Toolkit for Understanding and Addressing HIV Related Inequalities

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USC University of Southern California
USC Institute on Inequalities in Global Health
Program on Global Health & Human Rights
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Abbreviations and acronyms

AGYW	adolescent girls and young women
AIDS	acquired immunodeficiency syndrome
CLM	community led monitoring
CSE	comprehensive sexuality education
CSO	civil society organization
DHS	Demographic and Health Survey
FAO	Food and Agriculture Organization of the United Nations
GAM	Global AIDS Monitoring
HIV	human immunodeficiency virus
IBBS	Integrated Bio-Behavioural Surveys
IOM	International Organization for Migration
IPV	intimate partner violence
MEL	monitoring, evaluation and learning
NSP	national strategic plan for HIV
PEPFAR	US President's Emergency Fund for AIDS Relief
PrEP	pre-exposure prophylaxis
SDGs	Sustainable Development Goals (United Nations)
STI	sexually transmitted infection
TB	tuberculosis
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
WHO	World Health Organization

List of Tools

Introduction and background

The Framework for Understanding and Addressing HIV-Related Inequalities (1) and this accompanying Toolkit are designed to help national stakeholders – the United Nations Joint Team on AIDS, National AIDS Commissions and their partners — use their comparative advantage and capacity to mobilize, engage and support countries and communities to: (i) identify HIV related inequalities and their drivers; and (ii) develop laws, policies and priority programmatic actions to address inequalities, ensuring equitable and sustainable access to prevention and treatment services, ending AIDS and achieving the United Nations Sustainable Development Goals (SDGs).

What is HIV-related inequality?

The Global AIDS Strategy defines inequality as "an imbalance or lack of equity", "encompass[ing] the many inequities [...], disparities and gaps in HIV vulnerability, service uptake, and outcomes experienced in diverse settings and among the many populations living with or affected by HIV."[1]

HIV-related inequalities are those social, economic, racial and gender inequalities, restrictive and discriminatory laws, policies and practices, stigma and multiple and intersecting forms of discrimination, including based on HIV status, and human rights violations that perpetuate the HIV epidemic. HIV-related inequalities can result in increased vulnerability to infection for some populations. They can affect access to HIV-related services for other populations or increase the impact of HIV and the risk of poor HIV-related outcomes on some populations living with HIV. Populations that are more likely to experience HIV-related inequalities will vary between and within countries and even within population groups, based on various factors, including intersecting and overlapping factors.

Insufficient attention to inequalities can result in harmful gaps in understanding and addressing HIV risk and vulnerability factors, including those that prevent access to prevention and treatment.

Persistent inequalities, including infringements of human rights, continue to undermine progress towards ending AIDS by 2030 and ensuring access to services beyond 2030. As HIV continues to spread, worsening inequalities threaten to halt or even reverse what progress has been made, pushing people behind even as biomedical advances offer opportunities for improved HIV prevention and treatment.

For example, gender inequality remains one of the most pervasive forms of inequality globally, impacting the ability of women, girls and gender diverse people to prevent infection and mitigate the negative experience of living with HIV. Gender inequality and harmful gender norms can also impact on men and transgender people's health seeking behaviour, making it harder for them to access HIV-related services. However, it is important to recognise that a broad range of social and structural factors, health systems and services, as well as individual characteristics and actions, all shape individual experiences with HIV inequalities. All these factors need to be considered and addressed in trying to understand and respond to HIV inequalities.

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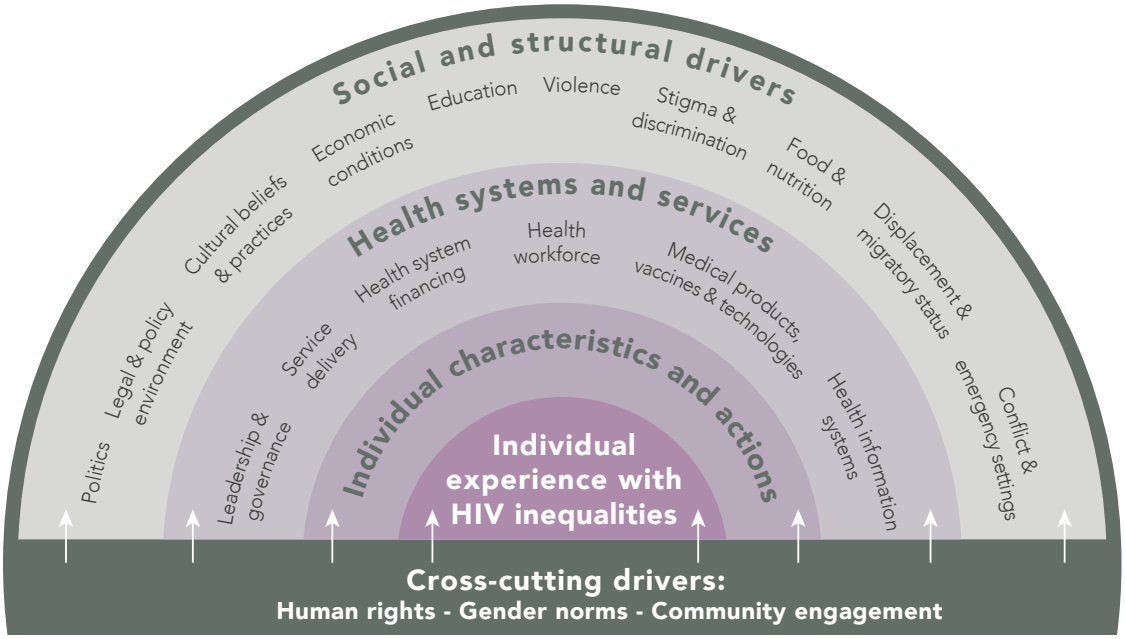
1 Equity is defined in the Leaving no one behind: UN System Shared Framework for Action as fairness in the distribution of costs, benefits and opportunities amongst population groups defined socially, economically, demographically or geographically. With due attention to the importance of equity for health and well-being, this Toolkit explicitly adopts the notion of equality, recognizing its foundational importance to international human rights law.

Figure 1. Identified drivers of HIV related inequalities



Source: A framework for understanding and addressing HIV-related inequalities. Geneva: UNAIDS; 2022. (Figure based on: Dahlgren G, Whitehead M. Policies and strategies to promote social equity in health. Stockholm: Institute for Futures Studies; 1991.)

In 2015, United Nations Member States collectively committed to address inequalities when they unanimously adopted the 2030 Agenda for Sustainable Development. In 2016, the adoption of the UN System Framework for Action on Equality to "establish a common understanding of the challenge of rising inequalities and pervasive discrimination" furthered this commitment.

In line with these commitments, the Global AIDS Strategy 2021-2026 (2) focuses on reducing the inequalities that drive the HIV epidemic. This work is also guided by the 2021 United Nations General Assembly Special Session on Political Declaration on Ending AIDS ('the Political Declaration') (3), in which Member States committed to "urgent and transformative action" to end inequalities, restrictive and discriminatory laws, policies and practices and human rights violations that perpetuate the epidemic. The goals and targets within national HIV responses should reflect this strengthened focus on eliminating inequalities across the continuum of prevention, testing, treatment and care services, to ensure that no one is left behind in the AIDS response.

To support better understanding of inequalities that drive the HIV epidemic and to help operationalize the above documents, the Framework for Understanding and Addressing HIV-Related Inequalities was developed. Figure 1 shows the social, structural, systems and service drivers (factors) of HIV related inequalities covered in the framework. This Toolkit has been developed as a related, but separate, resource to provide a practical approach for diagnosing inequalities driving the HIV epidemics and identifying actions and entry points to address them.

For more information on the drivers of inequalities in HIV and the compounding effects of different factors, see A Framework for Understanding and Addressing HIV-Related Inequalities (1).

How to use the Toolkit

This Toolkit is intended to facilitate co-ordinated, multisectoral and interdisciplinary action to identify, and then aim to reduce or eliminate HIV-related inequalities. National stakeholders can use it in planning processes, including for developing in-country UN Joint Programmes of Support, revising national HIV strategic plans and health strategies and developing HIV Response Sustainability Roadmaps, developing Global Fund proposals or President's Emergency Fund for AIDS Relief (PEPFAR) Country Operational Plan development processes. They can also combine the inequalities assessment with other assessment processes, e.g. Current State HIV Response Sustainability Assessments, Gender Assessments (4), rapid Human Rights Assessments (5) and Legal Environment Assessments (6).

The Toolkit sets out a **four-step approach** to support the national response in identifying and understanding HIV-related inequalities and their drivers and developing appropriate actions to tackle these inequalities. Specifically, the Toolkit:

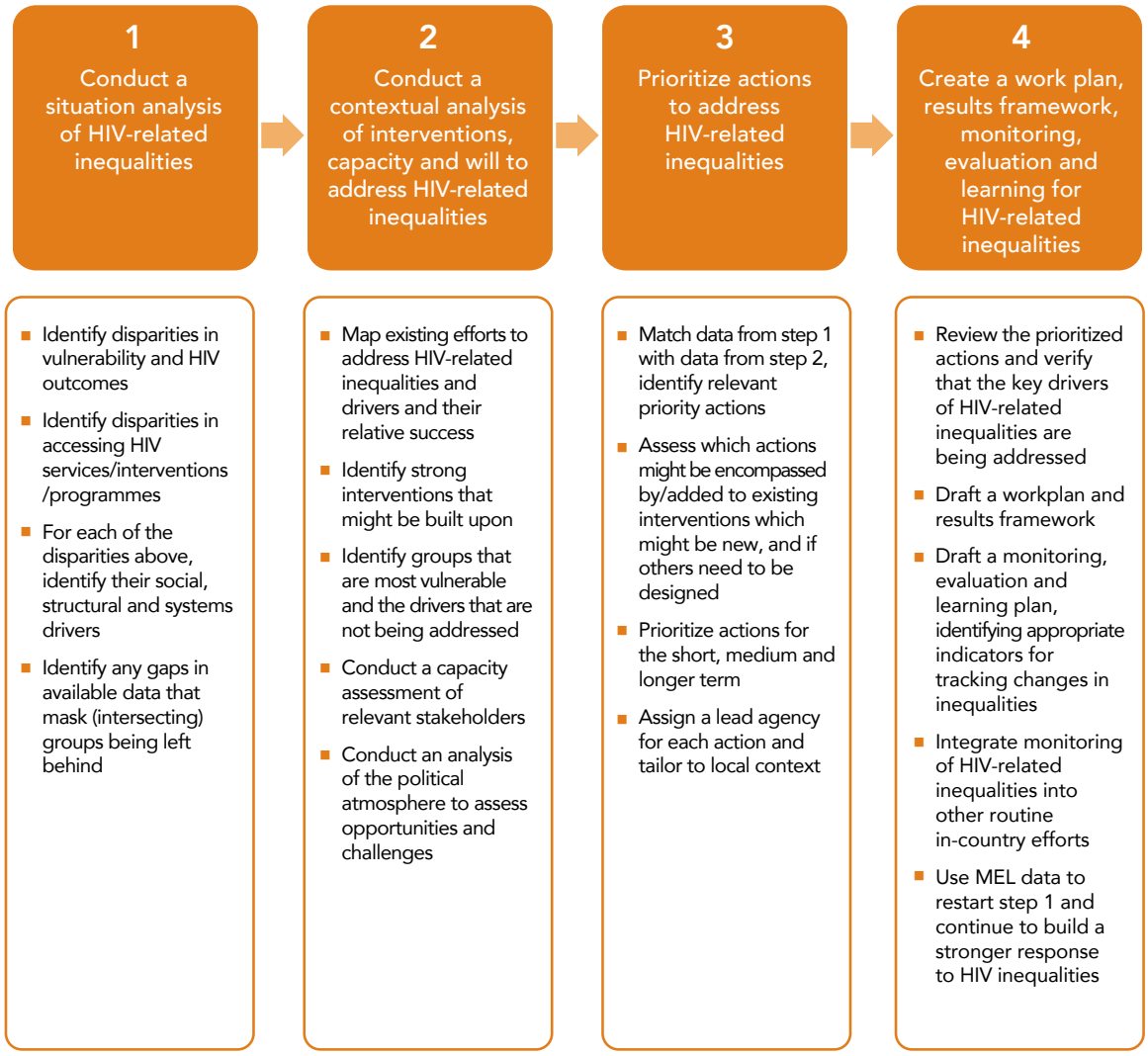
- Includes recommended processes for carrying out these four steps, allowing for flexibility to 'shortcut' the process (e.g. for a rapid assessment, or a shorter inequalities assessment integrated with other assessment processes), as well as making provision for a more in-depth assessment and analysis, where resources and time allow for multiple focus groups, consultative processes and analyses. (See Guidance 1 for more details.)
- Includes guidance, checklists of questions, tables, suggested methodologies to support these four steps, including hyperlinks to additional tools in the annex, as well as hyperlinks to external resources for further information, where more in-depth analysis is required.
- Provides concrete examples (in this case adolescent girls and young women) to show how these tools can be used to identify, analyse and develop actions to respond to inequalities in HIV outcomes and access to services (experienced by adolescent girls and young women).

