2017 SUSTAINABILITY INDEX AND DASHBOARD SUMMARY: SWAZILAND

The **HIV/AIDS Sustainability Index and Dashboard (SID)** is a tool completed every two years by PEPFAR teams and partner stakeholders to sharpen the understanding of each country's sustainability landscape and to assist PEPFAR and others in making informed HIV/AIDS investment decisions. Based on responses to 89 questions, the SID assesses the current state of sustainability of national HIV/AIDS responses across 15 critical elements. Scores for these elements are displayed on a color-coded dashboard, together with contextual charts and information. As the SID is completed over time, it will allow stakeholders to track progress and gaps across these key components of sustainability.

Dark Green Score (8.50-10 points) **(sustainable and requires no additional investment at this time)**
Light Green Score (7.00-8.49 points) **(approaching sustainability and requires little or no investment)**
Yellow Score (3.50-6.99 points) **(emerging sustainability and needs some investment)**
Red Score (<3.50 points) **(unsustainable and requires significant investment)**

Swaziland Overview: Swaziland is a lower middle-income country whose economic growth remains subdued and is estimated to have slowed down in 2017 to around -0.6%, mainly due to two factors, residual effects of a severe drought and fiscal pressures. The dual epidemic of HIV/AIDS and TB remains one of Swaziland's greatest challenges. Strong political will, investment and HIV response coordination over the past fifteen years has seen Swaziland making great strides in controlling the epidemic. The recently released results from the Swaziland HIV Incidence Measurement Survey 2 (SHIMS 2, 2016) shows that between 2011 and 2016, among adults aged 18-49 years, the rate of new infection decreased by 44% (from 2.5% to 1.4%). During the same period and for the same age group, the proportion of all people living with HIV (PLHIV) who are virally suppressed increased from 34.8% to 71.3%. Although there has been remarkable progress towards the attainment of the UNAIDS 90-90-90 goal, the youth bulge and the need to ensure that adolescent living with HIV are virally suppressed necessitate innovative approaches to finding the remaining population not aware of their HIV status and not on treatment.

SID Process: PEPFAR Swaziland, UNAIDS, MOH and National Emergency Response Council on HIV and AIDS (NERCHA) collaborated to co-convene a one-day SID workshop on November 07th. Participants were from the MOH, Ministry of Economic Planning, USG, Global Fund supported Country Coordinating Mechanism (CCM) and Principal Recipients, civil society, PLHIV and private sector representatives, bilateral and multilateral stakeholders, and other development partners. Following the official opening and review of sustainability index measurement process, participants broke into four domain subgroups, discussed, and completed the SID tool. The MOH, MEPD and NERCHA facilitated each subgroup and PEPFAR team members divided amongst the four groups. Groups agreed on responses, recorded data sources, and documented points of clarification and context. The full group reconvened at the end of the day, reviewed the completed tool, discussed the findings and identified priorities.

Sustainability Strengths: the following were identified as strengths –

1. Planning and Coordination (8.02, light green): NERCHA and the Prime Minister's Office effectively lead the HIV response in Swaziland. Nonetheless, participants agreed that additional efforts are needed to

address duplication and gaps among partners. Coordination of the multi-sectoral response could also be strengthened.

2. Technical and Allocative Efficiencies (8.16, light green): The GKoS analyzes and uses relevant HIV/AIDS epidemiological, health, health workforce, and economic data to inform HIV/AIDS investment decisions.

Sustainability Vulnerabilities:

1. **Epidemiological and Health Data (3.96, yellow)**: Additional capacity is still required for epidemiologic and M&E activities and additional support is needed to continue the roll out of the Client Management Information System and the use of a unique identifier to track individuals through the prevention and treatment cascades. There is also currently a lack of reporting for viral load testing at clinics.
2. **Laboratory (5.17, yellow):** The monitoring of point of care testing quality assurance and quality improvement needs strengthening, particularly community-based testing.
3. **Human Resources for Health (5.51, yellow):** Some cadres that are critical for the attainment of 90-90-90 are still almost entirely donor-funded (such as phlebotomists). There is also a need to continue to rationalize HR numbers and skill sets with client volume at facilities.
4. **Commodity Security and Supply Chain (6.90, yellow):** Commodity management especially between hub and spoke facilities remains weak and with the roll-out of CommART, additional support is needed by PEPFAR this year. PEPFAR will continue to assist GKoS in forecasting and supply planning as well as strengthen capacity in contracting and financing.

Additional Comments: although Domestic Resource Mobilization scored light green at 7.58, the GKoS has been explicit with the amount of funding (both domestic and external resources) going toward the HIV/AIDS response and the Prime Minister's Office, MoH and NERCHA are highly involved in budgeting and implementation. PEPFAR will continue to engage with the GKoS and other partners/stakeholders in discussions related to increasing domestic funding for the HIV/AIDS response.

Contact: For questions or further information about PEPFAR's efforts to support sustainability of the HIV response in Swaziland, please contact Khontile Kunene @ kunenekn@state.gov.

Sustainability Analysis for Epidemic Control: Swaziland

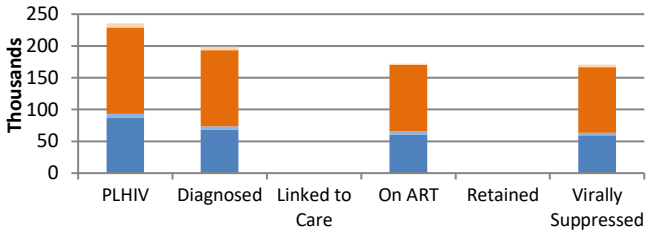
Epidemic Type: Generalized
Income Level: Lower middle income
PEPFAR Categorization: Long-term Strategy
PEPFAR COP 17 Planning Level: Please Enter

SUSTAINABILITY DOMAINS and ELEMENTS

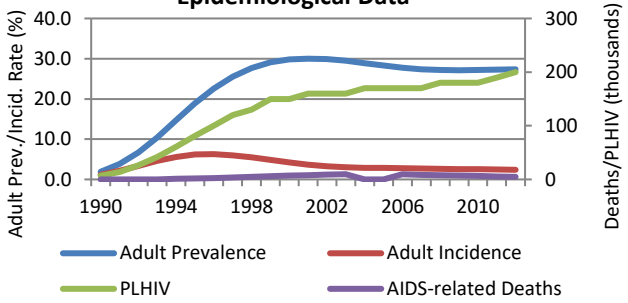
	2015 (SID 2.0)	2017 (SID 3.0)	2019	2021
Governance, Leadership, and Accountability				
1. Planning and Coordination	9.50	8.02		
2. Policies and Governance	6.40	7.13		
3. Civil Society Engagement	4.17	5.83		
4. Private Sector Engagement	3.96	5.24		
5. Public Access to Information	7.00	7.00		
National Health System and Service Delivery				
6. Service Delivery	6.53	4.95		
7. Human Resources for Health	6.33	5.37		
8. Commodity Security and Supply Chain	6.01	6.90		
9. Quality Management	7.76	6.81		
10. Laboratory	5.74	4.83		
Strategic Investments, Efficiency, and Sustainable Financing				
11. Domestic Resource Mobilization	8.61	7.58		
12. Technical and Allocative Efficiencies	8.57	7.16		
Strategic Information				
13. Epidemiological and Health Data	5.00	3.96		
14. Financial/Expenditure Data	5.42	5.83		
15. Performance Data	7.80	7.39		

