo	B	E	D	B	A	C	ND	Aware
Côte d'Ivoire	A	B	D	A	A	A	B	Responsive
DR Congo	B	ND	ND	D	A	C	C	Responsive
Djibouti	E	ND	ND	D	ND	C	ND	Unfocused
Equatorial Guinea	E	ND	ND	ND	ND	C	ND	Unfocused
Gabon	A	D	C	A	A	A	E	Responsive
Gambia	D	C	C	E	D	ND	E	Aware
Ghana	C	C	C	ND	C	C	D	Aware
Guinea	A	B	B	A	A	C	E	Responsive
Guinea Bissau	C	C	C	D	B	C	E	Aware
Liberia	E	ND	ND	ND	ND	C	ND	Unfocused
Mali	C	A	A	D	C	B	E	Responsive
Mauretania	D	ND	ND	C	ND	ND	E	Unfocused
Niger	C	A	B	C	C	C	D	Responsive
Nigeria	A	C	C	A	A	C	B	Responsive
Senegal	C	C	B	C	C	B	E	Aware
Sierra Leone	C	ND	ND	D	B	C	C	Aware
Togo	A	C	C	A	B	C	E	Responsive

East and Southern Africa

COUNTRY	ELEMENTS						Narrative	REPORTING INDEX
	1	2	3	4	5	6		
Angola	B	B	B	D	A	C	E	Responsive
Botswana	C	A	A	D	ND	A	B	Responsive
Eritrea	D	C	B	ND	ND	C	E	Aware
Ethiopia	A	B	B	B	A	C	D	Responsive
Kenya	B	A	A	B	B	ND	B	Responsive
Lesotho	A	B	B	B	B	A	B	Responsive
Malawi	C	A	A	D	C	C	C	Responsive
Mozambique	A	C	C	B	A	C	C	Responsive
Namibia	A	C	C	B	A	C	D	Responsive
Rwanda	A	A	A	B	A	C	C	Responsive
Somalia	D	C	C	C	D	ND	B	Aware
South Africa	B	B	B	B	B	C	D	Responsive
Swaziland	A	C	C	B	A	A	E	Responsive
Tanzania	C	B	B	D	B	C	E	Aware
Uganda	A	C	C	B	A	C	B	Responsive
Zambia	A	A	A	B	A	A	B	Responsive
Zimbabwe	A	C	B	B	A	C	B	Responsive
Island states:								
Cape Verde	C	B	B	D	C	D	E	Aware
Comoros	D	B	B	D	D	D	E	Aware
Madagascar	C	B	B	D	C	D	E	Aware
Mauritius	C	C	C	E	B	D	D	Aware
Sao Tome and Principe	D	C	C	C	D	D	E	Aware
Seychelles	D	C	C	D	D	D	F	Aware

Asia

COUNTRY	ELEMENTS						Narrative	REPORTING INDEX
	1	2	3	4	5	6		
Afghanistan	D	ND	ND	C	ND	ND	ND	Unfocused
Bangladesh	B	D	D	C	B	B	C	Responsive
Bhutan	E	ND	ND	E	ND	ND	ND	Unfocused
Brunei Darussalam	ND	ND	ND	ND	ND	ND	ND	ND
Cambodia	C	C	C	C	C	D	D	Aware
China	B	C	C	A	C	A	D	Responsive
India	B	C	B	C	B	B	A	Responsive
Indonesia	C	C	C	C	C	B	E	Aware
Iran	C	C	C	C	C	D	D	Aware
Japan	E	E	E	ND	E	ND	E	Unfocused
DPR Korea	ND	ND	ND	ND	ND	ND	ND	Unfocused
Republic of Korea	ND	ND	ND	ND	ND	ND	E	Unfocused
Lao PDR	D	A	A	E	ND	D	D	Aware
Malaysia	E	D	D	E	ND	ND	B	Aware
Maldives	ND	E	ND	ND	ND	ND	ND	Unfocused
Mongolia	D	D	C	D	C	ND	E	Aware
Myanmar	E	D	D	E	ND	ND	ND	Unfocused
Nepal	C	D	D	C	D	D	C	Aware
Pakistan	D	C	C	C	C	D	E	Aware
Philippines	B	A	B	A	C	D	B	Responsive
Singapore	C	E	E	C	C	ND	E	Aware
Sri Lanka	C	C	C	D	C	D	E	Aware
Thailand	C	C	C	D	C	B	C	Aware
Timor-Leste	ND	ND	ND	ND	ND	ND	ND	ND
Viet Nam	B	B	B	C	B	D	D	Responsive