At the preparatory stage of the assessment, it is recommended that users: (i) acquire an overview of the Toolkit; (ii) identify the process to be followed, based on the resources available, current in-country assessments, other processes under way, etc.; and (iii) identify the core tools they will use to go through the four steps (see Guidance 1 below).

What are the four steps?

- **Step 1: Situational analysis.** This step helps to access and assess data to identify who experiences heightened vulnerability, disparities in access to services and HIV outcomes and why (inequalities and their drivers).
- **Step 2: Contextual or response analysis.** This step helps to determine the current context—what the existing, and successful actions are, the stakeholders and their capacity, the political will and opportunities for addressing these inequalities.
- **Step 3: Prioritization.** This step helps to prioritize actions with the most impact.
- **Step 4: Planning, monitoring, evaluation and learning.** This step helps to develop action and monitoring, evaluation and learning (MEL) plans to address HIV related inequalities.

Figure 2. Four-step approach to identifying and addressing HIV related inequalities



Preparing for an inequality assessment

Before starting the process, it is important to undertake some preparatory work.

Key Actions

1. Set up a multisectoral team that reflects government and stakeholder buy-in, support and commitment.
2. Identify and embed the inequality assessment into existing or planned assessments and/or HIV response activities.
3. Conduct stakeholder mapping.
4. Plan the process (i.e. rapid/in-depth assessment, methodology, timelines).
5. Develop a concept note to guide the assessment and response.

1. Secure political commitment, leadership and support for setting up a multisectoral team, and for engaging in the assessment process.

Setting up a multisectoral assessment team

A multisectoral, representative team is critical to for overseeing the process, providing initial technical analyses of existing data, identifying information and stakeholders in the response, and engaging in consultations to ensure the participation and inclusion of all relevant stakeholders throughout the process.

The role, composition and functioning of this group should be deliberated at the preparatory stage. Roles and responsibilities may vary from context to context, depending on existing in-country structures and processes. However, participation on a team should include, for example:

- Affected communities, including adolescent girls and boys, young people, people living with HIV, women living with HIV, representatives of key populations and vulnerable populations.
- Government.
- Civil society.
- Development partners with focal points who will lead this work.

See Appendix 1 for an example of a Concept Note describing an assessment team.

2. Identify opportunities for integrating the inequality assessments with other assessments and into existing strategic planning processes:

- HIV response sustainability assessments.
- Gender assessments, human rights assessments, legal environment assessments.
- National HIV strategic planning (NSP) reviews.
- UNSDCF planning.

- Global Fund proposal development, grant making and implementation.
- President's Emergency Fund for AIDS Relief (PEPFAR) Country Operational Plan development process.
- Additional opportunities for national or UN organizations in-country to address inequalities that link with and impact the HIV response.

Sustainability assessments and roadmaps

In 2024, countries will begin consultative processes to develop HIV Response Sustainability Roadmaps, as defined in the UNAIDS HIV Response Sustainability Primer. These roadmaps will identify high-level outcomes across key domains of sustainability, including political leadership, quality access to services, systems capacities, enabling policies and domestic and international financing, to ensure sustainable access to services beyond 2030.

Ending inequalities to minimize vulnerability to HIV and ensure access to services, is especially critical for sustaining the HIV response. Enabling policies that support equitable, accessible and high-quality HIV services that leave no one behind and support strong community leadership and engagement will be an important part of all sustainability assessments and roadmaps.

Where countries are undertaking sustainability assessments, an inequalities assessment can be integrated within this process, to ensure that ending inequalities is part of sustainable HIV responses.

3. Conduct an initial stakeholder mapping exercise, to set up representative groups that ensure the inclusion and participation of all key actors in a consultative assessment process:

- Affected communities.
- Civil society and nongovernmental organizations.
- Networks of women living with HIV, key populations, vulnerable populations.
- Adolescents and young people.
- Government (national, subnational).
- Parliamentarians.
- Judiciary and quasi-judiciary (judges, lawyers, national human rights institutions).
- Development partners.
- Academia/research institutes.
- Members of the Global Fund Country Coordinating Mechanism.

4. Agree on the process to be followed, based on the resources available, current in-country assessments, other processes under way, etc.

5. Develop a concept note detailing the approach, responsibilities, stakeholders, resources needed, deliverables and timelines. (See Appendix 1 for guidance).

Use Checklist 1, below, to help with these preparatory steps.

Use Guidance 1 to identify a process (and the Toolkit tools to use), depending on whether a rapid, integrated, or comprehensive assessment needs to be conducted.

Case study: Aligning an inequalities assessment with other processes in the Republic of Moldova

The Republic of Moldova had already begun a process of collating data in 2022, including epidemiological data on HIV, programmatic data, as well as data on social and structural barriers to HIV, including human rights barriers to access to HIV services. However, efforts were mostly focused on data collection and analysis of various issues, with no specific focus on data interpretation to interrogate the links between data on HIV vulnerability, outcomes, and inequalities that are at the root of the HIV epidemiology in the country.

The Moldavian inequalities assessment was implemented in alignment with other major strategic national processes ongoing in the country, such as:

The Global AIDS Monitoring (GAM) process: Data from the GAM process, as well as data from a recent mid-term review of the national HIV response, were used for the inequalities assessment.

The development of the Global Fund funding request: The inequalities assessment was able to 'piggy-back' on the consultation and submission process, as well as to contribute findings and recommendations to the funding proposal.

The country stakeholders used the Toolkit in various ways during the GAM process, in collaboration with both governmental and nongovernmental sectors, in order to identify the national counterparts to involve in the process; pull together all relevant, existing data; identify the technical and human resources needed to ensure sufficient technical expertise for deep data interpretation and analyses, and identify possible inequalities and solutions.

According to country stakeholders, using the Toolkit in alignment with other ongoing national processes allowed them to bypass steps where similar activities have already been undertaken, focusing their efforts on supplementary steps (such as key stakeholder interviews) where additional data or analyses were crucial. Aligning to the GAM development process was found to be particularly beneficial.

For an in-depth overview of the four steps, see A Framework for Understanding and Addressing HIV-Related Inequalities (1).

Checklist 1: Preparing for inequalities assessment			
Question	**Response**	**Suggested action**	**Responsible entity**
Is there a functional national multisectoral HIV response team?	Yes/No	If no, support country to form/strengthen one.	Country response team
Is the response team representative of all key stakeholders, including all those working on inequalities that affect the HIV response?	Yes/No	If no, modify the leadership team composition as necessary.	Country response team
Is there a complete mapping of key actors/stakeholders working with populations and subpopulations already known to be experiencing inequalities? (see service provider databases and internal consultations).	Yes/No	Develop a complete list of key stakeholders.	Country response team
Who are the key missing stakeholders?	List	Invite to be part of inequalities work.	Country response team
What analytical capacity is needed to prepare and analyse data? Is that capacity available?	List	Hire short-term consultant/ train existing data managers.	Country response team
Can the inequalities assessment integrate with/feed into any current national assessments, strategic planning, other HIV response processes?	List processes	Document processes to be linked with inequalities assessment.	Country response team
Are there recent assessments (less than five years old) that can serve as a useful basis for this work?	List	If yes, assess adequacy and plan any additional work to be done.	Country response team
What resources (human, financial and technical) are needed for this inequality assessment that are missing?	List	Document list of needed resources and likely sources.	Country response team
Who will be the focal person for the different strands of the HIV inequalities work in the country?	Name person/office	Develop concept note on the assessment approach, roles, stakeholders, deliverables, resources, timelines.	Country response team

Using the Toolkit for a rapid, integrated, or comprehensive assessment

Some countries may already have good sources of existing data, existing assessments and analyses. They may wish to conduct a rapid assessment, in the interests of saving time and resources. Other countries may be conducting an inequality assessment at the same time as other, in-country processes—such as a gender assessment, human rights assessment, baseline human rights assessments for countries that are part of the 'Breaking Down the Barriers' programmes of the Global Fund, country dialogues and consultations for an NSP review of the Global Fund funding request. They may wish to conduct an integrated inequalities assessment simultaneously with other processes. Yet other countries may have the time and resources available for an in-depth, comprehensive, stand-alone assessment.

This guidance can be used to identify ways in which to combine the four steps, and the Toolkit tools, to conduct either a rapid, integrated, or comprehensive assessment. It should be used at the preparatory stage, when developing a concept note or inception report, to set out the process to be followed, stakeholders to be interviewed, etc.

Guidance 1: Suggested process and corresponding tools for *rapid* inequalities assessments					
Process	**Context**	**Steps**	**Tools and examples**	**Purpose of tool**	**Output/deliverable**
Rapid process	Limited time, resources Good sources of existing data, studies and existing analysis	Steps 1–2 combined: Situational analysis and contextual analysis. Collect data. Be alert for existing assessments/analyses of data. Review and analyse information, undertake select interviews with key experts to identify inequalities and drivers of inequalities. List priority inequalities and root causes. Review and analyse information, work with same key experts to identify current interventions, gaps, and lessons learned.	Example 1: Data sources.	Guides for useful types of quantitative and qualitative data sources.	List of priority inequalities and root causes. List of actions/ interventions to respond.
			Appendix 2: Table of useful data sources.	Gives concrete examples of, and hyperlinks to, quantitative and qualitative data sources.	
			Tool 1: 5W and H.	Explanation of how to use questions to identify inequalities.	
			Checklist 2: Sample questions to identify inequalities.	Gives key questions to help identify inequalities, who experiences them and to think about what drives them.	
			Example 2: Inequalities analysis.	Gives examples of how to break down data to identify inequalities.	
			Example 3: Root causes of higher risk of HIV transmission.	Gives examples of how to interrogate inequalities to identify root causes.	
			Checklist 3: Sample questions to analyse interventions.	Questions to help identify existing interventions, remaining gaps, challenges, and opportunities.	
		Steps 3–4 combined: Prioritizing interventions and planning. List and tabulate recommended actions to address priority inequalities, in preparation for developing a workplan. Assign responsibilities, identify resources, timelines.	Checklist 4: Sample questions to prioritize actions.	Further questions to identify interventions, gaps and challenges and to review opportunities. Questions to prioritize key actions.	List of priority recommended actions AND/OR. Table of actions, responsibilities, timelines, resources AND/OR. Short summary of analysis findings and priority and recommended interventions.
			Worksheet 1 for prioritization.	Provides a suggested table for prioritizing actions and activities, assigning resources and responsibilities.	
			Appendix 5: Example 4: Examples of prioritizing actions.	Gives example of above.	
			Checklist 5: Sample questions for planning.	Guiding questions for planning.	
		Final step: Finalizing plan and MEL. If time allows, work with same key experts to develop a comprehensive workplan and MEL system.	Checklist 6: Checklist for assessing MEL framework.	Supports analysis of existing MEL system to integrate inequalities-related indicators.	Workplan including MEL.
			Worksheet 2 for MEL.	Provides a suggested table for developing an MEL framework, including indicators, tools, responsibilities, etc.	

Guidance 2: Suggested process and corresponding tools for integrated inequalities assessment					
Process	**Context**	**Steps**	**Tools and examples**	**Purpose of tool**	**Output/deliverable**
Integrated assessment process (inequalities assessment integrated with other assessments, planning processes)	Current ongoing or planned assessments, strategy/planning processes under way. Opportunities to piggyback using data, analysis and consultative processes.	Step 1: Situational analysis. Collect data. Work in collaboration with other researchers to pool data collection. Review and analyse information to identify inequalities. Work in collaboration with existing processes/consultations/stakeholders to integrate questions to identify inequalities and drivers of inequalities. List priority inequalities and root causes.	Example 1: Data sources.	Guides towards useful types of quantitative and qualitative data sources.	List of priority inequalities and root causes.
			Appendix 2: Table of useful data sources.	Gives concrete examples of and hyperlinks to quantitative and qualitative data sources.	
			Tool 1: 5W and H.	Explains how to use questions to identify inequalities.	
			Checklist 2: Sample questions to identify inequalities.	Gives key questions to help identify inequalities, who experiences them and, to start to think about what drives them.	
			Example 2: Inequalities analysis.	Gives examples of how to break down data to identify inequalities.	
			Example 3: Root causes of higher risk of HIV transmission.	Gives examples of how to analyse inequalities to identify root causes.	
			Appendix 3: Problem tree.	Gives example of how to create and answer a problem tree, using adolescent girls and young women as an example.	
		Step 2: Contextual analysis: Work with other assessment researchers to review and analyse information. Include analysis of other assessment informant interviews, report findings. Integrate work to identify current interventions, gaps, and lessons learned with other assessment findings, processes, consultations with duty bearers and partners.	Checklist 3: Sample questions to analyse interventions.	Questions to help identify existing interventions, remaining gaps and challenges, opportunities.	List of suggested actions.