CONTEXTUAL DATA

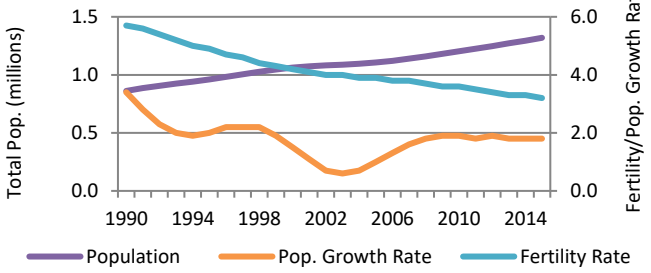
National Clinical Cascade



Epidemiological Data

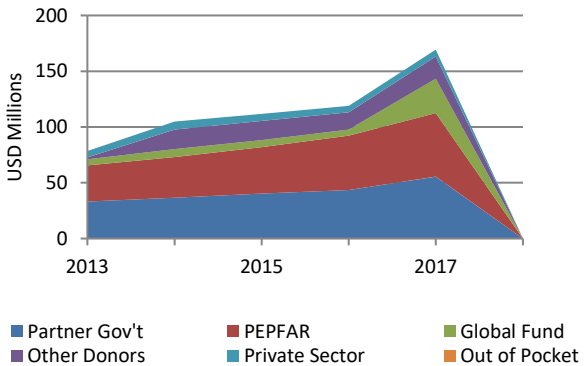


Population and Fertility

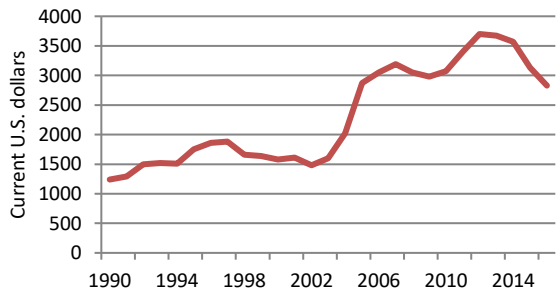


CONTEXTUAL DATA

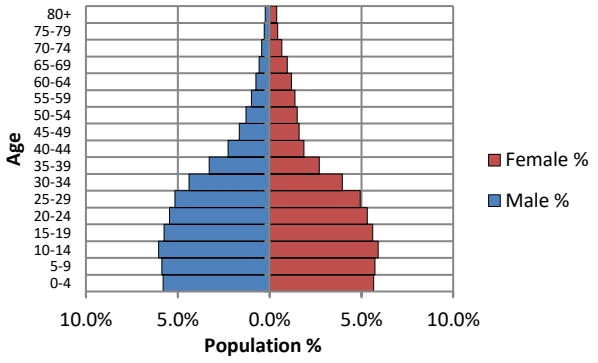
Financing the HIV Response



GNI Per Capita (Atlas Method)



Population Pyramid (2017)



Domain A. Governance, Leadership, and Accountability

What Success Looks Like: Host government upholds a transparent and accountable resolve to be responsible to its citizens and international stakeholders for achieving planned HIV/AIDS results, is a good steward of HIV/AIDS finances, widely disseminates program progress and results, provides accurate information and education on HIV/AIDS, and supports mechanisms for eliciting feedback. Relevant government entities take actions to create an enabling policy and legal environment, ensure good stewardship of HIV/AIDS resources, create space for and promote participation of the private sector, and provide technical and political leadership to coordinate an effective national HIV/AIDS response.

1. Planning and Coordination: Host country develops, implements, and oversees a costed multiyear national strategy and serves as the preeminent architect and convener of a coordinated HIV/AIDS response in the country across all levels of government and key stakeholders, civil society and the private sector.			**Data Source**	**Notes/Comments**
1.1 Content of National Strategy: Does the country have a multi-year, costed national strategy to respond to HIV?	○ A. There is no national strategy for HIV/AIDS ◉ B. There is a multiyear national strategy. Check all that apply: ☑ It is costed ☑ It has measurable targets. ☑ It is updated at least every five years ☑ Strategy includes all crucial response components for prevention and treatment (HIV testing, treatment and care [including children and adolescents], PMTCT, transition from 'catchup' to sustainable VMMC if country performs VMMCs, scale-up of viral load, EID, and other key metrics) ☐ Strategy includes explicit plans and activities to address the needs of key populations. ☐ Strategy includes all crucial response components to mitigate the impact of HIV on vulnerable children ☐ Strategy (or separate document) includes considerations and activities related to sustainability	1.1 Score: 1.86	NERCHA. (2014). *HIV /AIDS Extended National Strategic Framework - 2014 - 2018.* Mbabane: Swaziland Government. NERCHA. (2014). *National Multisectoral Operational Plan (NOP) 2014 - 2017* . Mbabane: Swaziland Government. Ministry of Health National Health (2014). *National Health Sector Strategic Plan II (2014-2018)* . Mbabane: Swaziland Government.	The process to develop a new NSP (2018-2023) has begun and is expected to be complete by April 2018 and with the strategy a costed NOP will be developed. The current costed NOP has expired. The NOP will guide Sector Planning, COP planning and Global Fund Funding Requests. The Strategic Framework does not include explicit activites for key populations and requires a review to incoporate comprenhensive orphaned and vulnerable children impact mitigation and other vulnerable groups although there are sections in the strategy that are meant to address the needs of these groups. The Gkos is also in the process of developing a 5 year KP strategy that will align with the NSF and provide more specific activities.

1.2 Participation in National Strategy Development: Who actively participates in development of the country's national HIV/AIDS strategy?	○ A. There is no national strategy for HIV/AIDS ◉ B. The national strategy is developed with participation from the following stakeholders (check all that apply): ☑ Its development was led by the host country government ☑ Civil society actively participated in the development of the strategy ☐ Private health sector providers, facilities, and training institutions, actively participated in the development of the strategy ☑ Businesses and the corporate sector actively participated in the development of the strategy including workplace development and corporate social responsibility (CSR) ☑ External agencies (i.e. donors, other multilateral orgs., etc.) supporting HIV services in-country participated in the development of the strategy	1.2 Score: 2.00	NERCHA. (2014). *HIV /AIDS Extended National Strategic Framework - 2014 - 2018.* Mbabane: Swaziland Government. NERCHA. (2014). *National Multisectoral Operational Plan (NOP) 2014 - 2017.* Mbabane: Swaziland Government. Ministry of Health National Health (2014). *National Health Sector Strategic Plan II (2014-2018).* Mbabane: Swaziland Government.	Swaziland Business Coalition Against HIV/AIDS (SWABCHA) cordinates private sectors participation. Further, the inclusion of HIV in the labour inspectors list of the Ministry of Labour has strenghted the private sector's involvement. The Corporate Social Responsibility (CSR) funds are supporting most initiatives other than HIV, and the response has not seen that as a funding source. There are gaps in civil society operationalising the strategy. Private health service providers were not well represented in strategy development. This participation should incorporate commitment, ie there may be participation but no commitment. Strategy has not identified CSR as domestic funding source

1.3 Coordination of National HIV Implementation: To what extent does the host country government coordinate all HIV/AIDS activities implemented in the country, including those funded or implemented by CSOs, private sector, and donor implementing partners?	Check all that apply: ☑ There is an effective mechanism within the host country government for internally coordinating HIV/AIDS activities implemented by various government ministries, institutions, offices, etc. ☑ The host country government routinely tracks and maps HIV/AIDS activities of: ☑ civil society organizations ☐ private sector (including health care providers and/or other private sector partners) ☐ donors ☑ The host country government leads a mechanism or process (i.e. committee, working group, etc.) that routinely convenes key internal and external stakeholders and implementers of the national response for planning and coordination purposes. ☑ Joint operational plans are developed that include key activities of implementing organizations. ☐ Duplications and gaps among various government, CSO, private sector, and donor activities are systematically identified and addressed.	1.3 Score: 1.67	Ministry of Health HIV/AIDS Program Annual Reports NERCHA-UNAIDS. *National Annual HIV/AIDS Reports.* Mbabane: Swaziland Government	
1.4 Sub-national Unit Accountability: Is there a mechanism by which sub-national units are accountable to national HIV/AIDS goals or targets? (note: equal points for either checkbox under option B)	○ A. There is no formal link between the national plan and sub-national service delivery. ◉ B. There is a formal link between the national plan and sub-national service delivery. (Check the ONE that applies.) ☐ Sub-national units have performance targets that contribute to aggregate national goals or targets. ☑ The central government is responsible for service delivery at the sub-national level.	1.4 Score: 2.50	NERCHA. (2014). *HIV /AIDS Extended National Strategic Framework - 2014 - 2018.* Mbabane: Swaziland Government. NERCHA. (2014). *National Multisectoral Operational Plan (NOP) 2014 - 2017.* Mbabane: Swaziland Government. Ministry of Health National Health (2014). *National Health Sector Strategic Plan II (2014-2018).* Mbabane: Swaziland Government.	The National Decentralisation Policy is still pending finalization. The Regional Operational Plan is developed jointly , however, partners come with pre-popualted annual plans with activities. Information should be shared widely.
		Planning and Coordination Score:	**8.02**	

2. Policies and Governance: Host country develops, implements, and oversees a wide range of policies, laws, and regulations that will achieve coverage of high impact interventions, ensure social and legal protection and equity for those accessing HIV/AIDS services, eliminate stigma and discrimination, and sustain epidemic control within the national HIV/AIDS response.			**Data Source**	**Notes/Comments**
2.1 WHO Guidelines for ART Initiation: Does current national HIV/AIDS technical practice follow current WHO guidelines for initiation of ART, i.e. Test and START for all populations?	For each category below, check yes or no to indicate if current national HIV/AIDS technical practice follows current WHO guidelines for each of the following: A. Adults (>19 years) ☑ Yes ☐ No B. Pregnant and Breastfeeding Mothers ☑ Yes ☐ No C. Adolescents (10-19 years) ☑ Yes ☐ No D. Children (<10 years) ☑ Yes ☐ No	2.1 Score: 1.11	Ministry of Health. (2010). *National Comprehensive HIV Package of Care.* Mbabane: Swaziland Government Ministry of Health. (2015). *Swaziland Intergated HIV Management Guidelines.* Mbabane: Swaziland Government	Government rolled out Test and Start in October, 2016. PLHIV - Children uptake or reach is still lower.

