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| INDICATOR\_NUM | METADATA\_CATEGORY | METADATA\_CATEGORY\_DESC | METADATA\_DESCRIPTION |
| III.9 | 1 | Contact point in international agency | Michel Beusenberg  Global HIV, Hepatitis and STIs Programmes  World Health Organization \(WHO\)  [beusenbergm@who.int](mailto:beusenbergm@who.int)  [http://www.who.int/hiv](http://www.who.int/hiv) |
| III.9 | 2 | International agreed definition | The percentage of adult women and men receiving antiretroviral therapy according to nationally approved treatment protocols \(or WHO/Joint UN Programme on HIV and AIDS standards\) among the estimated number of adult women and men living with HIV.  The numerator \(the total number of female and/or male adults receiving antiretroviral therapy\) is derived from national programme reporting systems, aggregated from health facilities or other service delivery sites.  The denominator \(the total number of female and/or male adults living with HIV\) is generated using a standardized statistical modeling approach. All HIV-infected adults are considered to be eligible for treatment.  The human immunodeficiency virus \(HIV\) is a virus that weakens the immune system, ultimately leading to acquired immunodeficiency syndrome (AIDS) if left untreated. |
| III.9 | 3 | Method of computation | \*\*Antiretroviral therapy coverage \(%\) -- female and male adults \(age 15 and above\)\*\*  The estimates of antiretroviral therapy coverage presented were calculated by dividing the estimated number of adults receiving antiretroviral therapy by the number of adults living with HIV.  \*\*Estimated number of women and men receiving antiretroviral therapy\*\*  The reported data are compiled from the most recent reports \(see Process of obtaining data\) received by UNAIDS and/or WHO from health ministries or from other reliable sources in the countries, such as bilateral partners, foundations and nongovernmental organizations that are major providers of treatment services. UNAIDS and WHO work with country governments to obtain as many facility-specific data as possible on the numbers of people receiving treatment.  \*\*Estimated number of women and men living with HIV\*\*  Estimation models such as [Spectrum](https://www.avenirhealth.org/software-spectrum.php) are the preferred source for the number of people living with HIV. If models other than Spectrum are used, documentation of the estimation method and uncertainty bounds should be provided. |
| III.9 | 4 | Importance of the indicator in addressing gender issues and its limitation |  |
| III.9 | 5 | Sources of discrepancies between global and national figures | \*\*Cumulative versus current data\*\*  The data collection methods emphasize the need for information on only those people currently receiving treatment. However, through comparing numbers between United Nations agencies, it is possible -- especially at facility level -- that some data are cumulative for all people ever having received antiretroviral therapy since the initiation of antiretroviral therapy programmes. The respective agencies follow up with the country governments to obtain correct data.  \*\*People living with HIV\*\*  Some countries have developed their own methods of estimating the number of people living with HIV, which may differ from UNAIDS/WHO methods. In some cases, these estimates are based only on registered HIV cases and therefore do not account for people with HIV who are unaware of their HIV status. Therefore, UNAIDS and WHO only publish estimates of people living with HIV calculated with standardized methods as described above. |
| III.9 | 6 | Process of obtaining data | The data on people receiving antiretroviral therapy are collected through a joint data collection tool from WHO, UNICEF and the UNAIDS Secretariat. This tool contains Global AIDS Monitoring \(GAM\) indicators -- before 2016 known as Global AIDS Progress Reporting \(GARPR\) indicators -- as well as additional WHO/UNICEF Universal Access Health Sector indicators \(Global AIDS Monitoring 2021, [http://www.unaids.org/en/resources/documents/2020/producing-narrative-report\_global\_aids\_monitoring](http://www.unaids.org/en/resources/documents/2020/producing-narrative-report\_global\_aids\_monitoring )\).  To facilitate collaboration at country level, the country offices of WHO, UNICEF and the UNAIDS Secretariat, work jointly with national counterparts and partner agencies to collate and validate data in a single collaborative consultation process.  In addition, at least twice a year, international data reconciliation meetings are organized to review and validate data reported to WHO, UNICEF, the UNAIDS Secretariat, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the United States President’s Emergency Plan for AIDS Relief. Where discrepancies are identified between data reported to the different organizations, follow-up letters are sent to UNAIDS, UNICEF and WHO country offices to liaise with national authorities to seek clarification and resolve discrepancies.  WHO and UNAIDS strive to publish data representing the status as of December of each year. There is only a small number of countries that are unable to so, and therefore projections to end-of-year values are no longer necessary as countries that reported end-of-year values represented >95% of the total estimated number of people receiving ART at the end of 2018. |
| III.9 | 7 | Treatment of missing values |  |
| III.9 | 8 | Data availability and assessment of countries’ capacity | The WHO database on this indicator covers statistics for the 194 WHO Member States. As of 2020, 99% of countries have reported at least once since 2003. The majority of 194 WHO Member States had provided data on access to ART for December 2020 \(n=172\). These 172 countries accounted for >95% of the people receiving treatment at the end of 2020. ART coverage by sex is available for 128 countries.  WHO/UNAIDS generate estimates of people living with HIV for 170 member states. Most countries for which no ARV coverage by sex estimate has been released are relatively small, have minor HIV epidemics and/or have poor or insufficient surveillance data that do not enable the calculation of reliable estimates.  Data on progress towards scaling-up access to antiretroviral therapy are published on an annual basis. The time lag between the reporting of values and the publication of data series is a minimum of six months. |
| III.9 | 9 | Expected time of release | The data used to calculate the indicator are collected and disseminated annually, usually in the second quarter of each year. They are published in various progress reports by WHO, UNAIDS as well as UNICEF:   1. Global progress report on HIV, viral hepatitis and sexually transmitted infections, 2021: Accountability for the global health sector strategies 2016–2021: actions for impact. Geneva, WHO, July 2021. [https://www.who.int/publications/i/item/9789240027077](https://www.who.int/publications/i/item/9789240027077) 2. Confronting inequalities: Lessons for pandemic responses from 40 years of AIDS. Geneva, UNAIDS, July 2021. [https://www.unaids.org/en/resources/documents/2021/2021-global-aids-update](https://www.unaids.org/en/resources/documents/2021/2021-global-aids-update) |
| III.9 | 10 | Data source | Data and metadata were received from World Health Organisation on 3 August 2021.  For detailed information, please go to the following:   * WHO's Global Health Observatory, [www.who.int/gho](www.who.int/gho) * UNAIDS, [www.Aidsinfoonline.org](www.Aidsinfoonline.org) |