Process	Context	Steps	Tools and examples	Purpose of tool	Output/deliverable
		Steps 3–4: Prioritizing interventions and planning: Work with stakeholders to tabulate prioritized, recommended actions to address priority inequalities, in preparation for developing workplan. Work with other researchers to conduct planning to develop comprehensive, integrated plan to address inequalities. Integrate findings and recommendations into a comprehensive report and recommendations on inequalities.	Checklist 4: Sample questions to prioritize actions.	Further questions to identify interventions, gaps and challenges and to review opportunities. Questions to prioritize key actions.	(Integrated) Table of actions, responsibilities, timelines, resources Comprehensive, integrated report of findings, gaps, challenges and lessons learned
			Worksheet 1 for prioritization.	Provides a suggested table for prioritizing actions and activities, assigning responsibilities.	
			Appendix 5: Example 4: Examples of prioritizing actions.	Gives example of above.	
			Checklist 5: Sample questions for planning.	Guiding questions for planning.	
		Step 4: Finalizing plan and MEL. Work with other researchers and key experts to develop a comprehensive workplan and MEL system.	Checklist 5: Sample questions for planning.	Guiding questions for planning.	(Integrated) Workplan, including MEL framework
			Checklist 6: Checklist for assessing MEL framework.	Supports analysis of existing MEL system to integrate inequalities-related indicators.	
			Worksheet 2 for MEL.	Provides a suggested table for developing an MEL framework, including indicators, tools, responsibilities, etc.	

Guidance 3: Suggested process and tools for comprehensive inequalities assessment					
Process	**Context**	**Steps**	**Tools and examples**	**Purpose of tool**	**Output/deliverable**
Comprehensive, stand-alone process	Time, resources available for in-depth inequalities assessment	Step 1: Situational analysis. Collect data. Review and analyse information, hold consultation, group work to identify inequalities. List priority inequalities in context. Review and analyse priority inequalities to identify root causes. Use problem tree analyses as part of group work with key/ expert focus groups to identify root causes.	Example 1: Data sources.	Guides towards useful types of quantitative and qualitative data sources.	List of priority inequalities and root causes.
			Appendix 2: Table of useful data sources.	Gives concrete examples of, and hyperlinks to, quantitative and qualitative data sources.	
			Tool 1: 5W and H.	Explains how to use questions to identify inequalities.	
			Checklist 2: Sample questions to identify inequalities.	Gives key questions to help identify inequalities, who experiences them, and to think about what drives them.	
			Example 2: Inequalities analysis.	Gives examples of how to break down data to identify inequalities.	
			Example 3: Root causes of higher risk of HIV transmission.	Gives examples of how to interrogate inequalities to identify root causes.	
			Appendix 3: Problem tree exercise.	Gives example of how to create and answer a problem tree, using adolescent girls and young women as an example.	
		Step 2: Contextual analysis. Hold in-depth consultations with key/expert focus groups to conduct contextual analysis. Identify and analyse current interventions and capacities.	Checklist 3: Sample questions to analyse interventions.	Questions to help identify existing interventions, remaining gaps and challenges, opportunities.	Analysis of current context. List of recommended interventions.
			Appendix 4: Delphi methodology.	Methodology for conducting contextual analysis of interventions and capacity.	
		Step 3: Prioritize actions: Hold further in-depth consultations, including group work, to review and refine priority interventions, assign responsibilities and identify resources.	Checklist 4: Sample questions for prioritizing actions.	Guidance for how to prioritize key interventions to address inequalities.	Workplan. Comprehensive report of process, findings of situational and contextual analysis, recommendations, workplan.
			Worksheet 1 for prioritization.	Provides a table for prioritizing actions and activities, assigning responsibilities.	
			Appendix 5: Example 4: Examples of prioritizing actions.	Gives example of above.	

Process	Context	Steps	Tools and examples	Purpose of tool	Output/deliverable
		Step 4: Planning and MEL: Continue in-depth consultations, including group work, to develop a workplan, and MEL framework to address inequalities.	Checklist 5: Sample questions for planning.	Guiding questions for planning.	
			Checklist 6: Checklist for assessing MEL framework.	Supports analysis of existing MEL system to integrate inequalities related indicators.	
			Worksheet 2 for MEL.	Provides a table for developing an MEL framework, including indicators, tools, responsibilities, etc.	

Step 1. Conduct a situational analysis of HIV related inequalities

Step 1 involves three activities:

1. Identifying the available sources of data.
2. Identifying HIV related inequalities (using the questioning method).
3. Identifying possible causes of these inequalities (using the root cause analysis approach).

Key actions

1. Identify data sources (and data gaps).
2. Identify types and forms of inequalities:
   - Who experiences inequalities in HIV outcomes (incidence, mortality)?
   - Who experiences disparities and gaps in terms of access to services?
3. Identify root causes and drivers of these inequalities:
   - Why do they experience inequalities in HIV outcomes, access to services?

Step 1.1. Identify the Sources of Data

Use quantitative and qualitative data from various sources:

- Use epidemiological, service, systems and policy data **disaggregated by key equity variables** (e.g. gender, age, race/ethnicity, residence, wealth, disability, sexual orientation, gender identity, residence/location and other factors) that may show links to:
  - Who are the most vulnerable to HIV infection and AIDS-related illnesses (e.g. population size estimates of key populations at increased risk to HIV, trends in behaviours that increase risk to HIV, incidence and prevalence by geographical areas)?
  - Who has poorer HIV intervention outcomes (e.g. poor access and adherence to treatment)?
  - Who has other social vulnerability?
- Use **qualitative assessments,** including service document reviews, policies, guidelines, and expert (including community) opinions to find out more nuanced information about why and how some subpopulations experience inequalities, disparities and gaps in HIV outcomes and access to services, e.g.
  - Economic differentials;
  - Sociocultural and structural barriers and inequitable gender norms;
  - Political will (e.g. commitment, financial support);
  - Legal constraints (e.g. parental consent laws for access to HIV services, criminalization of sex work, drug use, or sex between men).

Example 1: Potential data sources for determining who experiences inequalities and why

- Epidemiological data: Modelled estimates, e.g. the Spectrum estimates at the national level by age and sex, or Naomi estimates by geographical area, age and sex. Also consult routine data on prevalence from routinely collected antenatal care testing or sentinel testing among key populations.
- Survey data, e.g. Demographic and Health surveys (DHS), Multiple Indicator Cluster Surveys (MICS), population based HIV Impact Assessment (PHIA) and Integrated Bio-behavioral Surveys (IBBS), knowledge attitudes and practice surveys, Stigma Index surveys, nutritional surveys.
- Service data from health facilities and programmes (such as treatment cascade data from health facilities and other quantitative measures of service reach and quality).
- Special studies that have been conducted on HIV-related services or issues (e.g. lost-to-follow-up studies).
- Qualitative inquiry: Key informant interviews or focus group discussions with different stakeholders on drivers of inequalities, service coverage, existing barriers and opportunities.
- Legal, policy and systems data, ratification of international human rights treaties, global commitments relevant to HIV. A good place to start is the latest National Commitments and Policy Instrument, submitted to UNAIDS every other year.
- Non-traditional data sources, including qualitative data, expert inputs and key informant interviews with community representatives.
- AIDSinfo.unaids.org has a page on inequalities that presents the epidemiological modelled data and the survey data in an easily digestible format to identify inequalities due to rural residence, age, sex, household wealth, and education. A draft report for a country can be generated from this site to start the review process.
- See Appendix 2 for concrete examples and links to various data sources.

Step 1.2. Determine HIV-Related Inequalities

Use the various forms of quantitative and qualitative data to answer these 'Who, What, Where, When, Why and How' (the 5W, H) questions to obtain a fuller understanding of HIV-related inequalities in a country. Checklist 2 gives some further, in-depth, examples of questions to be used.

Use existing literature and discussions with key experts to answer the questions.

Tool 1: The 5W and H

- A 'what' question describes the nature of HIV inequality, for example: specific population group disease burden and share of national disease burden, differential access to services, levels of stigma and discrimination.
- A 'who' question describes the individuals or group experiencing these inequalities, for example: their age, sex, ethnicity (race), and socioeconomic status.
- A 'where' question describes the locations where the inequalities occur, for example: rural/urban, poor/rich, homes/workplaces, or differences between districts, provinces and other political boundary delineations.
- A 'when' question concerns the timing of when the inequalities might, or could be happening now or in the past, for example: months of the year, times of the day, seasons of the year, events during the year, or cyclic occurrences across years.
- 'Why' and 'how' questions describe the likely underlying (root) causes of the inequalities, for example: why and how particular groups are affected differently even when they share similar characteristics with others.

This will help to understand:

- Who is experiencing HIV-related inequalities and to what extent.
- What the underlying factors are that contribute to this.

Key Informants may include those representing, and/or those with experience and expertise in:

- Law and human rights.
- Gender equality.
- HIV, health and development.
- Key and vulnerable populations.
- Service delivery (prevention, treatment, care and support).
- Community led responses.

Checklist 2: Sample questions expanding on the 5WS to identify inequalities	
Key questions	**In-depth questions**
What are the disparities in HIV outcomes? Use existing data sources on HIV outcomes (e.g. viral suppression, HIV incidence) for different populations.	Who are the key and priority subpopulations? What is their relative importance in terms of burden? Who is being affected by multiple layers of disadvantage? How might these intersecting inequalities lead to worse outcomes? *(e.g. being poor transgender and orphaned in an area of high HIV prevalence)*? Where are they located?
Who is not adequately accessing services/interventions/programmes? Use output indicators, as well as outcome and impact indicators (this will help with monitoring of the response for addressing inequalities going forward), to determine the answers.	Do these populations vary by the types of services they are missing? For example: ■ HIV specific services such as voluntary medical male circumcision, PrEP, condoms, treatment, vertical transmission services. ■ Other health services of people living with HIV. ■ Social protection. What are the barriers (both demand and supply) to accessing services?
What are the drivers of these inequalities? Consider the social and structural drivers that cause different population groups to experience inequalities, disparities and gaps in HIV outcomes and access to services. Look at existing data on populations in terms of various drivers, such as: ■ **Discrimination.** ■ **Governance (including laws and policies).** ■ **Socioeconomic status.** ■ **Geography.** ■ **Vulnerability to shocks.**	Why do different population groups experience disparities? For example: ■ Are there entrenched norms and practices *(early marriages, limited access to education, violence against women, etc.)* that put some groups of people at extra risk? ■ Are there high levels of stigma and discrimination (*misconceptions or discriminatory views measured through population-based surveys, experiences of stigma and discrimination measured in Stigma Index surveys*) that impact on access to services and outcomes? ■ Are there any harmful practices that undermine the HIV response in terms of accessing and using HIV services? ■ Are there laws/policies/guidelines that undermine the HIV response for specific groups (e.g. *policies which prohibit the use of HIV related services adolescents without parental consent*)? ■ Are protective laws/policies/guidelines that could help reduce HIV-related inequalities being implemented? ■ Do different populations experience different drivers of inequalities? What factors enhance risk and vulnerability for certain populations? Do the structure and functionality of the health and social protection systems limit the delivery, uptake and use of HIV-related services for different populations? Is geography/location a factor for populations? What additional inequalities arise in humanitarian situations? What are the government's international commitments relevant to HIV and to what extent are they being implemented? What systems of accountability exist to support these populations? What redress can they provide? What are the gaps and challenges that exacerbate inequalities?

