



PROMOTING TRANSPARENCY, BEST PRACTICE AND GREATER ACCOUNTABILITY IN THE HIV/AIDS FIELD

A rating mechanism at the national level

Rodrigo Garay



ISSUE 4
June 2004

BACKGROUND

The barriers to a comprehensive global response to HIV/AIDS prevention and treatment are rapidly dropping. All UN member countries have committed themselves to the Millennium Development Goals (MDGs) where combating HIV/AIDS is one of the key pillars: by 2015, the spread of HIV/AIDS should be halted and begin to decline. The Declaration of Commitment on HIV/AIDS endorsed by the Special Session of the UN General Assembly on HIV/AIDS (UNGASS) in June 2001 made targets on HIV/AIDS time bound and concrete, setting clearly defined goals with specific deadlines. This increased political commitment has also translated into a dramatic increase in the donor funding available for HIV/AIDS prevention and care programs. International pressure on the pharmaceutical industry has also resulted in a dramatic reduction in anti-retroviral (ARV) prices. As a result of the above, the number of programs to improve prevention, treatment and care has escalated in most countries, as has the number of role-players.

One of the most significant trends in the 21st century is an increased focus on accountability –governments are increasingly held accountable for their actions by their electorates, and companies are held accountable by shareholders-, which has expanded to include responsibility for environmental consequences and human rights violations. This trend also applies to developmental organizations that are increasingly being held accountable for their programs and financial spending in development partner countries.

Statistical indicators and rating mechanisms have proven to be powerful tools supporting this trend. They make it possible for the general public and other actors to demand accountability from important role-players

for their actions. UNDP's Human Development Index (HDI) is a well-known example of an indicator that has become well established, and is often cited and considered a useful tool that advances the debate and global agenda for human development.

In the field of HIV/AIDS, although concrete time-defined targets have been set in the context of UNGASS and the Millennium Development Goals, an independent assessment tool measuring progress towards meeting such targets does not exist.

AIDS ACCOUNTABILITY INTERNATIONAL: OBJECTIVES AND STRATEGY

The overall objective of *AIDS Accountability International* is to develop, on a global basis, a HIV/AIDS rating instrument at the national level that can capture the attention of policy makers, multilateral bodies, national governments, NGOs, corporations and media. Through this instrument, governments and other actors in the HIV/AIDS field will be held accountable to the commitments they make. The project will increase transparency and accountability of HIV/AIDS programs with regard to impact and utilization of resources such as donor funding, and thereby AAI will directly and indirectly influence faster and better results in the fight against HIV/AIDS.

The strategy to develop and implement the index will be based on three pillars inspired by the basic need to enhance the credibility, reliability and effectiveness of the instrument:

1. The AAI as an independent non-profit organization with a transparent governing structure will develop and launch the rating instrument while at the same time allowing for inputs from different stakeholders.
2. A rigorous and objective methodology for the development of the rating instrument will be established.
3. An integrative approach that acknowledges that the impact of the indicator ultimately depends on an effective communications strategy will be adopted.

WHAT DO WE WANT TO RATE?

Inspired by the HDI approach, we propose the development of a composite index, which adopts a holistic approach based on three main dimensions: the capacity of a country to deal with HIV/AIDS; its

commitment to fight the disease; and the impact of national aids policies.

Capacity can be defined as the socio-economic means that a country has to address the problem of HIV/AIDS. One way of measuring it could be by using GDP per capita: for example, a rich country has greater resources to invest in health. Capacity may extend beyond GDP to include an educated populace capable of responding to policy initiatives, which could be measured using statistics on literacy rates or spending on education. The existence of an adequate health infrastructure may also contribute to determining the capacity of a government to fight HIV/AIDS in the short to medium term.

At the same time, countries that have the financial means can make the wrong priorities on how that wealth is invested. Therefore, it is important to measure the countries' *commitment* to fighting HIV/AIDS. One way of doing so is using indicators such as percentage of government expenditure allocated to health in general specifically in HIV/AIDS. Another source could be the National Composite Policy Index that assesses the degree to which countries have adopted and implemented a range of HIV/AIDS policies. One way to address possible biases in this data could be to factor in measures of institutional quality, based on, for example, the *Freedom in the World Rating* and the *Corruption Perceptions Index*. Moreover, it is important to consider that several developing countries are dependent on foreign aid, and influenced by donors in how countries decide to combat HIV/AIDS. Such dependency and influence must be considered when measuring countries' commitment in fighting HIV/AIDS.

Finally, capacity and commitment indicators have to be viewed in light of the *impact* different measures have in a specific country. Therefore, UNAIDS or other impact indicators could be an integral part of the AAI Index.

It is important to note that for the measurement of these dimensions, we suggest the use of existing and reliable data and indicators available for the majority of countries in the short term, and the development of relevant additional indicators in the long term.