2.2 Enabling Policies and Legislation: Are there policies or legislation that govern HIV/AIDS service delivery or policies and legislation on health care which is inclusive of HIV service delivery? Note: If one of the listed policies differentiates policy for specific groups, please note in the Notes/Comments column.	Check all that apply: ☑ A national public health services act that includes the control of HIV ☑ A task-shifting policy that allows trained non-physician clinicians, midwives, and nurses to initiate and dispense ART ☑ A task-shifting policy that allows trained and supervised community health workers to dispense ART between regular clinical visits ☑ Policies that permit patients stable on ART to have reduced clinical visits (i.e. every 6-12 months) ☑ Policies that permit patients stable on ART to have reduced ARV pickups (i.e. every 3-6 months) ☑ Policies that permit streamlined ART initiation, such as same day initiation of ART for those who are ready ☑ Legislation to ensure the well-being and protection of children, including those orphaned and made vulnerable by HIV/AIDS ☐ Policies that permit HIV self-testing ☐ Policies that permit pre-exposure prophylaxis (PrEP) ☑ Policies that permit post-exposure prophylaxis (PEP) ☑ Policies that allow HIV testing without parental consent for adolescents, starting at age 15 ☑ Policies that allow HIV-infected adolescents, starting at age 15, to seek HIV treatment without parental consent	2.2 Score: 0.93	Ministry of Health. (2016). *National Policy Guidelines for Community-Centered Models of ART Service Delivery (CommART) in Swaziland.* Mbabane: Swaziland Government. Ministry of Health. (2016). *Nurse-Led ART Initiation in Swaziland Participants Workbook.* Mbabane: Swaziland Government. Ministry of Health. (2016). S*waziland Ministry of Health Test and Start Guidelines.* Mbabane: Swaziland Government. Ministry of Health. (2010). *National Comprehensive HIV Package of Care.* Mbabane: Swaziland Government Ministry of Health. (2015). *Swaziland Intergated HIV Management Guidelines.* Mbabane: Swaziland Government	HTS has a compponent of self testing and there is a self-testing pilot in progress since July 2017 to inform the self testing policy. PrEP is also being piloted (since August 2017). PEP is being used for post occupational & sexual exposure.

2.3 Data Protection: Does the country have policies in place that support the collection and appropriate use of patient-level data for health, including HIV/AIDS?	The country has policies in place that (check all that apply): ☑ Govern the collection of patient-level data for public health purposes, including surveillance ☑ Govern the collection and use of unique identifiers such as national ID for health records ☑ Govern the privacy and confidentiality of health outcomes matched with personally identifiable information ☑ Govern the use of patient-level data, including protection against its use in crimincal cases	2.3 Score: 1.11	Ministry of Health. *Health Information Management Systems Annual Reports.* Mbabane: Swaziland Government	PEPFAR is supporting the development of a Client Management Information System (CMIS) that suits all clinical environments ranging from large, medium to small facilities. The Health Management Information Systems (HMIS) unit in the Ministry of Health is responsible for monitoring the implementation of this system. The CMIS was designed for flexibility and scalability to meet future changes and demands for easy customization and report generation. It provides dash-boards to simplify complex data analyses. The CMIS is an integrated Patient Management System for managing and reporting all diseases. CMIS includes Unique Identifier Codes
2.4 Legal Protections for Key Populations: Does the country have laws or policies that specify protections (not specific to HIV) for specific populations?	Check all that apply: Transgender people (TG): ☑ Constitutional prohibition of discrimination based on gender diversity ☑ Prohibitions of discrimination in employment based on gender diversity ☐ A third gender is legally recognized ☐ Other non-discrimination provisions specifying gender diversity (note in comments) Men who have sex with men (MSM): ☐ Constitutional prohibition of discrimination based on sexual orientation ☐ Hate crimes based on sexual orientation are considered an aggravating circumstance ☐ Incitement to hatred based on sexual orientation prohibited ☐ Prohibition of discrimiation in employment based on sexual orientation	2.4 Score: 0.19	Swaziland Constitution 2006 (available from: www.gov.sz/Constitution.of.SD-2005A001.pdf) Criminal Law and Procedure Act, 6 of 1889	The Constitution is silent on sexual orientation. Sodomy laws exist as well as laws against public indecency. Sex work is also prosecuted using the Criminal Law and Procedure Act, 6 of 1889.

	☐ Other non-discrimination provisions specifying sexual orientation Female sex workers (FSW): ☐ Constitutional prohibition of discrimination based on occupation ☐ Sex work is recognized as work ☐ Other non-discrimination protections specifying sex work (note in comments) People who inject drugs (PWID): ☐ Specific antidiscrimination laws or other provisions for people who use drugs (specify in comments) ☐ Explicit supportive reference to harm reduction in national policies ☐ Policies that address the specific needs of women who inject drugs			
2.5 Legal Protections for Victims of Violence: Does the country have protections in place for victims of violence?	The country has the following to protect key populations and people living with HIV (PLHIV) from violence: ☑ General criminal laws prohibiting violence ☐ Specific legal provisions prohibiting violence against people based on their HIV status or belonging to a key population ☑ Programs to address intimate partner violence ☑ Programs to address workplace violence ☑ Interventions to address police abuse ☑ Interventions to address torture and ill treatment in prisons ☑ A national plan or strategy to address gender-based violence and violence against women that includes HIV ☑ Legislation on domestic violence ☑ Criminal penalties for domestic violence ☑ Criminal penalties for violence against children	2.5 Score: 1.00	Sexual Offences and Domestic Violence Bill, 2017 Swaziland Constitution 2006 (available from: www.gov.sz/Constitution.of.SD-2005A001.pdf) Public Health Bill, 2014	The Public Health Bill has been amended and tabled in Parliament. The Sexual Offences and Domestic Violence Bill, 2017 has been approved by the House of Assembly in Parliament (this follows the Bill having lapsed in Parliament after its initial tabling in 2013, the Bill was then approved by both Houses of Parliament but failed to get Royal Assent due to the perceived conflict between some of its provisions and a few tradidional norms. The Bill is now back in Parliament and recently passed the House of Assembly after intensive civil society advocacy). Programs and interventions exist to cover gender-based violence but are not sufficient and comprehensive . Common Law has provision for violence.

2.6 Structural Obstacles: Does the country have laws and/or policies that present barriers to delivery of HIV prevention, testing and treatment services or the accessibility of these services?	**For each question, select the most appropriate option:** Are transgender people criminalized and/or prosecuted in the country? ☐ Both criminalized and prosecuted ☐ Criminalized ☐ Prosecuted ☑ Neither criminalized nor prosecuted Is cross-dressing criminalized in the country? ☐ Yes ☐ Yes, only in parts of the country ☐ Yes, only under certain circumstances ☑ No Is sex work criminalized in your country? ☐ Selling and buying sexual services is criminalized ☑ Selling sexual services is criminalized ☐ Buying sexual services is criminalized ☐ Partial criminalization of sex work ☐ Other punitive regulation of sex work ☐ Sex work is not subject to punitive regulations or is not criminalized. ☐ Issue is determined/differs at subnational level	2.6 Score: 0.86	Criminal Law and Procedure Act, 6 of 1889	Prosecuted under the Criminal Law and Procedure Act, 6 of 1889. Known HIV status is an aggravating factor in prosecution of rape cases. Sodomy is a common-law crime in Swaziland.

Does the country have laws criminalizing same-sex sexual acts?

- [ ] Yes, death penalty
- [ ] Yes, imprisonment (14 years - life)
- [x] Yes, imprisonment (up to 14 years)
- [ ] No penalty specified
- [ ] No specific legislation
- [ ] Laws penalizing same-sex sexual acts have been decriminalized or never existed

Does the country maintain the death penalty in law for people convicted of drug-related offenses?