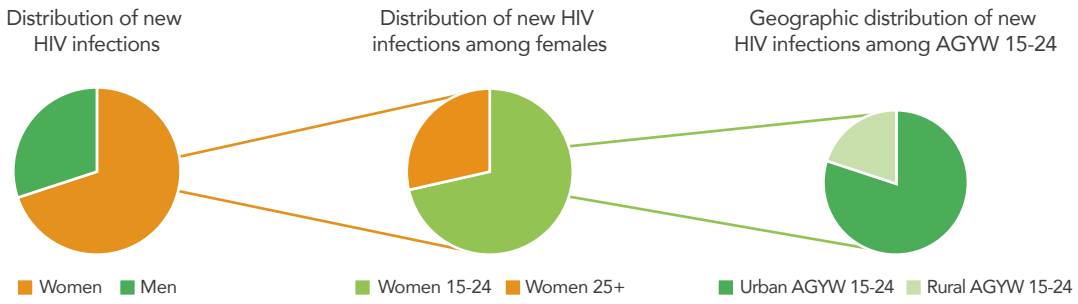
Checklist 2: Sample questions expanding on the 5WS to identify inequalities	
Key questions	**In-depth questions**
What are the data gaps? Identifying the nature and extent of data gaps is critical for understanding and addressing HIV-related inequalities. Missing data may reflect inequalities like historical marginalization, legal barriers and restrictive social norms	Which data are available and from which sources? *(Check* Appendix 2 *and add if more sources can be identified).* Are data disaggregated in ways that bring out inequalities of interest? What additional data are not available to complete this analysis? Are data available and used to address inequalities at the programme level? What are the most critical data gaps?

Example 2: Inequalities analysis of data on new HIV infections

This example shows how to break down and analyse data on new HIV infections, to identify vulnerabilities and inequalities:

- Chart 1: The data show that the majority of new infections are among women.
- Chart 2: Breaking down the data further, it shows that some women (adolescent girls and young women (aged 15–24 years) are more vulnerable than others to new HIV infections.
- Chart 3: Further, the data show that adolescent girls and young women who live in urban areas are vulnerable—they appear to be more affected than adolescent girls and young women who live in rural areas.

Figure 3. Analysing the distribution of new HIV infections: An illustrative example



AGYW: adolescent girls and young women.

Breaking down and analysing the data (looking at **gender, age and location**) helps show not just populations, but subpopulations most affected. This could be broken down further, for example:

- **Demographic data** on the **distribution** of adolescent girls and young women in urban and rural areas will help to show whether these people in urban areas are actually more vulnerable to HIV infections.
- Data showing **differences by wealth** among urban adolescent girls and young women aged 15–24 years may show whether wealth impacts on vulnerability to HIV among these individuals.

This analysis should be done with each group contributing substantially to new HIV infections to see who is most affected and where there are overlaps of inequality and drivers (intersectionalities) in order to best design appropriate services and service delivery methods.

Step 1.3. Identify the root causes of the problem

Conduct a root cause analysis to understand the root cause of the key HIV inequality problems identified. This will involve reviewing literature, and discussing the key HIV inequality problem, with select experts in the particular area. Use the 'Whys analysis' (a methodology based on 'why questions' explained in Tool 1), to analyse the key problems and to identify root causes.

Example 3: Root causes of why the higher risk of HIV transmission. May be due to unprotected sex.

- Why does unprotected sex occur? This may be due to many factors, such as:
  - Lack of knowledge and information.
  - Lack of condom use.
  - Lack of pre-exposure prophylaxis.
  - Low engagement with health services.
  - Limited ability to negotiate safer sex.
  - Victims of gender based violence.
- Why is there low uptake of health services? This may be due to many factors, such as:
  - Inadequate knowledge and information.
  - Fear of being seen by the community.
  - Fear of unfriendly health-care providers.
  - Laws only allowing 18 year olds to access services.
  - Laws only allowing citizens to access services.
  - Limited information on HIV prevention services.

Further down the causal pathway, more entrenched issues may be root causes, such as:

- Stigma.
- Poor health worker attitudes.
- Lack of comprehensive sexuality education.
- Dropping out of school.
- Family poverty.
- Legal and societal discrimination.
- Gender and social norms.

If there is time for an in-depth, consultative group work process, undertake group work using a problem tree. Appendix 3 provides an example of a study of higher new HIV infections among adolescent girls and young women in urban areas, using a problem tree.

Case study: Using the problem tree to analyse root causes

In the Republic of Moldova, the inequalities assessment analysed all existing data sources to understand the outcomes, gaps and root causes of inequalities in the country's HIV response.

While conducting the situational and contextual analyses, country stakeholders realized that they were not able to identify and understand all of the gaps and root causes, and that the sources of HIV data did not always provide deeper information of the root causes of inequalities. As a result, the assessment included several focus group discussions and in-depth interviews to fill data gaps and allow for probing on the root causes of inequalities. Using the root cause analysis and problem tree, stakeholders were able to identify possible inequalities and solutions for them.

The qualitative data collected from governmental decision-makers, nongovernmental organizations, and technical experts working in the field of HIV statistics, human rights and gender in the Republic of Moldova greatly enriched the inequalities analysis.

Step 2. Conduct a contextual analysis: Interventions, capacity and political will

Step 2 is a response analysis that involves asking an expert/team of experts a set of questions. The process aims to identify current efforts and whether they address the problems and their causes and can effectively address HIV related inequalities. The analysis considers:

- Available interventions and essential services.
- Governance support for interventions (leadership, advocacy, partnerships, coordination, strategic information and governance).
- Capacity of key partners (human resources and financing).
- Community leadership and involvement.
- Relationships between government, religious, faith-based and community leaders, civil society partners and donors.
- Opportunities.

Ultimately, the analysis aims for consensus on the most important course of action to address the greatest inequalities, in the context as analysed above.

Key Actions

- Compile a final summary of key HIV-related inequalities and their drivers (from Step 1).
- Identify and analyse key interventions and capacity.
- Identify lessons learned—what worked, what did not work and why.
- List important actions to address inequalities.

Step 2.1. Prepare for Contextual Analysis

Prepare the final list of HIV-related inequalities described in Step 1:

- Who experiences inequalities, disparities and gaps (HIV outcomes and access to services)?
- What are the drivers of these inequalities?

Identify a select number of key informants to support the analysis, including key population organizations, community and youth leaders (see 'Preparing for an Inequalities Assessment' for more information).

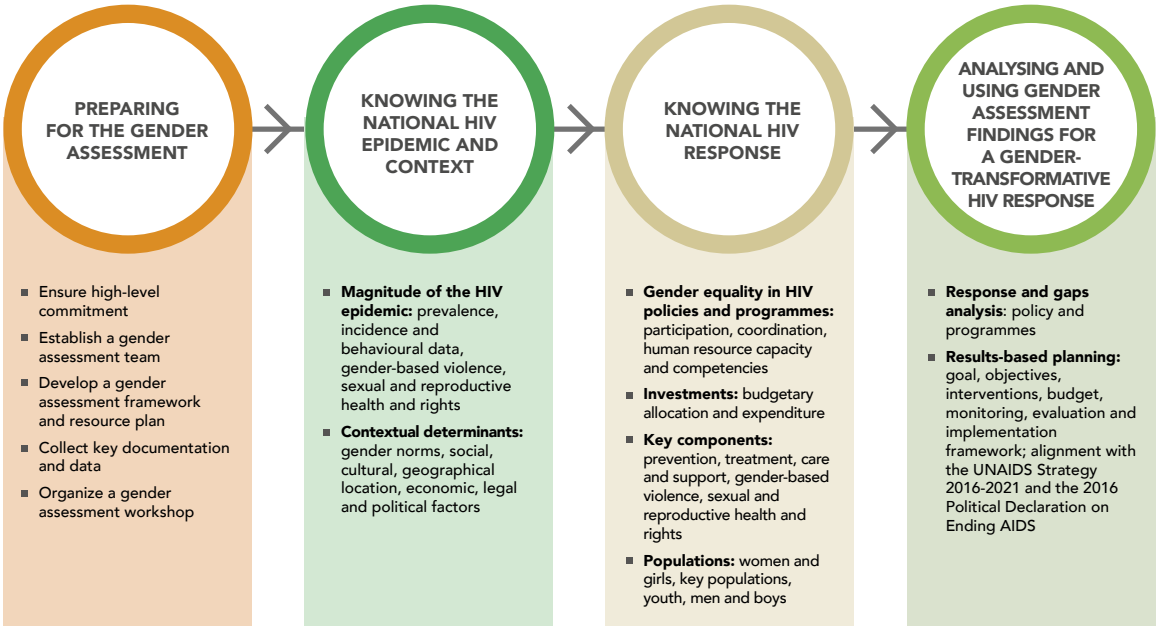
If time and resources permit, a full consultation should be arranged (as above), identify a team of 10–15 key stakeholders to be on the team/in a group, as well as one or two moderators, e.g. from UNAIDS or another relevant UN agency and the Ministry of Health, to communicate with and guide the team and to analyse, synthesize and summarize the results (see Appendix 4 for more details).

Prepare a set of questions (see **Checklist 3 below** for adaptation).

Integrating the inequalities and gender assessments

Many assessment processes follow similar methodologies, with different areas of focus. It may be useful to integrate an inequalities assessment into a gender assessment, combining the consultative processes and focus analyses by, for example:

- Ensuring that the assessment team includes key persons able to inform inequalities relating to gender, as well as other social and structural issues, populations and subpopulations.
- Ensuring that the situational analysis of the national HIV epidemic includes analyses and processes to draw out all contextual determinants of vulnerability, poor HIV outcomes and limited access to services, including gender and other root causes of inequalities.
- Ensuring that the contextual analysis looks at current actions (and gaps) in response to address all inequalities, including gender related and other inequalities.
- Prioritizing gender transformative interventions that address inequalities, in the context, as analysed above.



Checklist 3: Sample questions to identify and analyse interventions and opportunities

For each identified inequality problem (category), go through these set of questions:

1. What are the three most important HIV related inequalities identified?
2. Which appropriate, cost effective interventions are currently being implemented to address the identified inequalities?
3. What is the scope of the interventions—coverage, delivery to the appropriate and intended recipients?
4. Which interventions are in place to address known barriers and drivers of inequalities, such as cost, stigma and discrimination, as well as service availability and readiness?
5. What are the strengths and weaknesses of existing interventions and the key blind spots in the response to address inequalities?
6. What are the most important interventions to address inequalities?
7. What is the role of innovations in service delivery models such as?
   - Community led interventions to address sociocultural norms or HIV-related stigma and discrimination.
   - Integration of services.
   - Differentiated service delivery.
   - Making health services more user-friendly (e.g. youth, gender friendly).
   - Partner/male involvement.
8. What are the gaps in policies and guidelines essential for the HIV inequalities response?
9. What are the gaps in capacity across government, civil society, affected communities and cosponsors where additional technical assistance might be needed?
10. How can the existing resources be leveraged to deliver the identified intervention(s) in an efficient way for impact?
11. Which extra resources (personnel/financial/skill sets) are needed to ensure a multi and interdisciplinary response?
12. Which other entity/organization can support work to address the identified inequalities?
13. What opportunities are there to advocate for advancement of human rights based approaches in policy, service delivery and interventions for those populations most impacted by inequalities?
14. To what extent are current interventions community centred, *involving civil society organizations, youth and other vulnerable and affected subpopulations*?
15. What can UN agencies do, in terms of leadership, advocacy, partnerships, strategic information, coordination, and governance to improve intervention outcomes?

Step 2.2. Complete questionnaire

Share the questionnaire and instructions with the expert/s or team.

Complete the questionnaire:

- Through a trained interviewer (preferable), OR
- By allowing stakeholders to do it themselves.

Analyse all responses.

Synthesize and summarize emerging key issues and lessons learned, and agree on:

- Lessons learned.
- Priority interventions.
- Proposed implementation, including how best to: (i) integrate; (ii) overcome barriers; and (iii) introduce innovations to improve effective service delivery.

For a more comprehensive approach using the Delphi Methodology, see Appendix 4.

Case study: Modifying the Delphi methodology

In Ghana, it was difficult to get time-consuming feedback from all members of an Expert Panel on HIV during the inequalities assessment, so country stakeholders chose to focus on a smaller panel of three engaged experts and to adapt and shorten the Delphi methodology. Questions were furthermore adapted to fit the different areas of expertise of the three chosen experts.

In this way, the inequalities assessment was able to adapt to time constraints and still elicit useful analyses from a panel of experts, to inform their understanding of priority interventions to address inequalities in Ghana.

Output

After the final responses have been analysed, the moderator(s) can compile the findings. Depending on the comprehensiveness of the process, the findings could be:

- A **listed** or **tabulated** summary of priority interventions.
- A **stand-alone** or **integrated report** (with other assessment findings/planning processes):
  - Summarizing the *key interventions* to target HIV-related inequalities and their drivers.
  - Setting out the potential opportunities.
  - Including lessons learned on what works and why, from the expert discussions.