PROPOSED METHODOLOGY [1]

Ranking countries' responses to HIV/AIDS in an effort to hold states accountable is a useful, although complicated, activity. There is a variety of alternative approaches that can be undertaken to address HIV, and there is not universal agreement in regard to the appropriate elements or

mix of a response. For a ranking to be undertaken, it is necessary to take a position on what the response should be in order to compare the responses of different states. Rather than see this situation as a hindrance, AAI is adopting a ranking methodology that, far from shying away from the necessary value judgments, gives them a central role. Placing them in such a central position will allow for discussions, not only on the resultant ranking, but also on the judgments that form its base.

Inspired by the Copenhagen Consensus, we are proposing a methodology based on a consultative weighting process. The first stage of the process will be to draw up a list of relevant and available indicators, selected based on a review of current literature and a preliminary assessment of data quality and availability. A consultant will conduct this exercise, with input from a small group of key experts. Following the preparation of a draft list, the output will be presented at an advisory meeting for its discussion, review and refinement.

In order to develop a ranking from the indicators gathered, which will vary in terms of what aspect of response they point to, they must be combined into a composite index. Such a combination requires weights to be selected for each of the variables considered. This is where the judgment factor enters the process. It is proposed that an expert panel will be formed, and its members asked to attach weights individually and then discuss collectively. Nominations for this expert panel will be made at the above-mentioned advisory meeting.

The weighting process required to combine indicators of different types into a composite index can be complicated. The expert panel will be made up of key individuals in the field of HIV policy formation and response. To facilitate the experts' contribution to the weighting process, interactive software will be developed and distributed to the panel members. This will provide them with a chance to conduct the weighting individually and have comparable inputs to bring to a meeting. In addition to the software, each expert will receive a detailed review of the data used as indicators, which will allow him or her to consider the uncertainty when attaching weights.

At the weighting meeting of the expert panel, final weights for the first ranking will be agreed on, which will allow the production and distribution of an initial or preliminary ranking.

This is where the strength of the approach comes through. As mentioned, any ranking requires a judgment as regards what is appropriate. Inevitably, there will be disputes in terms of the validity of that judgment. Distributing the initial list as a preliminary ranking, and the software with

the weights along with it, constitutes a transparent procedure that will allow a consultative process to flow from the initial distribution. Critics who dispute the ranking will be encouraged to examine the process followed and suggest changes where they feel a mistake has been made. By providing the software along with the ranking, this process will be made far simpler. Following a period of consultation, the expert panel could consider external contributions, and weights could be changed or variables dropped or added. This process would result in a final list of indicators and a set of weights, and the publication of a final ranking for that year.

The proposed process



FIVE IMPORTANT METHODOLOGICAL ASPECTS [2]

When selecting indicators that could be part of an AAI, five crucial methodological aspects have been identified that require careful consideration: validity, precision, completeness, acceptance and interpretability.

Validity

Validity is the degree to which a procedure is capable of measuring what it is intended to measure. Thus, the validity of a measure/indicator could for example be questioned when concepts meant to be measured are difficult to delineate or assess in reality, such as poverty or stigma. Comparisons between measurements within the same country and between countries may also be distorted by bias. Biases are systematic errors with constant, but often unknown, size and direction, that lead to an over-or underestimation of the true measure. This would occur for example if HIV prevalence in a country was only assessed by measuring HIV among sex workers or STI clients, which would likely result in an overestimate. Using the prevalence among pregnant women seeking antenatal care may not be representative for the whole population aged 15-49. The HIV prevalence may vary 10-fold between areas and ethnic groups, meaning that the country average may not be a valid measure of the true burden of HIV/AIDS a government must face. The indicators used must be evaluated in terms of *internal validity* -there should be no or little systematic errors-, not to be confused with *external validity* - preferably, the indicator should have high generalisability and applicability.

Precision

The precision of a measure or indicator refers to its reliability or repeatability, i.e. the extent to which the measurement procedure gives the same result when repeatedly applied to the same object. This would depend on random variation or error due to chance of random size and direction that cannot be predicted. High reliability (precision) normally means that there should be small random variation around the estimate. One way of increasing precision is to increase the sample size, i.e. the number of people included in your study/assessment.

All important health indicators are subject to more or less serious random error due to dysfunctional registration and reporting systems. This means that annual variations -e.g., in mortality due to AIDS- may be explained by random measurement error rather than being a result of any intervention.

UN bodies involved in annual reporting of numerous health and socioeconomic indicators such as the WHO, the World Bank, UNICEF, etc., often use the same sources of data, i.e. the same measurement errors get copied by all. One technical challenge to solve is how uncertainty intervals would be accounted of and displayed in the index.