- [ ] Yes, with high application (sentencing of people convicted of drug offenses to death and/or carrying out executions are a routine and mainstreamed part of the criminal justice system)
- [ ] Yes, with low application (executions for drug offenses may have been carried out in recent years, but in practice such penalties are relatively rare)
- [ ] Yes, with symbolic application (the death penalty for drug offenses is included in legislation, but executions are not carried out)
- [x] No

Does the country have laws criminalizing the transmission of, non-disclosure of, or exposure to HIV transmission?

- [ ] Yes
- [x] No, but prosecutions exist based on general criminal laws
- [ ] No

Does the country have policies restricting the entry, stay, and residence of people living with HIV (PLHIV)?

- [ ] Yes
- [x] No

	Does the country have other punitive laws affecting lesbian, gay, bisexual, transgender, and intersex (LGBTI) people? ☐ Yes, promotion ("propaganda") laws ☑ Yes, morality laws or religious norms that limit LGBTI freedom of expression and association ☐ No			
2.7 Rights to Access Services: Recognizing the right to nondiscriminatory access to HIV services and support, does the government have efforts in place to educate and ensure the rights of PLHIV, key populations, and those who may access HIV services about these rights?	There are host country government efforts in place as follows (check all that apply): ☑ To educate PLHIV about their legal rights in terms of access to HIV services ☑ To educate key populations about their legal rights in terms of access to HIV services ☑ National law exists regarding health care privacy and confidentiality protections ☐ Government provides financial support to enable access to legal services if someone experiences discrimination, including redress where a violation is found	2.7 Score: 0.83	Ministry of Health. (2010). *National Comprehensive HIV Package of Care.* Mbabane: Swaziland Government Ministry of Health. (2015). *Swaziland Intergated HIV Management Guidelines.* Mbabane: Swaziland Government	
2.8 Audit: Does the host country government conduct a national HIV/AIDS program audit or audit of Ministries that work on HIV/AIDS on a regular basis (excluding audits of donor funding that are through government financial systems)?	○ A. No audit is conducted of the National HIV/AIDS Program or other relevant ministry. ◉ B. An audit is conducted of the National HIV/AIDS program or other relevant ministries every 4 years or more. ○ C. An audit is conducted of the National HIV/AIDS program or other relevant ministries every 3 years or less.	2.8 Score: 0.56	Evaluation report for HIV /AIDS Extended National Strategic Framework - 2014 - 2018 (eNSF) implementation.	There have been program reviews as well as an end-term evaluation of theHIV /AIDS Extended National Strategic Framework - 2014 - 2018.
2.9 Audit Action: To what extent does the host country government respond to the findings of a HIV/AIDS audit or audit of Ministries that work on HIV/AIDS?	○ A. Host country government does not respond to audit findings, or no audit of the national HIV/AIDS program is conducted. ◉ B. The host country government does respond to audit findings by implementing changes as a result of the audit. ○ C. The host country government does respond to audit findings by implementing changes which can be tracked by legislature or other bodies that hold government accountable.	2.9 Score: 0.56	Evaluation report for HIV /AIDS Extended National Strategic Framework - 2014 - 2018 (eNSF) implementation.	New strategies have been informed by the above-mentioned evaluations.
	Policies and Governance Score:	**7.13**		

3. Civil Society Engagement: Local civil society is an active partner in the HIV/AIDS response through service delivery provision when appropriate, advocacy efforts as needed, and as a key stakeholder to inform the national HIV/AIDS response. There are mechanisms for civil society to review and provide feedback regarding public programs, services and fiscal management and civil society is able to hold government institutions accountable for the use of HIV/AIDS funds and for the results of their actions.			**Data Source**	**Notes/Comments**
3.1 Civil Society and Accountability for HIV/AIDS: Are there any laws or policies that restrict civil society from playing an oversight role in the HIV/AIDS response?	○ A. There exists a law or laws that restrict civil society from playing an oversight role in the HIV/AIDS response. ○ B. There are no laws that restrict civil society playing a role in providing oversight of the HIV/AIDS response but in practice, it does not happen. ◉ C. There are no laws or policies that prevent civil society from providing an oversight of the HIV/AIDS response and civil society is very actively engaged in providing oversight.	3.1 Score: 1.67	AIDS Accountability International. (2013). *Swaziland Civil Society Priorities Charter.* Mbabane: Ford Foundation.	
3.2 Government Channels and Opportunities for Civil Society Engagement: Does host country government have formal channels or opportunities for diverse civil society groups to engage and provide feedback on its HIV/AIDS policies, programs, and services (not including Global Fund CCM civil society engagement requirements)?	Check A, B, or C; if C checked, select appropriate disaggregates: ○ A. There are no formal channels or opportunities. ○ B. There are formal channels or opportunities, but civil society is called upon in an ad hoc manner to provide inputs and feedback. ◉ C. There are functional formal channels and opportunities for civil society engagement and feedback. Check all that apply: ☑ During strategic and annual planning ☑ In joint annual program reviews ☑ For policy development ☑ As members of technical working groups ☑ Involvement on government HIV/AIDS program evaluation teams ☑ Involvement in surveys/studies ☑ Collecting and reporting on client feedback ☑ Service delivery	3.2 Score: 1.67	AIDS Accountability International. (2013). *Swaziland Civil Society Priorities Charter.* Mbabane: Ford Foundation.	

3.3 Impact of Civil Society Engagement: Does civil society engagement substantively impact policy, programming, and budget decisions related to HIV/AIDS?	○ A. Civil society does not actively engage, or civil society engagement does not impact policy, programming, and budget decisions related to HIV/AIDS. ◉ B. Civil society's engagement impacts HIV/AIDS policy, programming, and budget decisions (check all that apply): ☑ In policy design ☑ In programmatic decision making ☑ In technical decision making ☑ In service delivery ☑ In HIV/AIDS basket or national health financing decisions	3.3 Score: 1.67	NERCHA: Swaziland HIV/AIDS Program Monitoring System Quartely Reports (Available from: Www.Nercha.gov.sz)	NERCHA leads this process through the Swaziland HIV/AIDS Program Monitoring System where meetings are held quarterly in each of the four regions.
3.4 Domestic Funding of Civil Society: To what extent are HIV/AIDS related Civil Society Organizations funded domestically (either from government, private sector, or self generated funds)? (if exact or approximate overall percentage known, or the percentages from the various domestic sources, please note in Comments column)	○ A. No funding (0%) for HIV/AIDS related civil society organizations comes from domestic sources. ◉ B. Minimal funding (approx. 1-9%) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients). ○ C. Some funding (approx. 10-49%) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients). ○ D. Most funding (approx. 50-89%) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients). ○ E. All or almost all funding (approx. 90%+) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients).	3.4 Score: 0.83	National Annual Budget (2017/2018)	Most NGO are getting funding from external sources , including Global Fund
3.5 Civil Society Enabling Environment: Are there laws, policies, or regulations in place which permit CSOs to be funded from a government budget for HIV services through open competition (from any Ministry or Department, at any level - national, regional, or local)? Note: This sometimes referred to as "social contracting" or "social procurement."	◉ A. There is no law, policy, ore rgulation which permits CSOs to be funded from a government budget for HIV Services through open competition (not to include Global Fund or other donor funding to government that goes to CSOs). ○ B. There is a law, policy or regulation which permits CSOs to be funded from a government budget for HIV services. Check all that apply: ☐ Competition is open and transparent (notices of opportunities are made public) ☐ Opportunities for CSO funding are made on an annual basis ☐ Awards are made in a timely manner (within 6-12 months of announcements) ☐ Payments are made to CSOs on time for provision of services	3.5 Score: 0.00	N/A	Some CSO get government subvention but there is criteria guiding how CSOs qualify for subventions.
		Civil Society Engagement Score: **5.83**		