Three countries that used the situational and contextual analysis to inform national strategic plans

In **South Africa**, the National Strategic Plan (NSP) for HIV, TB and STIs 2023–2028 was in its final development stage at the time of the inequalities assessment. The assessment conducted a contextual analysis of all governmental and civil society programmes to reduce inequalities, that were able to complement, strengthen and link with HIV-focused interventions, such as programmes to address gender-based violence; disability inclusion; human rights, gender and sexuality; housing; food security; youth employment, etc. The situational and contextual analysis, highlighting inequalities, was used to inform the NSP, which utilizes a strong inequalities lens to address HIV, tuberculosis and sexually transmitted infections in South Africa.

In **Ghana**, the inequalities assessment was used to inform the mid-term review of the National HIV and AIDS Strategic Plan 2021–2025. The Toolkit's matrix for conducting a contextual analysis of inequalities and their drivers was used to capture and clearly analyse the ongoing national response, and to identify areas of persistent inequalities. The assessment's summary report Ghana AIDS Commission and used to inform both the NSP mid-term review and the Global Fund funding request and proposal writing.

In **Cambodia**, the inequalities assessment will inform the development of the sixth NSP, providing information on the need to prioritize efforts for specific populations such as people who use drugs and young people, especially out-of-school youth, amongst others.

Step 3. Prioritize actions to address HIV-related inequalities

Step 3 uses a checklist of key questions to: bring together the problems and interventions identified in Steps 1 and 2; assess whether the proposed interventions are relevant and feasible; and align them with available resources and suitable implementers.

Key Actions

- Assess and recommend actions most likely to address inequalities and barriers.
- Assign responsibilities to those best suited to address the actions.
- Identify available resources (personnel, financial, equipment), gaps and potential sources.
- Secure commitment and leadership for implementation in the short, medium and long term.

Using existing data and informant interviews to identify further inequalities, contextualize and prioritize interventions in Brazil

In Brazil, at the time of the inequalities assessment, there were no ongoing in-country processes to align with the assessment. With limited resources for conducting the inequalities assessment and limited opportunities for linking with other processes, large, in-person consultations were not feasible. However, there was a wealth of existing data, assessments and inequalities analyses to draw on, and a good understanding of inequalities.

Country stakeholders used these existing data to reassess service delivery and to explore access to services for certain populations who tended to be overlooked in national responses. They combined the data, and solid understanding of inequalities, to conduct further focused, in-depth interviews with select informants. In these interviews, they probed for other, less visible inequalities and affected subpopulations—beyond the 'usual' key populations – who often struggle to get access to health information and services due to poverty, race, ethnicity, etc. For example, access to information via the internet was a barrier to services for some vulnerable populations.

Informant interviews helped to illuminate the root causes of inequalities, existing actions (or gaps in the response), and priority interventions to respond to these inequalities. The Toolkit also helped to highlight data gaps and document the need for stronger data on socioeconomically disadvantaged populations to be prioritized in future HIV strategies.

Step 3.1. Prioritize Interventions

Checklist 4: Sample questions to prioritize actions	
Steps 1 and 2 recap	Which groups (and subgroups) are experiencing inequalities, disparities and gaps in the HIV response?
	What are the key drivers of inequalities affecting them?
	What work exists to address these drivers of inequality?
	What are the gaps where new efforts are needed?
Review capacity	What in-country capacity is there to address drivers of inequality?
	What capacity building is needed?
	What should UN agencies and national partners do to support improved governance (leadership, advocacy, partnerships, strategic information, co-ordination, governance)?
	How can the mandates of cosponsors and other organizations be leveraged in terms of their strengths and country presence?
	How can community-led, women and youth led efforts be put at the centre?
Review political will	Is there political support for addressing drivers of inequality and reaching these populations? What political barriers are there?
	Is there existing commitment from key implementing partners and their funders for sustainable action to address equalities?
	Who else is needed to support the response?
Prioritize actions	Considering everything, which of the recommended interventions and actions seem most realistic?
	How can groups of priority actions be implemented to address various forms of inequalities?
	Which actions should be prioritized for the short, medium and long term?

At this stage, information should have been collected on:

- Inequalities and their drivers (and the data sources for these).
- Priority interventions.
- Potential national stakeholders (government, civil society, UN agencies) to lead activities.

It is important to tabulate this information to support the development of a workplan. Worksheet 1, below, helps to do this, using the example of one potentially prioritized inequality and driver of that inequality. It is also helpful to work within and integrate this information into existing global and country plans, since the interventions should fit *within existing priority areas and activities*. For example, the Global AIDS Strategy's Priority Actions can help to create a framework for the plan. Equally, NSPs can be used as a framework.

See Appendix 5 for an example of prioritizing interventions within the Global AIDS Strategy Priority Areas.

Worksheet 1: Identifying drivers of HIV inequalities alongside the assessment of interventions, capacity and will to inform action					
Strategic/ priority area	**What is the inequality?**	**What drives the inequality?**	**What current national activities are planned?**	**Most suitable targeted interventions to respond?**	**Who should lead? Who should partner?**
Example: Prevention	Example: Inadequate access faced by adolescent girls and young women to comprehensive sexuality education	Example: No CSE curriculum	Example: Increase country capacity to enable all young people, including adolescent girls and young women, to access CSE	Example: Support Ministry of Education, Health and Gender to develop a CSE curriculum	Example: UNESCO, UNFPA, UNAIDS, government ministries, sexual and reproductive health and rights organizations, networks and organizations of young people, key and vulnerable populations

Output

National stakeholders should analyse all the answers, to identify the choice and design of actions to address prioritized drivers of inequalities.

Key actions include:

- Determining the specific drivers of inequalities that seem the most important and feasible to address.
- Selecting appropriate priority actions, using global strategies (e.g. the Global AIDS Strategy) and/or national plans as a starting point.
- Identifying appropriate lead UN agencies and other national partners to address priority actions.
- Tailoring actions to the country context.

Note: Refer to the Framework for Understanding and Addressing HIV-Related Inequalities: Step 3 *(1)* for examples of how to bring the earlier analyses together to inform prioritized actions to address HIV-related inequalities.

Step 4. Create a work plan, results framework and monitoring, evaluation and learning plan

Step 4 involves developing two related outputs:

1. A work plan setting out priority activities, resources and leadership.
2. An accountability mechanism established through an MEL system.

Key Actions

- Set goals for priority areas (from Step 3).
- Develop appropriate indicators to measure progress.
- Allocate timelines for the results of priority actions.
- Identify reporting/accountability mechanisms for activities.
- Link priorities to the identified resources and leadership (from Step 3).

4.1. Developing a work plan

A work plan can be developed using existing planning tools, bearing in mind the following important considerations:

- The process should use an 'inequality lens' to consider all activities.
- Interventions should be tailored to the specific context.
- Interventions should consider national programmes and linkages to international strategies (e.g. key results areas from the Global AIDS Strategy).

Checklist 5: Sample questions for developing a work plan	
Recap of Step 3	■ Are priority activities aligned with current interventions and required resources? ■ What activities are needed in priority areas to achieve short, medium and long term goals? ■ Which are the lead agencies and partner institutions and organizations to implement these goals?
Resources	■ What resources are available for implementation?
Timelines	■ What timelines are needed to achieve key result area activities?
Smart indicators What (SMART) indicators are needed to measure activities, outputs, outcomes and impact?	■ Are there missing data needed to measure a given indicator? ■ Are there data that need to be collected differently (e.g. to allow for disaggregation and analysis)? ■ Are there other non-traditional data that can be useful? ■ Are indicators aligned with the national MEL plan and global AIDS indicators?

4.2. Developing an inequality assessment MEL system

The purpose of the MEL system is to monitor progress on national priorities and actions and changes to HIV related inequalities and their root causes, and to measure outcome and impact on reducing inequalities driving the AIDS epidemic in the short, medium and long term. The results framework and MEL plan should be incorporated into existing national structures/systems and carried out as part of routine in-country efforts to report on indicators for tracking and addressing inequalities.

The first HIV inequality assessment process helps to develop the baseline indicators for future comparison. Subsequent MEL efforts can focus on tracking progress and drawing out lessons to inform the yearly priorities within the national response.

The MEL plan should:

- Define sets of indicators.
- Define sources of data.
- Set out types of disaggregation (to highlight equity considerations like gender, age, place of residence, ethnicity/race and socioeconomic status, as well as sub-analyses along known risk profiles).
- Stipulate timing of measuring indicators.
- Include indicators that align with the strategic priorities in the Global AIDS Strategy (2021–2026) and NSPs to:
  - Maximize equitable and equal access to HIV services and solutions.
  - Break down barriers to achieving HIV outcomes.
  - Fully resource and sustain the HIV response.
- Adapt and align indicators to national priorities, actions and the country specific MEL.
- Indicate roles and responsibilities.
- Include an analysis plan and reporting template (findings and recommendations should highlight inequalities).

The guideline in Appendix 6 provides further direction to support the MEL plan and indicators.

Checklist 6: Assessing a country's MEL to identify key areas for intervention

Question	Action	Lead organization
Is there an existing country specific MEL framework that addresses identified HIV related inequalities?	Assess the component of the MEL to align with the global AIDS MEL framework.	Assessment team
What is the capacity of the MEL team at country level to address identified HIV related inequalities?	Identify the capacity gaps for technical team.	Assessment team
What are the available data sources for performing MEL to address identified HIV related inequalities?	List the data sources available and the structure of data.	Assessment team
What is the frequency of reporting?	Identify the MEL frequency.	Assessment team
How will the identified data gaps be addressed?	Propose and list likely existing or new sources (might require collection of primary data).	Assessment team

Listed below are suggested MEL elements for priority actions concerning CSE. Note that:

- The indicators should include relevant HIV inequalities and response indicators for key results areas (as well as relevant methodologies and data sources); however, other indicators can be used or adapted from other frameworks and toolkits.
- Data need to be disaggregated at all levels of inequalities specified during the inequality assessment (e.g. data on progress in the reduction of new HIV infections should be analysed yearly and disaggregated by sex, gender, location, key population, socioeconomic and migrant status).
- Targets should be jointly agreed each year, with the country team responsible for monitoring progress.

Worksheet 2: Developing an MEL framework for monitoring and addressing HIV related inequalities			
Priority actions	Develop a CSE curriculum	Develop teacher training on CSE	Convene meetings with youth led civil society to provide input into the curriculum
Indicator	Percentage of women and men aged 15–24 who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission	Percentage of schools that teach the CSE curriculum (with potential sub-indicators on the percentage of schools that teach specific topics within the curriculum) Number of teachers trained to deliver the CSE curriculum	Number of youth led organizations that participate in CSE curriculum development
Indicator description			
Tools, methods, or data sources			
Data collection methodology			
Responsibility for data	Ministry of Health/National AIDS Commission Ministry of Education UNESCO UNFPA UNAIDS	Ministry of Education Ministry of Health / National AIDS Commission UNESCO UNAIDS	Ministry of Education
Frequency of data collection and reporting	Annual	Annual	At time of convening
Baseline measure and level of disaggregation			
Results at the end of year			

Appendices

Appendix 1. Concept note and terms of reference

Title: Preparing for a National HIV/AIDS Inequalities Assessment and Response

1. BACKGROUND AND RATIONALE

Using an inequalities lens, the Global AIDS Strategy 2021–2026 seeks to reduce inequalities that drive the AIDS epidemic. The approach seeks to identify inequalities in access to information and services for people at risk of or living with HIV, inequalities in HIV outcomes as well as inequalities in systems, policies, laws and social norms that enhance vulnerability and risk in the local/national context, excluding or leaving people behind in the HIV response.

To support the Global AIDS Strategy 2021–2026 goal, the Inequalities Toolkit details a four step approach to guide assessments and national responses to HIV inequalities. Guidelines are provided below for both the assessment and response.

2. CONTEXT

(To be adapted to country context).

This section should include a very brief overview of some initial information on the:

- *HIV epidemic.*
- *Status of the health system, health sector strategic plans and barriers to access to HIV services.*
- *Policies and interventions for HIV and AIDS inequalities.*
- *Status, plans and processes for reviewing the national response in relation to the health sector strategic plans.*

3. ASSESSMENT

3.1. Purpose and objectives of the assessment

The purpose of the assessment is to apply an inequalities lens to understand why some individuals or groups are rendered more vulnerable or at risk of HIV or benefit differently from services and systems, and how this can be addressed to reduce or eliminate these inequalities. Informed by the Global AIDS Strategy and the Inequalities Framework and Toolkit, the analysis will provide information on the prevailing HIV and response inequalities in-country, the magnitude and nature, the root causes, progress, achievements and potential sustainable solutions to address the inequalities.