Eastern Europe and Central Asia

COUNTRY	ELEMENTS						Narrative	REPORTING INDEX
	1	2	3	4	5	6		
Armenia	B	D	C	B	B	B	E	Aware
Azerbaijan	E	D	D	E	ND	B	E	Aware
Belarus	A	C	B	A	A	A	E	Responsive
Bosnia and Herzegovina	D	D	C	D	D	ND	E	Aware
Bulgaria	B	E	D	B	B	A	E	Aware
Croatia	D	E	E	E	E	D	E	Aware
Estonia	C	ND	ND	D	A	D	E	Aware
Georgia	C	E	D	C	C	B	E	Aware
Kazakhstan	A	D	C	C	A	A	E	Responsive
Kyrgyzstan	A	B	B	B	A	A	E	Responsive
Latvia	D	D	D	D	C	D	E	Aware
Lithuania	B	B	B	A	C	B	E	Responsive
Rep of Moldova	A	B	B	A	A	A	E	Responsive
Romania	C	E	D	C	C	ND	E	Aware
Russian Federation	B	C	C	C	A	ND	E	Aware
Tajikistan	B	A	A	A	B	B	E	Responsive
Turkmenistan	ND	ND	ND	ND	ND	ND	ND	Unfocused
Ukraine	A	C	B	A	A	A	E	Responsive
Uzbekistan	D	ND	ND	D	D	B	D	Aware

North America and Western/Central Europe

COUNTRY	ELEMENTS						Narrative	REPORTING INDEX
	1	2	3	4	5	6		
Albania	ND	ND	ND	ND	ND	ND	E	Unfocused
Andorra	ND	ND	ND	ND	ND	ND	ND	ND
Austria	ND	ND	ND	ND	ND	ND	ND	Unfocused
Belgium	E	E	ND	E	ND	ND	E	Unfocused
Canada	E	D	D	ND	D	ND	B	Aware
Czech Republic	ND	ND	ND	ND	ND	ND	ND	Unfocused
Denmark	ND	ND	ND	ND	ND	ND	ND	Unfocused
Finland	E	E	D	ND	ND	ND	B	Aware
France	E	ND	ND	ND	ND	ND	C	Unfocused
Germany	D	D	D	E	D	D	E	Aware
Greece	D	D	D	E	C	D	E	Aware
Hungary	D	B	B	D	ND	D	E	Aware
Iceland	ND	ND	ND	ND	ND	ND	ND	Unfocused
Ireland	ND	ND	ND	ND	ND	ND	E	Unfocused
Italy	ND	ND	ND	ND	ND	ND	ND	Unfocused
Luxembourg	ND	ND	ND	ND	ND	ND	ND	Unfocused
FYR Macedonia	B	E	E	C	B	B	E	Aware
Malta	ND	ND	ND	ND	ND	ND	ND	Unfocused
Montenegro	D	C	D	E	E	D	E	Aware
Netherlands	E	E	E	ND	ND	ND	E	Unfocused
Norway	ND	ND	ND	ND	ND	ND	ND	Unfocused
Poland	D	D	C	E	D	ND	E	Aware
Portugal	ND	ND	ND	ND	ND	ND	ND	Unfocused
Serbia	E	E	D	ND	D	ND	E	Unfocused
Slovakia	E	ND	ND	E	ND	ND	ND	Unfocused
Slovenia	E	D	D	ND	ND	ND	E	Unfocused
Spain	D	D	C	E	D	B	D	Aware
Sweden	C	D	C	C	C	ND	E	Aware
Switzerland	C	E	E	D	C	B	E	Aware
United Kingdom	D	D	D	E	D	ND	E	Aware
United States of America	ND	ND	ND	ND	ND	ND	E	Unfocused

Middle East and North Africa

COUNTRY	ELEMENTS						Narrative	REPORTING INDEX
	1	2	3	4	5	6		
Algeria	D	A	A	E	E	D	E	Aware
Bahrain	ND	ND	ND	ND	ND	ND	ND	Unfocused
Cyprus	D	ND	ND	E	C	ND	ND	Unfocused
Egypt	ND	ND	ND	ND	ND	ND	ND	Unfocused
Iraq	ND	ND	ND	ND	ND	ND	ND	Unfocused
Israel	ND	ND	ND	ND	ND	ND	ND	Unfocused
Jordan	E	ND	ND	E	ND	ND	D	Unfocused
Kuwait	ND	ND	ND	ND	ND	ND	ND	Unfocused
Lebanon	D	ND	ND	C	C	ND	E	Aware
Libya	ND	ND	ND	ND	ND	ND	ND	Unfocused
Morocco	B	A	A	A	B	D	B	Responsive
Oman	E	ND	ND	E	ND	ND	ND	Unfocused
Qatar	ND	ND	ND	ND	ND	ND	E	Unfocused
Saudi Arabia	E	ND	ND	ND	E	ND	ND	Unfocused
Sudan	E	ND	ND	ND	ND	C	ND	Unfocused
Syrian Arab Republic	E	ND	ND	E	ND	ND	ND	Unfocused
Tunisia	D	D	D	E	D	D	E	Aware
Turkey	B	E	D	B	B	B	E	Aware
United Arab Emirates	ND	ND	ND	ND	ND	ND	ND	Unfocused
Yemen	E	ND	ND	E	ND	ND	ND	Unfocused