4. Private Sector Engagement: Global as well as local private sector (both private health care providers and private business) is an active partner in the HIV/AIDS response through service delivery provision when appropriate, advocacy efforts as needed, innovation, and as a key stakeholder to inform the national HIV/AIDS response. There are supportive policies and mechanisms for the private sector to engage and to review and provide feedback regarding public programs, services and fiscal management of the national HIV/AIDS response. The public uses the private sector for HIV service delivery at a similar level as other health care needs.			**Data Source**	**Notes/Comments**
4.1 Government Channels and Opportunities for Private Sector Engagement: Does the host country government have formal channels and opportunities for diverse private sector entities (including service delivery, corporations, and private training institutions) to engage and provide feedback on its HIV/AIDS policies, programs, and services? (If option B is true, check all subsequent boxes that apply.)	○ A. There are no formal channels or opportunities for private sector engagement. ◉ B. There are formal channels or opportunities for private sector engagement. i. The following private sector stakeholders formally contribute input into national or sub-national processes for HIV/AIDS planning and strategic development (check all that apply): ☑ Corporations ☑ Employers ☐ Private training institutions ☑ Private health service delivery providers ii. Stakeholders contribute in the following ways (check all that apply): ☑ The private sector contributes technical expertise into HIV program planning ☐ Data and strategic input into supply chain management for HIV commodities ☐ Service delivery and/or client satisfaction data from private service delivery providers is included in health sector and HIV program planning ☐ Data on staffing in private health service delivery providers ☐ Data on private training institution's human resources for health (HRH) graduates and placements are included in health sector and HIV program planning ☑ For technical advisory on best practices and delivery solutions	4.1 Score: 1.18	NERCHA. (2014). *HIV /AIDS Extended National Strategic Framework - 2014 - 2018.* Mbabane: Swaziland Government.	

	iii. The national HIV/AIDS strategic plan explicitly addresses private sector's role in the HIV/AIDS response (check all that apply): ☑ The national HIV/AIDS strategic plan has a specific section that specifies the private sector's role in the HIV/AIDS response. ☐ A recent (within past 4 years) market analysis informs the private sector strategy that is included in the HIV/AIDS strategic plan ☐ The government and private sector effectively coordinates and executes a total market approach for HIV service delivery, which accounts for whether people are able and/or willing to pay for HIV services.			
4.2 Enabling Environment for Private Corporate Contributions to HIV/AIDS Programming: Does the host country government have systems and policies in place that allow for private corporate contributions to HIV/AIDS programming?	Check all that apply: ☐ Tax policies and incentives are designed to encourage corporate social responsibility efforts from companies who are contributing financial commitments and/or non-financial resources (including, but not limited to, product donations, expertise, and employee staff time). ☐ The host country government has in-house expertise in contracting services to private sector corporations when appropriate and necessary (e.g., transportation and waste management). ☐ The host country government has standards for reporting and sharing data across public and private sectors. ☑ Regulations help ensure that workplace programs align with the national HIV/AIDS program (e.g., medical leave policies, on-site testing, on-site prevention and education, anti-discrimination policies). ☑ There are strong linkage and referral networks between on-site workplace programs and public health care facilities.	4.2 Score: 1.00	Swaziland Business Coalition on HIV/AIDS Annual Reports Swaziland Occupational Safety and Health Act, Act no. 9 of 2001. Ministry of Health. (2015). *Swaziland Intergated HIV Management Guidelines.* Mbabane: Swaziland Government	Nothing is documented but corporations and private sector do support HIV initiatives through Corporate Social Responsibility Programme

4.3 Enabling Environment for Private Health Service Delivery: Does the host country government have systems and policies in place that allow for private health service delivery? Note: Full score possible without checking all boxes.	○ A. Private health service delivery providers are not legally allowed to deliver HIV/AIDS services. ○ B. The host country government plans to allow private health service delivery providers to provide HIV/AIDS services in the next two years. ◉ C. Private health service delivery providers are legally allowed to deliver HIV/AIDS services. In addition (check all that apply): ☑ Policies are in place to ensure that private providers receive, understand, and adhere to national guidelines/protocols for ART, and appropriate quality standards and certifications. ☐ Systems are in place for service provision and/or research reporting by private facilities to the government, including guidelines for data reporting. ☑ Joint (i.e., public-private) supervision and quality oversight of private facilities. ☑ The government offers tax deductions for private facilities delivering HIV/AIDS services. ☐ The government offers tax deductions for private training institutions. ☑ The private sector is eligible to procure HIV/AIDS and/or ART commodities via public sector procurement channels and/or national medical stores ☐ The host country government has formal contracting or service-level agreement procedures to compensate private facilities for HIV/AIDS services. ☐ HIV/AIDS services received in private facilities are eligible for reimbursement through national health insurance schemes ☐ There are open competitions for private health care providers to compete for government service contracts ☐ There is a systematic and timely process for private company registration and/or testing of new health products (e.g., drugs, diagnostic kits, medical devices, etc.) that support HIV/AIDS programming ☐ The government effectively regulates the flow of subsidized commodities into the private sector.	4.3 Score: 1.81	Swaziland Medical and Dental Practitioners Regulations, 1991.	Some private sector health facilities and practitioners are supported by the government for ARV's, family planning commodities, HIV testing services commodities and childhood immunizations.

4.4 Private Sector Capability and Interest: Does the private sector possess the capability to support HIV/AIDS services, and do private sector stakeholders demonstrate interest in supporting the national HIV/AIDS response?	○ A. The host country government does not leverage the skill sets of the private sector for the national HIV/AIDS response. ○ B. The private sector does not express interest in or actively seek out opportunities to support the national HIV/AIDS response. ◉ C. The private sector has expertise and has expressed interest in or actively seeks out (check all that apply): ☑ Market opportunities that align with and support the national HIV/AIDS response ☐ Opportunities to contribute financial and/or non-financial resources to the national response (including business skills, market research, logistics, communication, research and development, product design, brand awareness, and innovation)	4.4 Score: 1.25	Swaziland Business Coalition on HIV/AIDS Annual Reports	The response in based on experience and interest shown by their participation through Swaziland Business Coalition on HIV AIDS
		Private Sector Engagement Score: 5.24		

5. Public Access to Information: Host government widely disseminates timely and reliable information on the implementation of HIV/AIDS policies and programs, including goals, progress and challenges towards achieving HIV/AIDS targets, as well as fiscal information (public revenues, budgets, expenditures, large contract awards , etc.) related to HIV/AIDS. Program and audit reports are published publically. Efforts are made to ensure public has access to data through print distribution, websites, radio or other methods of disseminating information.			**Source of Data**	**Notes/Comments**
5.1 Surveillance and Survey Transparency: Does the host country government ensure that HIV/AIDS surveillance and survey data and analyses are made available to stakeholders and general public in a timely and useful way?	○ A. The host country government does not make HIV/AIDS surveillance and survey data available to stakeholders and the general public, or they are made available more than one year after the date of collection. ○ B. The host country government makes HIV/AIDS surveillance and survey data available to stakeholders and the general public within 6-12 months. ◉ C. The host country government makes HIV/AIDS surveillance and survey data available to stakeholders and the general public within six months.	5.1 Score: 2.00	Ministry of Health. (2006). *Scientific and Ethics Guidelines for awarding Research.* Mbabane: Swaziland Government.	
5.2 Expenditure Transparency: Does the host country government make annual HIV/AIDS expenditure data available to stakeholders and the public in a timely and useful way?	○ A. The host country government does not track HIV/AIDS expenditures. ○ B. The host country government does not make HIV/AIDS expenditure data available to stakeholders and the general public, or they are made available more than one year after the date of expenditures. ◉ C. The host country government makes HIV/AIDS expenditure data available to stakeholders and the general public within 6-12 months after date of expenditures. ○ D. The host country government makes HIV/AIDS expenditure data available to stakeholders and the general public within six months after expenditures.	5.2 Score: 1.00	NERCHA. (2015). *National AIDS Spending Assessment.* Mbabane: Swaziland Government. AIDS Coordinating and Management Section. (2017). *External Assistance in* Swaziland. Mbabane: Swaziland Government.	
5.3 Performance and Service Delivery Transparency: Does the host country government make annual HIV/AIDS program performance and service delivery data available to stakeholders and the public in a timely and useful way?	○ A. The host country government does not make HIV/AIDS program performance and service delivery data available to stakeholders and the general public or they are made available more than one year after the date of programming. ◉ B. The host country government makes HIV/AIDS program performance and service delivery data available to stakeholders and the general public within 6-12 months after date of programming. ○ C. The host country government makes HIV/AIDS program performance and service delivery data available to stakeholders and the general public within six months after date of programming .	5.3 Score: 1.00	Swaziland National AIDS Program Reports (annually)	