The assessment findings will be used by national stakeholders in the HIV response to strengthen in-country evidence, which supports efforts to benchmark and identify effective multisectoral and interdisciplinary strategies to address inequalities in the HIV response

3.2. Assessment objectives

The assessment objectives include:

- Facilitating an in-depth understanding and analysis of broad and intersecting HIV inequalities.
- Using the findings to develop more effective and coordinated multisectoral and interdisciplinary actions to eliminate inequalities and end AIDS.

The assessment is expected to support the advocacy, governance, coordination and implementation needs of national and regional HIV response teams, as well as cosponsors, practitioners, researchers and civil society organizations in effectively responding to critical HIV related inequalities.

3.3. Scope of the assessment

(To be discussed at country level).

The assessment will build on existing data and information. It will include a specific focus on priority issues and populations/subpopulations experiencing gaps and disparities in HIV risks and outcomes.

Describe whether the assessment will be rapid, integrated or comprehensive and its particular focus of enquiry, based on information currently available and gaps in understanding of inequalities and affected populations/subpopulations. Include information about existing assessments, consultative and planning processes which an inequalities assessment can integrate or build on. Describe key issues, populations or subpopulations for the focus of the enquiry. Refer to the preparatory phase in the Toolkit.

3.4. Assessment team

(To be discussed at country level).

The assessment team will involve a multi and interdisciplinary national response team, responsible for overseeing the situational and contextual analysis. The assessment team is responsible for conducting preliminary analyses of existing data, identifying key stakeholders in the HIV and/or inequalities response and engaging in a consultative process with key stakeholders on how to manage the process. They are also responsible for communicating findings and priority interventions to inform an appropriate national response.

Describe the key stakeholders, sectors and representatives of organizations and populations who should participate on the assessment team including from government, civil society, faith based organizations, affected communities including key population networks and organizations, development partners and research partners, amongst others. Describe the mandate, roles and accountability framework of the assessment team. Refer to the preparatory phase in the Toolkit.

3.5. Assessment questions

(To be discussed at country level).

The assessment questions will focus specifically on the following key areas of enquiry, in order to:

1. Identify gaps and disparities in HIV outcomes, as well as HIV services, interventions and programmes.
2. Identify populations which are being excluded and why.
3. Ascertain why some groups and individuals benefit more or differently from information and/or services than others, including intersectional vulnerabilities that make some people more vulnerable at key points across their life course.
4. Identify any data gaps that systematically exclude certain groups rendering them invisible and therefore excluded by the response.

Describe any specific questions relevant to gaps/disparities, populations and causes of inequalities, based on the country context and the scope and focus of the inequalities assessment. Refer to Step 1 in the Toolkit.

The assessment will also answer questions relating to the country context in order to:

1. Analyse existing interventions, resources, capacity and political will to address HIV-related inequalities.
2. Identify which groups and individuals cannot access and benefit from these interventions.

Describe any specific questions relevant to the country context and what is known about gaps and challenges in interventions and how they are accessed. Refer to Step 2 in the Toolkit.

3.6. Assessment approach and methodology

(To be adapted at country level).

The assessment will be based on the proposed methodology described below. The methodology utilizes a participatory, HIV-related inequalities problem analysis and root cause analysis that builds on the Global AIDS Strategy and national strategic response to HIV. The participatory and consultative component of the assessment is critical to obtaining consensus. Triangulation of data from different sources will strengthen the validity of the assessment. It will be completed through the use of both qualitative and quantitative methods and data sources.

While integrating human rights, gender equality and inequalities in the HIV response, the proposed methodology pays attention to the intersections between different inequalities.

The basic methodology for the assessment should be based on:

- Desk reviews of all the relevant documentation available (national HIV response plans and reports, existing reports on human rights, gender equality and HIV inequalities), recent assessments and research including but not limited to legal and human rights assessments, Stigma Index studies, gender assessments specific to the HIV response, broader assessments on SRHR, and other documents produced by the government and UN partner agencies with relevance to inequalities and HIV.
- Interviews (individual and focus group discussions) with representatives of vulnerable and key populations including, but not limited to, men who have sex with men, transgender individuals, sex workers, people who inject drugs, people in prisons and closed settings as well as, women, adolescents and youth, persons with disabilities and members of communities engaged in the response at different levels.
- Consultations with key departments in government ministries on access to and uptake of existing services and potential gaps and blind spots.
- Consultations with agencies (UN and non-UN) active in the country on HIV, human rights and gender equality, SRHR and universal health coverage.
- Where feasible, field work may be undertaken. This could include surveys with key populations and partners in the HIV response, among others.

Describe the proposed approach and methodology, using Steps 1 and 2 of the Toolkit as a guideline, adapted to suit the specific country contexts. The assessment team will be expected to make appropriate changes in the assessment design, based on a clear rationale linked to their specific country context, resource availability, existing in-country data collection and analysis processes, etc. The methodology will be discussed further with implementing partners in-country and validated and ratified by the national HIV inequalities response team.

3.7. Expected outputs

The following outputs are expected:

- An Inception Report, detailing the methodology, documents to be reviewed and a comprehensive list of key stakeholders to be interviewed, whose work has a bearing on addressing HIV inequalities.
- An Assessment Report with a summary of findings, conclusions and recommendations on key inequalities with respect to HIV in country, and priority actions for how they can be reduced/eliminated in the response.

3.8. Composition, skills and experience of the assessment team

The assessment will be conducted by a multi and interdisciplinary national response team, including staff from relevant UN agencies, national and subnational government stakeholders, national NGOs and civil society and community networks, researchers, policy actors and private sector groups active in the HIV response. Particularly important is the inclusion of representatives/stakeholders traditionally invisible or absent from consultations and planning depending on the national/local context. These may include key population representatives, adolescent girls/women of all ages, people living with HIV in all their diversity, persons with different disabilities, migrants/refugees, young people across all categories and others based on the context.

The assessment team will have experience in the delivery, monitoring and evaluation of public health interventions, with emphasis on HIV/AIDS and in facilitating evidence uptake by decision-makers to influence policy and practice.

4. RESPONSE

4.1. Purpose of the response

Informed by the assessments in Steps 1 and 2, the purpose of the response is to ensure that no one is left behind in the HIV response. The aim is to promote and ensure that multidimensional policies and actions are effected to reduce access gaps for population groups that are currently least served in the HIV response. This phase will support the advocacy, governance, coordination and implementation needs of national and regional HIV response teams as well as cosponsors, practitioners, researchers and civil society organizations, resulting in the reduction of HIV related inequalities.

4.2. Objectives

The overall goal of this phase is twofold:

1. To identify priority interventions with potential to have the most impact on reducing and/or eliminating HIV related inequalities.
2. To create a work plan, results framework and MEL plan, all embedded in other national HIV-related documents to address HIV related inequalities.

4.3. Scope

(*Scope of the response to be discussed at country level).*

The scope of the response will be based on the inequalities assessment. It will describe a response/develop a workplan that sets out:

1. The priority populations and subpopulations which experience inequalities, the root causes of inequalities and the priority interventions required to address these inequalities.

2. The national stakeholders and their respective capacity, commitment, resources and roles to implement priority activities to address inequalities within the national framework.
3. The timelines, indicators and resources required to carry out the response.

Describe the scope of the response to be developed, based on the assessment. Refer to Steps 3 and 4, the workplan and MEL plan to determine the response scope.

4.4. Approach and methodology

(To be discussed at country level).

The approach and methodology of developing a national response to inequalities will include a consultative planning process to:

1. Analyse the assessment findings.
2. Identify priority interventions to address drivers of inequalities, in context.
3. Develop a workplan, including priority actions, roles and responsibilities of lead organizations, timelines, indicators and resources.

Describe the approach to developing the response. Refer to Steps 3 and 4, the workplan and MEL in the Toolkit, as well as existing national plans and frameworks, to determine the response approach.

4.5. Expected outputs

(To be adapted to the country context).

The assessment response will include:

- A **Response Report** detailing inequalities and prioritized actions to address these with the available resources.
- A workplan setting out priority interventions, responsibilities, timelines, indicators and resources required.

Describe the specific response relevant to the country context, with reference to ongoing in-country:

- *Work planning and budgeting.*
- *Revision of NSPs.*
- *Preparation of proposals, including but not limited to, Global Fund proposals.*
- *Joint country plans.*

Refer to Steps 3 and 4 of the Toolkit to help to determine the response output.

4.6. Composition of the national HIV inequalities response team and its role

The team to drive the HIV inequalities response in the country should be composed of staff from relevant UN agencies, government, representatives of vulnerable and key populations, practitioners, researchers and civil society. The role of the team is to provide strategic guidance on how the assessment of HIV-related inequalities will be carried out, paying attention to the resources required (human, financial and technical).

Appendix 2. Useful data sources

Table 1 includes some traditional sources of HIV data that might be used to help understand the national and regional context, as well as some additional sources of data that, given the focus on inequalities, might also be useful to review in carrying out this exercise. Data disaggregation varies across these data sources as they currently exist and, in most cases, no single data source will be sufficient to fully understand relevant inequalities. Even where data are only provided in aggregate form, they may nonetheless still provide useful insights into how HIV affects a specific population group and, in addition, they might usefully be analysed alongside data from other sources included in Table 1 to create a more complete understanding of HIV-related inequalities. For example, the national inequality indices provide insight into inequalities beyond only those related to HIV, which is useful contextual information for addressing HIV related inequalities.

Furthermore, successfully reducing HIV related inequalities should also have a positive impact on these broader measures of inequalities. Where national food insecurity is high, for example, it will be important to further investigate which populations are being most affected and how different groups of people living with or vulnerable to HIV are affected. Similarly, if there is a large population of migrants, it will be critical to understand their HIV related needs and any specific challenges they may face accessing services across the continuum of care.

Community-led monitoring, noting that the availability of organizations which engage in this work varies by country, will be important complementary data sources alongside all of those noted in the table. Countries may also have access to data that are further disaggregated than what is reported globally which will be useful information. The list in Table 1 is designed to be illustrative rather than exhaustive and should be supplemented by stakeholder knowledge of additional sources of data.

Table 1. **Illustrative data sources for accessing data to understand HIV-related inequalities**

Data	Potential data source(s)	Website	Data set/indicator description	Types of disaggregation
HIV outcome data (includes 95–95–95)				
Incidence Modes of transmission Prevalence 95–95–95 Mortality Population size estimates (key populations, migrants, prisoners)	(1) UNAIDS estimates (2) Population based HIV Impact Assessment (3) Integrated HIV Biological and Behavioural Surveillance—IBBS (for key populations) (4) Modes of transmission modelling (5) Investment cases	(1) https://aidsinfo.unaids.org (2) https://www.cdc.gov/globalhivtb/what-we-do/phia/phia.html (3) https://www.aidsdatahub.org/taxonomy/term/268 (4) https://www.unaids.org/en/dataanalysis/datatools/incidence-bymodesoftransmission (5) https://www.unaids.org/sites/default/files/media_asset/JC2359_investing-for-results_en_1.pdf	(1) Data on HIV incidence, prevalence, coverage of services, mortality. (2) Nationally representative household survey to assess the current status and effectiveness of national programmes in reaching HIV epidemic control. (3) The IBBSS is a population based survey capturing information on socio-demographic characteristics, type of sex partners and sexual risk behaviours. (4) The modes of transmission (MoT) spreadsheet helps to calculate the expected number of new infections per year on the basis of a description of the current distribution of infections and patterns of risk within a population. (5) The people centred investment tool is designed to help guide investment priorities that are cost-effective, efficient and produce maximum impact.	(1) Sex, age, key populations (2) Sex, age, key populations, wealth, urban/rural, race/ethnicity (3) Sex, gender, age, citizenship, education, religion, income, ethnicity, marital status (4) Varies by country (5) Varies by country
Knowledge and actions				
Knowledge (e.g. % of women and men aged 15–24 who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission; Do you think that a healthy looking person can be infected with HIV, the virus that causes AIDS?) Actions (e.g. condom use at last sex)	(1) Global AIDS Monitoring (GAM) (2) IBBS	(1) https://aidsinfo.unaids.org (2) https://www.aidsdatahub.org/taxonomy/term/268	Data for monitoring progress towards the 2021 Political Declaration on HIV and AIDS including HIV-related outcomes, behaviours and experiences of discrimination.	(1) Sex, age, key populations (2) Varies but may include data from different key populations. Can also include geographical location, age, literacy, marital status, occupation