Latin America

COUNTRY	ELEMENTS						Narrative	REPORTING INDEX	
	1	2	3	4	5	6			
Argentina	B	D	D	B	C	B	E	Aware	
Belize	D	D	D	D	D	ND	A	Aware	
Bolivia	D	D	C	C	E	B	E	Aware	
Brazil	E	D	C	E	ND	ND	A	Aware	
Chile	D	C	C	D	D	ND	B	Aware	
Colombia	D	B	B	D	D	D	E	Aware	
Costa Rica	D	D	C	E	C	D	E	Aware	
Ecuador	C	E	D	C	C	D	C	Aware	
El Salvador	D	C	C	D	D	ND	D	Aware	
Guatemala	D	D	D	E	D	ND	E	Aware	
Guyana	C	C	B	C	C	B	E	Aware	
Honduras	C	C	C	D	B	D	C	Aware	
Mexico	B	C	B	B	B	D	C	Responsive	
Nicaragua	D	E	D	E	C	ND	E	Aware	
Panama	D	D	D	D	D	ND	E	Aware	
Paraguay	C	C	B	C	D	A	E	Aware	
Peru	D	E	E	D	D	B	D	Aware	
Suriname	D	E	D	E	D	D	C	Aware	
Uruguay	D	C	C	D	C	ND	C	Aware	
Venezuela	ND	ND	ND	ND	ND	ND	ND	Unfocused	

Oceania

COUNTRY	ELEMENTS						Narrative	REPORTING INDEX	
	1	2	3	4	5	6			
Australia	D	D	C	E	E	D	E	Aware	
Fiji	E	C	D	E	ND	ND	E	Unfocused	
Kiribati	ND	ND	ND	ND	ND	ND	ND	ND	
Marshall Islands	D	C	C	E	D	D	E	Aware	
Micronesia	ND	ND	ND	ND	ND	ND	E	ND	
Nauru	ND	ND	ND	ND	ND	ND	ND	ND	
New Zealand	E	E	E	ND	ND	ND	E	Unfocused	
Palau	C	E	D	D	C	D	D	Aware	
Papua New Guinea	B	B	B	B	B	A	A	Responsive	
Samoa	ND	ND	ND	ND	ND	ND	ND	ND	
Solomon Islands	ND	ND	ND	ND	ND	ND	ND	Unfocused	
Tuvalu	E	B	B	ND	ND	ND	E	Aware	
Vanuatu	ND	ND	ND	ND	ND	ND	ND	ND	

Caribbean

COUNTRY	ELEMENTS						Narrative	REPORTING INDEX	
	1	2	3	4	5	6			
Antigua and Barbuda	E	D	D	E	ND	D	D	Aware	
Aruba	ND	ND	ND	ND	ND	ND	ND	ND	
Bahamas	C	B	B	B	ND	A	B	Responsive	
Barbados	D	D	D	C	D	D	E	Aware	
Cuba	B	C	B	C	B	B	E	Responsive	
Dominica	E	D	D	E	ND	ND	E	Unfocused	
Dominican Republic	C	C	C	C	C	D	D	Aware	
Grenada	C	D	C	D	C	D	C	Aware	
Haiti	A	C	B	B	A	C	D	Responsive	
Jamaica	C	B	A	D	C	D	C	Responsive	
Saint Kitts and Nevis	D	C	C	ND	D	ND	C	Aware	
Saint Lucia	B	D	C	C	C	B	D	Aware	
Saint Vincent and the Grenadines	D	C	C	D	D	D	E	Aware	
Trinidad and Tobago	E	E	D	ND	E	ND	E	Unfocused	
Turks and Caicos	ND	ND	ND	ND	ND	ND	ND	ND	

Element 1: Data Collection

Element 2: Gender Mainstreaming

Element 3: Policy and Legal Environment

Element 4: National Programmes

Element 5: Knowledge and Behaviour

Element 6: Impact

Narrative Reporting

Women Reporting Index

Get involved

Visit www.aidsaccountability.org to:

Create your own scorecard. An easy-to-use searchable database allows you to search for results by country and element. Get the exact information you need to improve accountability in the AIDS response to women.

Join the AIDS Accountability Forum. Provide your feedback and insights on how AAI's Scorecards can be improved, find more accountability resources and get connected with others around the world working to improve accountability in the response to AIDS.

For more information about the AIDS Accountability Scorecard on Women or for general inquiries, please contact us at:

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