5.4 Procurement Transparency: Does the host country government make government HIV/AIDS procurements public in a timely way?	○ A. The host country government does not make any HIV/AIDS procurements. ○ B. The host country government makes HIV/AIDS procurements, but neither procurement tender nor award details are publicly available. ◉ C. The host country government makes HIV/AIDS procurements, and tender, but not award, details are publicly available. ○ D. The host country government makes HIV/AIDS procurements, and both tender and award details available.	5.4 Score: 1.00	Local newspapers: Times of Swaziland Swaziland Observer	Tender information is available in local newspaper at the time of tendering. The awards are only published in local newspapers in lump sums (per winning bidder) and rarely itemised.
5.5 Institutionalized Education System: Is there a government agency that is explicitly responsible for providing scientifically accurate education to the public about HIV/AIDS?	○ A. There is no government institution that is responsible for this function and no other groups provide education. ○ B. There is no government institution that is responsible for this function but at least one of the following provides education: ☐ Civil society ☐ Media ☐ Private sector ◉ C. There is a government institution that is responsible for, and is providing, scientifically accurate information on HIV/AIDS.	5.5 Score: 2.00	National Emergency Response Council on HIV : information Centre	
	Public Access to Information Score:	**7.00**		

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN A

Domain B. National Health System and Service Delivery

What Success Looks Like: Host country institutions (inclusive of government, NGOs, civil society, and the private sector), the domestic workforce, and local health systems constitute the primary vehicles through which HIV/AIDS programs and services are managed and delivered. Optimally, national, sub-national and local governments have achieved high and appropriate coverage of a range of quality, life-saving prevention, treatment, and care services and interventions. There is a high demand for HIV/AIDS services, which are accessible and affordable to poor and vulnerable populations at risk of infection (i.e. key populations, discordant couples, exposed infants), are infected and/or are affected by the HIV/AIDS epidemic.

6. Service Delivery: The host country government at national, sub-national and facility levels facilitates planning and management of, access to and linkages between facility- and community-based HIV services.			**Data Source**	**Notes/Comments**
6.1 Responsiveness of facility-based services to demand for HIV services: Do public facilities respond to and generate demand for HIV services to meet local needs? (Check all that apply.)	☑ Public facilities are able to tailor services to accommodate demand (e.g., modify or add hours/days of operations; add/second additional staff during periods of high patient influx; customize scope of HIV services offered; adapt organization/model of service deliver to patient flow) ☑ Public facilities are able to situate services in proximity to high-HIV burden locations or populations (e.g., mobile clinics) ☐ There is evidence that public facilities in high burden areas and/or serving high-burden populations generate demand for HIV services	6.1 Score: 0.74	Swaziland HIV Service Standards, 2017 Ministry of Health. (2010). *National Essential Health Care Package.* Mbabane: Swaziland Government. NERCHA. (2014). *The Health Sector Response to HIV/AIDS Plan 2014-2018.* Mbabane: Swaziland Government.	Some facilities provide outreach services to communities but there is still need to intensify the commnuity outreach programs. Demand creation only happens at national level not at facility level. The emerging areas in 2017 include fast track in pharmacies. Pharmacies are also opening earlier to provide earlt morning refills for clients (but there are HR constraints).
	The host country has standardized the following design and implementation components of community-based HIV/AIDS services through (check all that apply): ☐ Formalized mechanisms of participation by communities, high-burden populations and/or civil society engagement in delivery or oversight of services ☑ National guidelines detailing how to operationalize HIV/AIDS services in communities ☑ Providing official recognition to skilled human resources (e.g. community health workers) working and delivering HIV services in communities ☑ Providing financial support for community-based services ☐ Providing supply chain support for community-based services	6.2 Score: 0.74	Swaziland HIV Service Standards, 2017 Ministry of Health. (2010). *National Essential Health Care Package.* Mbabane: Swaziland Government. NERCHA. (2014). *The Health Sector Response to HIV/AIDS Plan 2014-2018.* Mbabane: Swaziland Government. Adherence and Psychosocial Support Standard Operating Procedures, 2014 National Policy Guidelines on TB/HIV Collaborative Activities, 2015	The epidemic remains generalized hence there is uniform service provision across the country. Linkages still need to be strengthened. Some lay cadres in the community support certain service delivery components but they not recognized in the formal government systems (this recognition is imperative for further sustainability). Community-based ART service guidelines exist, but similar guidelines for other HIV service delivery are not operationalized (guidelines finalized but not launched). Community-based services are still provided in an adhoc manner with little coordination

6.2 Responsiveness of community-based HIV/AIDS services: Has the host country standardized the design and implementation of community-based HIV services? (Check all that apply.)	☑ Supporting linkages between facility- and community-based services through formalized bidirectional referral services (e.g., use of national reporting systems to refer and monitor referrals for completeness)		Collaborative Activities, 2015 Swaziland National AIDS Program Annual Reports	In an adhoc manner with little coordination. There are health committees in the communities. There arew initiatives to engage community leadership structures to drive and lead the response. There is very limited financial support provided to the communities. There are Regional Health Management Teams (RHMTs) who also provide minimal support because they work on large portfolios. There are linkages between facility and community-based services but not at maximum level, still for treatment and for prevention. Generalized epidemic hence uniform service provision across the country. Fully operational guidelines, but still a work in progress. Linkages need to be strengthened. Recgongized some cadres in the community but not recognized in the formal government systems (would like to recognize for further sustainability). Community-based ART service guidelines exist, but similar guidelines for other HIV service delivery are not operationalized (guidelines finalized but not launched). CHAI provided input on Supply Chain (last mile).
6.3 Domestic Financing of Service Delivery: To what extent do host country institutions (public, private, or voluntary sector) finance the delivery of HIV/AIDS services (i.e. excluding any external financial assistance from donors)? (if exact or approximate percentage known, please note in Comments column)	○ A. Host country institutions provide no (0%) financing for delivery of HIV/AIDS services ○ B. Host country institutions provide minimal (approx. 1-9%) financing for delivery of HIV/AIDS services ◉ C. Host country institutions provide some (approx. 10-49%) financing for delivery of HIV/AIDS services ○ D. Host country institutions provide most (approx. 50-89%) financing for delivery of HIV/AIDS services ○ E. Host country institutions provide all or almost all (approx. 90%+) financing for delivery of HIV/AIDS services	6.3 Score: 0.83	AIDS Coordinating and Management Section. 2017. *External Assistance in Swaziland.* Mbabane: Swaziland Government.	

6.4 Domestic Provision of Service Delivery: To what extent do host country institutions (public, private, or voluntary sector) deliver HIV/AIDS services without external technical assistance from donors?	○ A. HIV/AIDS services are primarily delivered by external agencies, organizations, or institutions. ◉ B. Host country institutions deliver HIV/AIDS services but with substantial external technical assistance. ○ C. Host country institutions deliver HIV/AIDS services with some external technical assistance. ○ D. Host country institutions deliver HIV/AIDS services with minimal or no external technical assistance.	6.4 Score: 0.37	Ministry of Health. (2016). *Human Resources for Health Staffing Norms.* Mbabane: Swaziland Government. Human Resources for Health Assessment Report, 2017.	Delivery is is still reliant on technical assistant from donors (PEPFAR, GF, UN, etc) largely due to an increase in demand rather than because the health care workers are not skilled enough. This is exarcebated by the fact that not all programs have been fully integrated and the silo approach is still there. In some cases, actual service delivery is through dono-funded implementing partners.
6.5 Domestic Financing of Service Delivery for Key Populations: To what extent do host country institutions (public, private, or voluntary sector) finance the delivery of HIV/AIDS services to key populations (i.e. without external financial assistance from donors)? (if exact or approximate percentage known, please note in Comments column)	○ A. Host country institutions provide no or minimal (0%) financing for delivery of HIV/AIDS services to key populations. ◉ B. Host country institutions provide minimal (approx. 1-9%) financing for delivery of HIV/AIDS services to key populations. ○ C. Host country institutions provide some (approx. 10-49%) financing for delivery of HIV/AIDS services to key populations. ○ D. Host country institutions provide most (approx. 50-89%) financing for delivery of HIV/AIDS services to key populations. ○ E. Host country institutions provide all or almost all (approx. 90%+) financing for delivery of HIV/AIDS services to key populations.	6.5 Score: 0.42	AIDS Coordinating and Management Section. 2017. *External Assistance in Swaziland.* Mbabane: Swaziland Government.	15-25% :service are present/integrated into the larger health system but access by Key Populations is still not utilized and further outreach and KP sensitive service providers and clinics are needed. There is non-discrimination training and sensitization, but discrimination still occurs. These activities are largely covered by partners.
6.6 Domestic Provision of Service Delivery for Key Populations: To what extent do host country institutions (public, private, or voluntary sector) deliver HIV/AIDS services to key populations without external technical assistance from donors?	○ A. HIV/AIDS services to key populations are primarily delivered by external agencies, organizations, or institutions. ○ B. Host country institutions deliver HIV/AIDS services to key populations but with substantial external technical assistance. ◉ C. Host country institutions deliver HIV/AIDS services to key populations with some external technical assistance. ○ D. Host country institutions deliver HIV/AIDS services to key populations with minimal or no external technical assistance.	6.6 Score: 0.74	Health Community Capacity Collaborative. (2015). *Characterizing the HIV Prevention and Treatment Needs among Key Populations, including Men who Have Sex with Men and Female Sex Workers in Swaziland: From Evidence to Action.* Mbabane: HC3.	See not above. Technical Assistance for training and outreach are still important to ensure KP are accessing services and providers are sensitive to KP concers and needs.
6.7 National Service Delivery Capacity: Do national health authorities have the capacity to effectively plan and manage HIV services?	National health authorities (check all that apply): ☐ Translate national policies/strategies into sub-national level HIV/AIDS strategic plan and response activities. ☑ Use epidemiologic and program data to measure effectiveness of sub-national level programs in delivering needed HIV/AIDS services in right locations. ☑ Assess current and future staffing needs based on HIV/AIDS program goals and budget realities for high burden locations. ☐ Develop sub-national level budgets that allocate resources to high burden service delivery locations. ☑ Effectively engage with civil society in program planning and evaluation of services. ☐ Design a staff performance management plan to assure that staff working at high burden sites maintain good clinical and technical skills, such as through training and/or mentorship.	6.7 Score: 0.56	Ministry of Health. (2015). *Service Availability Mapping.* Mbabane: Swaziland Government. Ministry of Health. (2016). *Human Resources for Health Staffing Norms.* Mbabane: Swaziland Government.	There are platforms CSOs engagement., e.g. CCM, TWG . There is a process for budget allocation but there needs better allocation. Process not top down and needs to be revisited to potential bottom up. Staffing analysis not done effectively to allocate HR to high burden facilities. Ministry of Public Service is in the process of developing the perf. management system with assistance from World Bank