Data	Potential data source(s)	Website	Data set/indicator description	Types of disaggregation
Health systems and services				
Experiences of discrimination in services	(1) National Commitments and Policy Instrument (NCPI) (2) People living with HIV Stigma Index (3) IBBS	(1) https://lawsandpolicies.unaids.org/ (2) https://www.stigmaindex.org/ (3) https://www.aidsdatahub.org/taxonomy/term/268	(1) Legal and policy indicators; availability of key population related services, e.g. harm reduction, services within prisons. (2) To be used by and for people living with HIV; this is a standardized tool to gather evidence on how stigma and discrimination impacts the lives of people living with HIV. Country reports include quantitative data across different dimensions of stigma and discrimination.	(1) N/A (2) Varies but can include: sex, gender, age, relationship status, education, ability to meet basic needs, work status, indigeneity, disability, ethnicity, refugee status, IDP, incarceration. Sex also combined with each of the other variables. (3) Varies, but may include data from different key populations. Can also include geographical location, age, literacy, marital status, occupation
Doctors per 10 000 population	WHO	https://www.who.int/data/gho/data/indicators/indicator-details/GHO/medical-doctors-(per-10-000-population)	Includes generalists, specialist medical practitioners and medical doctors not further defined, in the given national and/or subnational area.	Cannot be disaggregated
Nurses per 10 000 population	WHO	https://www.who.int/data/gho/data/indicators/indicator-details/GHO/nursing-and-midwifery-personnel-(per-10-000-population)	Number of nursing and midwifery personnel includes nursing personnel and midwifery personnel in the given national and/or subnational area.	Cannot be disaggregated
Expenditure	UNAIDS	https://hivfinancial.unaids.org/hivfinancialdashboards.html	The HIV financial dashboard brings together more than 85 different indicators on HIV financial resources into a single platform. The indicators included in the dashboard are an extension of the data reported through Global AIDS Monitoring.	Cannot be disaggregated

Data	Potential data source(s)	Website	Data set/indicator description	Types of disaggregation
Out of pocket expenditure (health) Donor dependency for health	WHO	https://apps.who.int/nha/database/Select/Indicators/en	275 indicators on global health expenditure include domestic private expenditure on HIV/AIDS and STIs and share of current health expenditures funded from external sources.	Cannot be disaggregated
Service availability and readiness	WHO	https://www.who.int/data/data-collection-tools/service-availability-and-readiness-assessment-(sara)?ua=1	Systematic survey to generate a set of tracer indicators of health services availability and readiness. Service availability refers to the physical presence of the delivery of services, encompassing health infrastructure, core health personnel, and service utilization.	Health facility level data
Social protection	ILO	https://ilostat.ilo.org/topics/social-protection/	Share of population covered by at least one social protection benefit.	Cannot be disaggregated by HIV status
Community services can be provided by CSOs	NCPI	https://lawsandpolicies.unaids.org/	These data include a group of indicators to assess community led services provision for HIV.	N/A
Social and structural factors (includes 10–10–10)				
Protective laws Criminalization laws Policies	(1) NCPI (2) People living with HIV Stigma Index (3) HIV policy lab (4) Legal environment assessments (5) Gender assessments (6) GF-supported rapid human rights assessments	(1) https://lawsandpolicies.unaids.org/ (2) https://www.stigmaindex.org/ (3) https://oneill.law.georgetown.edu/projects/hiv-policy-lab/. (4) http://www.hivlawcommission.org (5) https://www.unaids.org/en/resources/documents/2019/unaids-gender-assessment-tool		
Stigma and discrimination	(1) NCPI (2) People living with HIV Stigma Index (3) GAM	(1) https://lawsandpolicies.unaids.org/ (2) https://www.stigmaindex.org/ (3) https://aidsinfo.unaids.org		

Data	Potential data source(s)	Website	Data set/indicator description	Types of disaggregation
Women experiencing IPV	GAM	https://aidsinfo.unaids.org	Proportion of ever-married or partnered women 15–49 years old who experienced physical or sexual violence from a male intimate partner in the past 12 months.	Age, HIV status (if available)
Food security and nutrition	FAO	https://www.fao.org/faostat/en/#data/FS	Suite of national-level indicators relating to food security.	Cannot be disaggregated
Migration - Displacement tracking matrix	IOM	https://dtm.iom.int	This is an information management system that regularly collects, analyses and disseminates critical information on mobility, needs, and vulnerabilities of displaced and mobile populations.	N/A
Conflict/emergency – Fragile States index	The Fund for Peace	https://fragilestatesindex.org/	The Fragile States Index includes 12 conflict risk indicators relating to cohesion, economics, politics and social and cross-cutting issues to measure the condition of a State at any given moment.	N/A
National inequalities				
Inequality adjusted Human Development Index (IHDI)	UNDP	http://hdr.undp.org/en/content/inequality-adjusted-human-development-index-ihdi	This index calculates the human development costs of inequality by country.	Cannot be disaggregated
Gini index	World Bank	https://data.worldbank.org/indicator/SI.POV.GINI	Gini index measures the extent to which distribution of income (or, in some cases, consumption expenditure) among individuals or households within an economy deviates from a perfectly equal distribution. A Gini index of 0 represents perfect equality, while an index of 100 implies perfect inequality.	Cannot be disaggregated
Gender inequality index (GII)	UNDP	http://hdr.undp.org/en/content/gender-inequality-index-gii	Built on the same framework as the IHDI, the GII measures gender inequalities in three important aspects of human development: reproductive health, empowerment and economic status.	Cannot be disaggregated

Data	Potential data source(s)	Website	Data set/indicator description	Types of disaggregation
Multidimensional inequality framework	London School of Economics	https://sticerd.lse.ac.uk/inequality/get-started/default.asp	The multidimensional inequality framework is organized around seven key life domains which have been identified as those that are critical to enjoying a good quality of life: life and health; physical and legal security; education and learning; financial security and dignified work; comfortable, independent and secure living conditions; participation, influence and voice; individual, family and social life.	Varies
Compendium of gender equality and HIV indicators	MEASURE Evaluation	https://www.measureevaluation.org/resources/publications/ms-13-82.html	The indicators in the compendium are all either part of existing indicators used in studies or by countries, or have been adapted from existing indicators to address the intersection of gender and HIV. The intended purpose is to provide programme managers, organizations, and policy-makers with a menu of indicators to better 'know their HIV epidemic/know their response' from a gender perspective.	Varies
National context				
Income category	World Bank	https://datatopics.worldbank.org/world-development-indicators/the-world-by-income-and-region.html	The World Bank classifies economies for analytical purposes into four income groups: low, lower-middle, upper middle, and high income. For this purpose, it uses gross national income (GNI) per capita data in US dollars.	N/A
Human rights treaty ratifications	OHCHR	https://indicators.ohchr.org	Data are compiled on the treaties every country has signed or ratified, with any reservations noted. This provides an overview of national human rights commitments.	N/A
Treaty monitoring body concluding observations and recommendations	OHCHR	https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/TBSearch.aspx?Lang=en	Database of all UN treaty body work, including reports submitted by countries as well as treaty Body responses, concluding observations and recommendations. They provide insight into progress towards treaty implementation and areas of concern.	N/A
SDG indicator database	UN DESA	https://unstats.un.org/sdgs/dataportal	Data on each SDG including, for example, multidimensional poverty (SDG1), education (SDG4), experiences of discrimination (SDG10), social protection coverage (SDG13).	Cannot be disaggregated

Data	Potential data source(s)	Website	Data set/indicator description	Types of disaggregation
Demographic and Health Survey	USAID/ICF	https://dhsprogram.com	Household survey of nationally representative data on population, health, HIV and nutrition.	Disaggregation includes by age, sex, wealth, rural/urban, districts and race/ethnicity.
Multiple indicator cluster survey	UNICEF	https://mics.unicef.org	Household survey of nationally representative data focusing mainly on those issues that directly affect the lives of children and women.	Disaggregation includes by age, sex, wealth, geography and race/ethnicity.
Human rights score	Oxford University	https://ourworldindata.org/human-rights	The scores capture the extent to which citizens' physical integrity is protected from government killings, torture, political imprisonments, extrajudicial executions, mass killings and disappearances. Higher scores mean fewer such abuses.	Cannot be disaggregated.
Civicus category	Civicus	https://www.civicus.org/index.php/what-we-do/innovate/civicus-monitor	The CIVICUS Monitor is a research tool that provides close to real-time data on the state of civil society and civic freedoms in 196 countries. The data streams feed into individual country pages and updates, which provide verified and up to date information on the state of freedom of association, peaceful assembly and expression.	At risk populations.
Global Health Security Index (GHS)	NTI	https://www.ghsindex.org/	The Global Health Security Index is an assessment and benchmarking of health security and related capabilities across 195 countries. It benchmarks health security in the context of other factors critical to fighting outbreaks, such as political and security risks, the broader strength of the health system, and country adherence to global norms.	By category.

Appendix 3. Problem tree exercise to identify root causes of inequalities

PREPARING FOR PROBLEM TREE GROUP WORK

1. Decide which problem to assess.
2. Identify an assessment team of individuals familiar with the problem.
3. Organize stationery materials: flip charts or white boards, markers.
4. Choose a team member to moderate a brainstorming session.
5. Put the core problem at the top of the 'tree' on a whiteboard. Ask **why** the problem exists, to look for the immediate causes of the problem.
6. Continue to repeatedly ask **why** each immediate cause/additional problem exists.
7. Identify and organize all possible causes (proximal to distant) for each problem through a process mapping exercise.
8. Identify root causes that are actionable and that fit in the 'causal pathway'.
9. Note that root causes can be multiple and can intersect in different ways.

Tool 2: Problem tree: Why is the HIV incidence among urban women aged 15–24 years so high? Root cause analysis

The team creates a 'problem tree' by asking why urban adolescent girls and young women aged 15– 24 years have disproportionately high HIV incidence.

Using empirical data and the expertise of team members, they identify the immediate causes.

Then, by asking why the immediate causes are problems, they can explore the underlying causes.

This helps to steer discussions, even where there is insufficient data, to draw out the different drivers of inequality and their relationships to the core problem. For example:

- *'Why are adolescent girls and young women 15–24 more likely to become infected with HIV?'* The immedizate cause may be:
  - Unprotected sex.
  - Gender based violence.
- *Then ask: 'Why are adolescent girls and young women having unprotected sex?'* The causes may be:
  - Low uptake of SRH/HIV services.
  - Limited ability to negotiate condom use.
- Why does gender based violence continue against adolescent girls and young women:
  - Historical gender discrimination, harmful masculinities and injustice.
  - Tacit acceptance by society.
  - Inadequate work with men and boys to change social norms.
- Then ask: 'Why do adolescent girls and young women not access SRH/HIV services?' 'Why are they unable to negotiate condom use?'

The causes of the low uptake of SRH/HIV services may be:

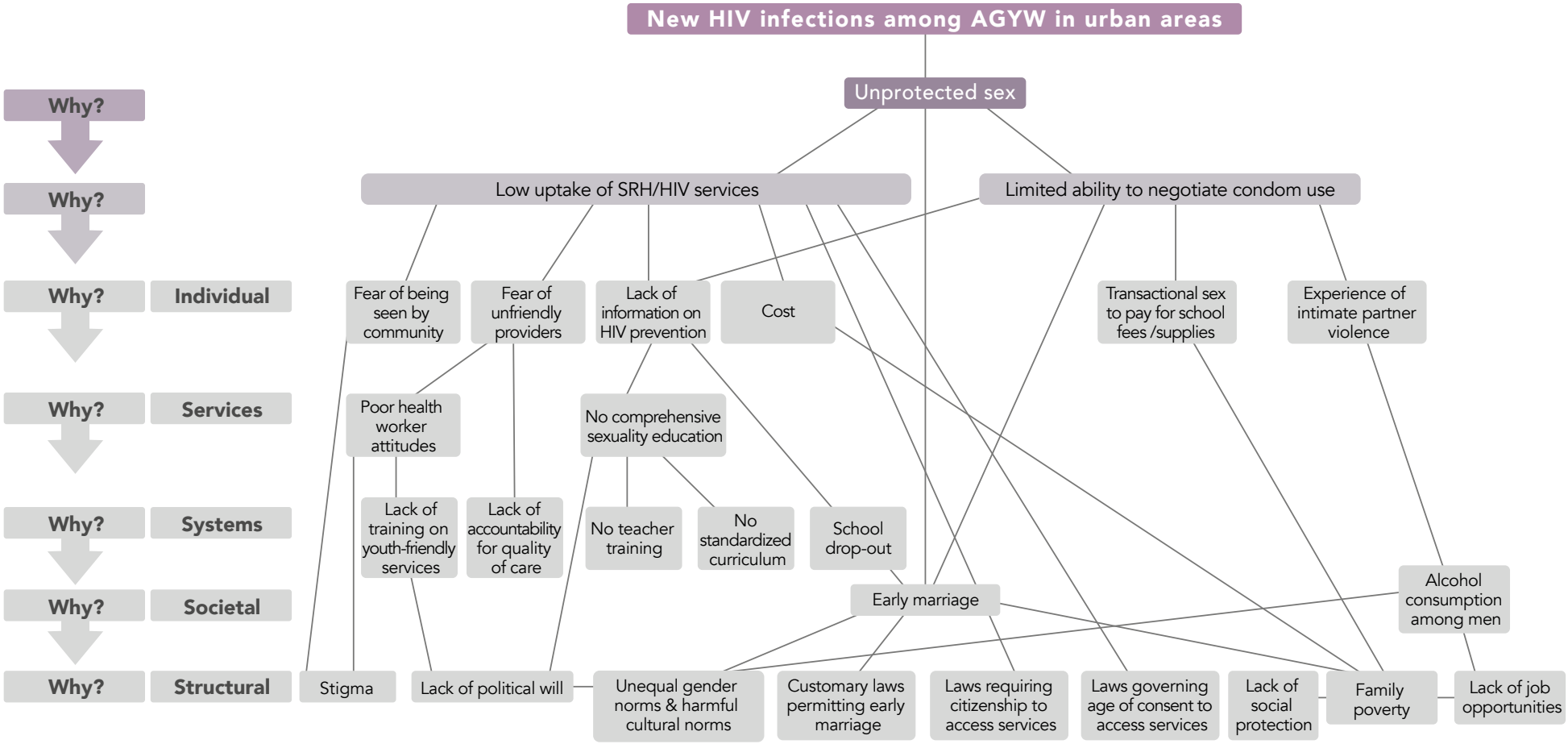
- No information or services for younger adolescents in most countries.
- Taboos around female sexuality and puberty.
- Fear of being seen by community members.
- Fear of unfriendly health-care providers.
- Lack of information on HIV prevention.
- Cost of services.