Completeness

Completeness mainly refers to the number of countries that regularly report data regarding the indicator in question. The accessibility of data depends on many different aspects, most often the lack of functioning reporting systems or mechanisms to systematically and reliably measure and register mortality, morbidity or socioeconomic indicators in a population, which is the case in most low-income countries and many middle-income as well. This may be at least partly compensated by well-designed and performed sentinel surveillance studies or smaller surveys sampling a representative share of the population, e.g. for data collection. Nineteen low-income countries (12 in Africa, 6 in Asia and one in Latin America) also have demographic surveillance sites comprising smaller geographic areas of about 100,000 inhabitants for whom all vital events are registered, i.e. births, death, and in- and out-migration from the area in order to get the correct denominator e.g. for birth or death rates (see <http://www.indepth-network.org/>).

Access to data will also be influenced by countries' willingness to report on politically sensitive indicators such as HIV prevalence or number of

children born positive to infected mothers.

Acceptance

For an AIDS Accountability Index to be used by policy makers, multilateral bodies, national governments, NGOs, corporations and media, as is the overall objective of AAI, the indicators selected for the composite index must be known and accepted by these key actors as well as by the governments and country leaders to be subject to assessment. This is very important both in terms of external validity and any potential impact sought. To try to assess whether this will be the case, experts with thorough experience on the global health arena as well as country experts must be consulted.

Interpretability

For it to be useful, the composite index must also be easily interpretable by involved parties, since that will largely determine how widespread and accepted it becomes. Ideally, the composite index should have an intuitive and immediate meaning to a naïve user, and be difficult to misinterpret. Most likely, this means that a quite limited number of components (5 indicators maximum?) should be selected.

AN EFFECTIVE COMMUNICATION STRATEGY IS CRUCIAL TO MAKE AN IMPACT

As mentioned, one of the primary goals of the AAI is to increase political pressure on world leaders. However, why will country leaders, companies and other actors care about the results presented in our index? Even if rigorously developed and supported by important actors within civil society and leading researchers, these facts are not sufficient to motivate leaders to act. A number of rating mechanisms exist in various areas today, and yet many of these mechanisms are unrecognized by the target groups they were created to influence. Thus, we will not be satisfied simply by creating a credible index. We must also spread our knowledge about the index to those who have the capacity to use it to affect change. Using the Human Development Index, the Copenhagen Consensus, Transparency International and Gapminder (see www.gapminder.org) as sources of inspiration, we will identify target groups to collaborate with in order to better spread the knowledge about our index.

Another strategy for communicating our findings is to analyze the media's influence. According to Strömback (2000a), the media's power has

increased since the 1960s: “the media may not have influence over our opinions, but it does have influence over what we should have opinions about” (2000b). If we are to be successful, it is therefore crucial that we identify the leading media players and channels within HIV/AIDS. There are a number of organizations, like the Kaiser Foundation, CNN, “The Economist” and others, that will be important partners for communicating our messages. But we believe it is equally important to target actors who do not normally work with or report on civil society. For example, the rating institute Standard & Poor’s (S&P) conducts a rating on countries from an economic perspective, and decides which interest rate they will be required to pay on their debts. If S&P linked the findings from our index to their macroeconomic index, it would be more likely that leaders will take it seriously. And influencing global actors is crucial if we are going to make a global impact, which in turn means that choosing our media partners and channels will be very important. We will need to build strong relationships with global media actors that pass on information about our index to their dotter companies.

It is also important to develop an interactive and simple visual presentation when presenting the index. These aspects will help to stimulate greater interest from journalists and other stakeholders. Simplicity is important because we must communicate our findings in such a way that they are easily digested. But it also means that we may miss opportunities to present important nuances about how a country can best fight the HIV/AIDS pandemic. There is therefore also a need for qualitative and narrative elements that will complement the index and provide a deeper understanding of the questions that are not easily communicated through it. The situation can be compared to the Human Rights Watch reports presenting the status of human rights in different countries. In addition, to help us further communicate these qualitative aspects, we can offer software that provides journalists the possibility to interact with different scenarios presented in the index.

Last but not least, I want to highlight that our strategy for making an impact with the index also means that we will identify and work with “allies” within civil society. We have already received support by many leading NGOs, but we need to continue to build our support. Ultimately, our initiative will achieve legitimacy when these organizations start to use our index as a tool as they develop their advocacy strategies. For that to happen the organizations will need additional support and education to better understand what the index means for them.

Rodrigo Garay is the Founder, AIDS Accountability International, Stockholm. rodrigo@aid-accountability.org

[1] Methodology developed in collaboration with Chris Desmond, London

School of Economics (2006).

[2] Anna Mia Ekström, IHCAR, Division of International Health,
Department of Public Health Sciences, Karolinska Institutet, Sweden
(2006).

Strömbäck, Jesper 2000a Makt och medier (Lund: studentlitteratur).

Strömbäck, Jesper 2000b Sidan 150. Makt och medier (Lund: studentlitteratur)

SUBMITTED BY: FLORENCIA ENGHEL

2006-05-27



© GLOCAL TIMES 2005
FLORENGHEL(AT)GMAIL.COM
ISSN 1654-7985