6.8 Sub-national Service Delivery Capacity: Do sub-national health authorities (i.e., district, provincial) have the capacity to effectively plan and manage HIV services sufficiently to achieve sustainable epidemic control?	Sub-national health authorities (check all that apply): ☑ Translate national policies/strategies into sub-national level HIV/AIDS strategic plan and response activities. ☑ Use epidemiologic and program data to measure effectiveness of sub-national level programs in delivering needed HIV/AIDS services in right locations. ☐ Assess current and future staffing needs based on HIV/AIDS program goals and budget realities for high burden locations. ☑ Develop sub-national level budgets that allocate resources to high burden service delivery locations. ☐ Effectively engage with civil society in program planning and evaluation of services. ☐ Design a staff performance management plan to assure that staff working at high burden sites maintain good clinical and technical skills, such as through training and/or mentorship.	6.8 Score:	0.56	Ministry of Health. (2015). *Service Availability Mapping.* Mbabane: Swaziland Government. Ministry of Health. (2016). *Human Resources for Health Staffing Norms.* Mbabane: Swaziland Government.	There should be greater engagement at the sub-national level to ensure great input and use of data for decision making. The RHMTs are taking the lead on epidemoligal data for planning and programming for quality improvement. Performance Management: as above, in process.
		Service Delivery Score	**4.95**		

7. Human Resources for Health: HRH staffing decisions for those working on HIV/AIDS are based on use of HR data and are aligned with national plans. Host country has sufficient numbers and categories of competent health care workers and volunteers to provide quality HIV/AIDS prevention, care and treatment services in health facilities and in the community. Host country trains, deploys and compensates health workers providing HIV/AIDS services through local public and/or private resources and systems. Host country has a strategy or plan for transitioning staff funded by donors.			**Data Source**	**Notes/Comments**
7.1 HRH Supply: To what extent is the clinical health worker supply adequate to enable the volume and quality of HIV/AIDS services needed for sustained epidemic control at the facility and/or community site level?	Check all that apply: ☐ The country's pre-service education institutions are producing an adequate supply and skills mix of clinical health care providers ☐ The country's clinical health workers are adequately deployed to, or distributed within, facilities and communities with high HIV burden ☐ The country has developed retention schemes that address clinical health worker vacancy or attrition in high HIV burden areas ☑ The country's pre-service education institutions are producing an adequate supply and appropriate skills mix of social service workers to deliver social services to vulnerable children	7.1 Score: 0.28	Human Resources Information System (HRIS) Report Ministry of Health. (2012). *Human Resources for Health Strategic Plan 2012 - 2017.* Mbabane: Swaziland Government.	The mix of skills produced at pre-service education is not adequate. The distribution of HCWs is by need and burden of disease but the numbers may not be adequate. The HRIS Report indenfies vacancies. For the social workers-specific question: the training of social workers was not informed by a needs assessment and the MOH had no input in the program development.
7.2 Role of Community-based Health Workers (CHWs): To what extent are community-based health workers' roles and responsibilities specified for HIV/AIDS service delivery?	Check all that apply: ☐ There is a national community-based health worker (CHW) cadre that has a defined role in HIV/AIDS service delivery (e.g., through a national strategy or task-sharing framework/guidelines). ☐ Data are made available on the staffing and deployment of CHWs, including non-formalized CHWs supported by donors. ☑ The host country government officially recognizes non-formalized CHWs delivering HIV/AIDS services.	7.2 Score: 0.37	Ministry of Health. (2011). *National Health Task-Shifting Framework.* Mbabane: Swaziland Government. Ministry of Health. (2012). *Human Resources for Health Strategic Plan 2012 - 2017.* Mbabane: Swaziland Government.	Althpough there is a task-shifting framework, it has not yet been implemented by the MOH.
7.3 HRH transition: What is the status of transitioning PEPFAR and/or other donor supported HIV/AIDS health worker salaries to local financing/compensation? Note in comments column which donors have transition plans in place.	○ A. There is no inventory or plan for transition of donor-supported health workers ◉ B. There is an inventory of donor-supported health workers, but no official plan to transition these staff to local support ○ C. There is an inventory and plan for transition of donor-supported workers, but it has not yet been implemented ○ D. There is an inventory and plan for donor-supported workers to be transitioned, and staff are being transitioned according to this plan ○ E. No plan is necessary because all HIV/AIDS health worker salaries are already locally financed/compensated	7.3 Score: 0.28	Public Service Establishment Register, 2017	A draft Transition/Absorption Plan is available but needs to be finalized.

7.4 Domestic funding for HRH: What proportion of health worker (doctors, nurses, midwives, and CHW) salaries are supported with domestic public or private resources (i.e. excluding donor resources)? (if exact or approximate percentage known, please note in Comments column)	○ A. Host country institutions provide no (0%) health worker salaries ○ B. Host country institutions provide minimal (approx. 1-9%) health worker salaries ◉ C. Host country institutions provide some (approx. 10-49%) health worker salaries ○ D. Host country institutions provide most (approx. 50-89%) health worker salaries ○ E. Host country institutions provide all or almost all (approx. 90%+) health worker salaries	7.4 Score: 1.67	Ministry of Health. (2016). *Human Resources for Health Staffing Norms.* Mbabane: Swaziland Government. Ministry of Public Service Establishment Register, 2017 Ministry of Public Service Wages Circular , 2017 National Budget 2017 - 2018	Government supports a majority of Health Care Workers. Labs personnel are at least 60% donor supported. From the MOH budget, it can be seen that salaries account for the biggest proportion of the MOH expenditure. salaries that are paid for by all donors needs to be collected or synthesized
7.5 Pre-service: Do current pre-service education curricula for any health workers providing HIV/AIDS services include HIV content that has been updated in last three years? Note: List applicable cadres in the comments column.	○ A. Pre-service education institutions do not have HIV content, or HIV content used by pre-service education institutions is out of date (not updated within 3 years) ◉ B. Pre-service institutions have updated HIV/AIDS content within the last three years (check all that apply): ☑ Updated content reflects national standards of practice for cadres offering HIV/AIDS-related services ☐ Institutions maintain process for continuously updating content, including HIV/AIDS content ☑ Updated curricula contain training related to stigma & discrimination of PLHIV ☐ Institutions track student employment after graduation to inform planning	7.5 Score: 0.83	Pre-Service Training Curriculum (2015)	The pre-service training curricula for nurses was updated within the last three with PEPFAR support. The Pharmacy Technician and Laboratory Technologists training also incorporates an HIV/AIDS course.
7.6 In-service Training: To what extent does the host country government (through public, private, and/or voluntary sectors) plan and implement HIV/AIDS in-service training necessary to equip health workers for sustained epidemic control? (if exact or approximate percentage known, please note in Comments column)	Check all that apply among A, B, C, D: ☑ A. The host country government provides the following support for in-service training in the country (check ONE): ☐ Host country government implements no (0%) HIV/AIDS related in-service training ☐ Host country government implements minimal (approx. 1-9%) HIV/AIDS related in-service training ☐ Host country government implements some (approx. 10-49%) HIV/AIDS in-service training ☐ Host country government implements most (approx. 50-89%) HIV/AIDS in-service training ☑ Host country government implements all or almost all (approx. 90%+) HIV/AIDS in-service training ☑ B. The host country government has a national plan for institutionalizing (establishing capacity within local institutions to deliver) donor-supported in-service training in HIV/AIDS ☑ C. The host country government requires continuing professional development, a form of in-service training, for re-licensure for key clinicians ☑ D. The host country government maintains a database to track training for HIV/AIDS, and allocates training based on need (e.g. focusing on high burden areas)	7.6 Score: 1.11	Training information management System (2016)	There is a Training Imformation Management System (TIMS) that was developed through URC Assist (PEPFAR funded). The focus of this system is on HIV training, but it was developed as a platform in such a way that the MOH can adapt and expand beyond HIV cadres. Implementing Partners also maintain their own databases.