The causes of the limited ability to negotiate condom use may be:

- No agency to negotiate safe sex: inability to escape violence/forced sex.
- Adolescent girls and young women engage in transactional sex, which reduces their ability to demand condom use.
- Adolescent girls and young women experience intimate partner violence which reduces ability to demand condom use.

The questions and answers will be continued for about five or six levels, or until the moderator feels that the root cause has been identified. The process is interactive and summary results on the root causes are noted as well as likely entry points for action.

Figure 1. **Example of problem tree to analyse high HIV infections among adolescent girls and young women in urban areas.**



Source: UNAIDS (2022) A framework for understanding and addressing HIV-related inequalites

Appendix 4. Delphi methodology for conducting contextual analysis of interventions and capacity

The Delphi methodology *(7)* involves posing a set of questions to a panel of experts and analysing and using the answers for the panel to reconsider in another one or two rounds of questions. The aim is for the experts to reconsider and refine the ideas in follow-up rounds, so that they reach consensus and provide final decisions on the questions.

1. Prepare for contextual analysis

The national HIV response team (Ministry of Health, implementers and community representatives) should:

- Bring together a team of 10–15 experts.
- Develop a set of questions, by adapting Checklist 3, based on the findings from Step 1 (country specific inequalities and drivers).
- Share the questions and explain the process.

2. Complete questionnaire

- Share the questionnaire and instructions with the stakeholders.
- Complete the questionnaire:
- Through a trained interviewer (preferable).
  - By allowing stakeholders to do it themselves.

3. Analyse responses

- Analyse all responses.
- Synthesize and summarize emerging key issues, by themes, for further interrogation.
- Develop the next set of questions.
- Review original questions to get clarity on key emerging issues.
- Include quantitative and qualitative questions (e.g. ranking options).

4. Complete questionnaire

- Share the revised questionnaire and instructions with the stakeholders.
- Complete the questionnaire:
  - Through a trained interviewer (preferable).
  - By allowing stakeholders to do it themselves.

5. Analyse responses

- Analyse all responses.
- Synthesize and prioritize:
  - Based on ranking or emerging themes.
- Develop the next set of questions.
- Review original questions to get clarity on key emerging themes.
- Include questions on how to implement prioritized interventions, including how best to: (i) integrate; (ii) overcome barriers; and (iii) introduce innovations to improve effective service delivery.

6. Complete questionnaire

- Share the revised questionnaire and instructions with the stakeholders.
- Complete the questionnaire.
- Through a trained interviewer (preferable).
- By allowing stakeholders to do it themselves.

7. Analyse responses

- Synthesize and agree on priorities:
  - Limited set of priority interventions.
  - Proposed implementation.

Appendix 5. Prioritizing actions to address limited access to comprehensive sexuality education

Example 5: Example of prioritizing actions to address limited access to comprehensive sexuality education (CSE)					
Identified drivers of HIV-related inequality	**Select relevant priority actions as identified in the Global AIDS Strategy**	**Lead and partner organizations**	**Select relevant activities in line with mandates**	**Interventions tailored to identified drivers**	**Select relevant indicators**
No political will to implement CSE Lack of standardized CSE curriculum Lack of teacher training in CSE	Strengthen access to good quality, gender responsive, age appropriate CSE services, both in and out of school, which address the realities of adolescents and young people in all their diversity, in line with international guidance, national laws, policies and context. Strengthen access to high quality, gender responsive, age appropriate CSE programmes, both in school and out of school, particularly for adolescent girls and young women and young key populations in settings with high HIV incidence.	Ministry of Education Ministry of Health / National AIDS Commission Ministry of Gender Ministry of Youth Organizations / networks of young people, key and vulnerable populations UNESCO, UNFPA, UNICEF, UN Women	Ensure that all young people have access to a quality education through secondary level, including access to CSE as defined in the Global AIDS Strategy. Build partnerships and collaborations to catalyse actions across sectors to address the gender dimensions of the AIDS epidemic.	Develop a CSE curriculum, with the collaboration of lead and partner organizations. Develop teacher training on CSE. Convene meetings with youth-led civil society to provide input into the curriculum.	Percentage of women and men 15–24 who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission. Percentage of schools that teach the CSE curriculum (with potential sub-indicators on the percentage of schools that teach specific topics within the curriculum). Number of teachers trained to deliver the CSE curriculum. Number of youth-led organizations who participate in CSE curriculum development.

Example 5: Example of prioritizing actions to address limited access to comprehensive sexuality education (CSE)					
Identified drivers of HIV-related inequality	**Select relevant priority actions as identified in the Global AIDS Strategy**	**Lead and partner organizations**	**Select relevant activities in line with mandates**	**Interventions tailored to identified drivers**	**Select relevant indicators**
Age of consent laws for HIV and sexual and reproductive health services Early marriage	Address the structural and age-related legal barriers faced by adolescents and young key populations. Repeal discriminatory laws and policies that increase women and girls' vulnerability to HIV and address violations of their sexual and reproductive health and rights. Remove legal and policy barriers, including age of consent laws and policies, for adolescents and youth to access HIV services, and ensure access to other health and social services, including sexual and reproductive health services, PrEP, condoms and other contraceptives, and commodities and wider health and social services relating to young people's well-being.	Ministry of Health/ National AIDS Commission Ministry of Justice Ministry of Gender Ministry of Youth Organizations/ networks of young people, key and vulnerable populations UNDP, UNFPA, UNICEF	Promote access to justice and the creation of enabling legal and policy environments, including by removing punitive and discriminatory laws and policies and reducing stigma and discrimination.	Civil society to advocate to repeal laws that might contribute to high HIV incidence among adolescent girls and young women. Sensitize Parliamentarians on the impact of age of consent laws on health. Convene forums where all stakeholders can safely discuss legal barriers affecting HIV among adolescent girls and young women.	Number of organizations supported in activities to remove or amend punitive and discriminatory laws and policies, and/or develop protective ones affecting the HIV response. Number of protective laws introduced. Number of legal barriers removed.
Discrimination in health facilities	Mobilize funding for sustainable community led responses, ensuring financial support and equitable pay for community-led work and funding for activities led by networks of people living with HIV and key populations, including those led by women and young people.	Ministry of Health/ National AIDS Commission Ministry of Gender Ministry of Youth Sexual and reproductive health and rights organizations Organizations/ networks of young people, key and vulnerable populations WHO, UNFPA, UNICEF, UNDP, UNODC	Health system strengthening to reduce inequalities, eliminate stigma and discrimination, implement integrated and differentiated services, improve health information systems, support and integrate community-led responses, and strengthen consolidated procurement, supply management and multipurpose laboratory systems.	Advocate for allocation of domestic resources to support networks of adolescent girls and young women living with HIV. Develop and institutionalize health worker training on adolescent sexual and reproductive health and rights (ASRHR).	Percentage of adolescent girls and young women living with HIV who report experiences of HIV related discrimination in health care settings. Percentage of health workers trained in ASRHR.

Appendix 6. Data sources, collection and disaggregation

For each set of activities, outcome and process indicators can be taken from the worksheet in Appendix 4. The source of these data, any technical support needed, the frequency of data collection, and levels of disaggregation should all be determined at this stage. The worksheet below provides a template for users.

Type of indicator	Indicator	Source	Provision of technical support	Frequency of data collection	Disaggregation

Glossary

Discrimination Any distinction, exclusion, or restriction based on characteristics, e.g. a person's race, sex, religion, nationality, ethnic origin, sexual orientation, gender identity, disability, age, language, social origin, or other status, which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by a person, of their human rights and fundamental freedoms in the political, economic, social, cultural, civil, or other field.

Gender A socially constructed set of norms, roles, behaviour, activities and attributes that a given society considers appropriate for women and men and that are attached to masculinity and femininity and to the people identifying themselves as transgender or gender queer or expressing gender in various other forms. The issue's intricacy expands with the understanding of diverse gender identities: a person's deeply felt internal and individual experience of gender that may or may not correspond with the sex assigned at birth.

Gender inequality Unequal opportunities connected to gender, gender roles and expectation and gender expression to obtain and control social, economic and political resources, including protection under the law (such as health services, education and voting rights). Importantly, gender inequality often specifically determines differential, unequal and negative development and health outcomes for women and men and for girls and boys.

Key populations UNAIDS considers gay men and other men who have sex with men, sex workers and their clients, transgender people, people who inject drugs and prisoners and other incarcerated people as the main key population groups. These populations often suffer from punitive laws or stigmatizing policies, and they are among the most likely to be exposed to HIV. In some settings, women and girls, migrant workers, people affected by humanitarian emergencies and seronegative partners in serodiscordant couples are at higher risk of being exposed to HIV than other people. Their engagement is critical to a successful HIV response everywhere—they are key to the epidemic and to the response. Countries should define the specific populations that are key to their epidemic and response based on the epidemiological and social context.

Intersectionality An analytical tool for understanding and responding to intersecting inequalities. Intersectionality helps to understand multidimensional inequalities and how different identities (gender, sex, gender identity, sexual orientation, health status, disability, race, ethnicity, religion, age and political or other opinions) affect the access to rights, opportunities and services.

Vulnerability Vulnerability refers to unequal opportunities, social exclusion, unemployment, or precarious employment (and other social, cultural, political, legal and economic factors) that make a person more susceptible to HIV infection and developing AIDS. The factors underlying vulnerability may reduce the ability of individuals and communities to avoid HIV risk, and they may be outside of their control. These factors may include: lack of the knowledge and skills required to protect oneself and others; limited accessibility, quality and coverage of services; and restrictive societal factors, such as human rights violations, punitive laws, or harmful social and cultural norms (including practices, beliefs and laws that stigmatize and disempower certain populations). These factors, alone or in combination, may create or exacerbate individual and collective vulnerability to HIV.

References

1. Framework for understanding and addressing HIV-related inequalities. Geneva: UNAIDS; 2022.
2. Global AIDS strategy 2021–2026: end inequalities. end AIDS. Geneva: UNAIDS; 2021.
3. United Nations General Assembly. Political declaration on HIV and AIDS: ending inequalities and getting on track to end AIDS by 2030. Geneva: UNAIDS; 2021.
4. UNAIDS gender assessment tool: towards a gender-transformative HIV response, Geneva: UNAIDS; 2018.
5. The Global Fund to Fight AIDS, Tuberculosis and Malaria. Undertaking a rapid assessment of information on human rights-related barriers to HIV and TB services: guidance and tools. Geneva: The Global Fund; 2023.
6. Practical manual: legal environment assessment for HIV: an operational guide to conducting national legal, regulatory and policy assessments for HIV. New York: United Nations Development Programme; 2015.
7. Niederberger M, Spranger J. Delphi technique in health sciences: a map. Public Health. 2020;8:22.

UNAIDS
20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org