7.7 HR Data Collection and Use: Does the country systematically collect and use health workforce data, such as through a Human Resource Information Systems (HRIS), for HIV/AIDS services and/or health workforce planning and management?	○ A. There is no HRIS in country and data on the health workforce is not collected systematically for planning and management ○ B. There is no HRIS in country, but some data is collected for planning and management ☐ Registration and re-licensure data for key professionals is collected and used for planning and management ☐ MOH health worker employee data (number, cadre, and location of employment) is collected and used ☐ Routine assessments are conducted regarding health worker staffing at health facility and/or community sites ◉ C. There is an HRIS (an interoperable system that captures at least regulatory and deployment data on health workers) in country: ☑ The HRIS is primarily financed and managed by host country institutions ☑ There is a national strategy or approach to interoperability for HRIS ☐ The government produces HR data from the system at least annually ☐ Host country institutions use HR data from the system for planning and management (e.g. health worker deployment)	7.7 Score: 0.83	Human Resources Information System (HRIS) Report	The HRIS is functional but is yet to be used for planning and management purposes.
	Human Resources for Health Score	**5.37**		

8. Commodity Security and Supply Chain: The National HIV/AIDS response ensures a secure, reliable and adequate supply and distribution of quality products, including drugs, lab and medical supplies, health items, and equipment required for effective and efficient HIV/AIDS prevention, diagnosis and treatment. Host country efficiently manages product selection, forecasting and supply planning, procurement, warehousing and inventory management, transportation, dispensing and waste management reducing costs while maintaining quality.			**Data Source**	**Notes/Comments**
8.1 ARV Domestic Financing: What is the estimated percentage of ARV procurement funded by domestic sources? (Domestic sources includes public sector and private sector but excludes donor and out-of-pocket funds) (if exact or approximate percentage known, please note in Comments column)	○A. This information is not known. ○B. No (0%) funding from domestic sources ○C. Minimal (approx. 1-9%) funding from domestic sources ○D. Some (approx. 10-49%) funded from domestic sources ○E. Most (approx. 50 – 89%) funded from domestic sources ◉F. All or almost all (approx. 90%+) funded from domestic sources	8.1 Score: 0.83	Swaziland National Budget estimates (2016)	government buys ART drugs
8.2 Test Kit Domestic Financing: What is the estimated percentage of HIV Rapid Test Kit procurement funded by domestic sources? (Domestic sources includes public sector and private sector but excludes donor and out-of-pocket funds) (if exact or approximate percentage known, please note in Comments column)	○A. This information is not known ○B. No (0%) funding from domestic sources ○C. Minimal (approx. 1-9%) funding from domestic sources ○D. Some (approx. 10-49%) funded from domestic sources ◉E. Most (approx. 50-89%) funded from domestic sources ○F. All or almost all (approx. 90%+) funded from domestic sources	8.2 Score: 0.63	PEPFAR Expenditure Anaysis (2016)	PEPFAR is listed as covering 64% in the TB/HIV Global Fund Fundinf Request submitted in August 2017
8.3 Condom Domestic Financing: What is the estimated percentage of condom procurement funded by domestic (not donor) sources? *Note:* The denominator should be the supply of free or subsidized condoms provided to public or private sector health facilities or community based programs. (if exact or approximate percentage known, please note in Comments column)	○A. This information is not known ○B. No (0%) funding from domestic sources ◉C. Minimal (approx. 1-9%) funding from domestic sources ○D. Some (approx. 10-49%) funded from domestic sources ○E. Most (approx. 50-89%) funded from domestic sources ○F. All or almost all (approx. 90%+) funded from domestic sources	8.3 Score: 0.21	PEPFAR Expenditure Anaysis (2016)	PEPFAR has been funding 100% of the condoms in the public sector and has been requested to continue doing so for the next 3-year period.

8.4 Supply Chain Plan: Does the country have an agreed-upon national supply chain plan that guides investments in the supply chain?	○ A. There is no plan or thoroughly annually reviewed supply chain standard operating procedure (SOP). ◉ B. There is a plan/SOP that includes the following components (check all that apply): ☑ Human resources ☑ Training ☑ Warehousing ☑ Distribution ☑ Reverse Logistics ☑ Waste management ☑ Information system ☑ Procurement ☑ Forecasting ☑ Supply planning and supervision ☑ Site supervision	8.4 Score: 2.22	Ministry of Healt. (2012). *Swaziland Pharmaceutical Strategic Plan 2012 - 2016.* Mbabane: Swaziland Government. Ministry of Health. (2012). C*entral Medical Stores Standard Operating Procedures.* Mbabane: Swaziland Government. Ministry of Health. (2012). N*ational Pharmaceutical Standard Operating Procedures.* Mbabane: Swaziland Government.	A specific supply chain strategy is also currently under development. The Pharmaceutical Strategic Plan, 2012-2016, has been reviewed and its extension is undergoing approval processes.
8.5 Supply Chain Plan Financing: What is the estimated percentage of financing for the supply chain plan that is provided by domestic sources (i.e. excluding donor funds)? (if exact or approximate percentage known, please note in Comments column)	○ A. This information is not available. ○ B. No (0%) funding from domestic sources. ○ C. Minimal (approx. 1-9%) funding from domestic sources. ◉ D. Some (approx. 10-49%) funding from domestic sources. ○ E. Most (approx. 50-89%) funding from domestic sources. ○ F. All or almost all (approx. 90%+) funding from domestic sources.	8.5 Score: 0.42	Ministry of Health. *National Three-Year Quantification and Forecasting Report (2016-2019).* Mbabane: Swaziland Government. Ministry of Health. Q*uarterly Supply Plan for ARVs and TB Medicines.* Mbabane: Swaziland Government.	HR, Distribution and Logistics, Warehousing, Forecasting and Supply Planning are funded by domestic funding mainly. PEPFAR supports the Logistics Management System and provides technical assistance for Forecasting and Supply Planning and Supervision. PEPFAR also supports oand seconds officers to the Procurement Unit. The GF is supporting the transitioning to a new electronic warehouse management system.

8.6 Stock: Does the host country government manage processes and systems that ensure appropriate ARV stock in all levels of the system?	Check all that apply: ☑ The group making re-supply decisions for ARVs, have timely visibility into the ARV stock on hand at facilities ☐ Facilities are stocked with ARVs according to plan (above the minimum and below the maximum stock level) 90% of the time ☑ MOH or other host government personnel make re-supply decisions with minimal external assistance: ☑ Decision makers are not seconded or implementing partner staff ☑ Supply chain data are maintained within the Ministry of Health and not solely stored by donor-funded projects ☑ Team that conducts analysis of facility data is at least 50% host government	8.6 Score: 1.48	National Quantification Committee and National Essential Medicnes Committee meeting minutes	There is a National Quantification Committee and National Essential Medicnes Committee which are responsible for coordinating and managing the processes that ensure ARV availability at all levels of the health care system. The PEPFAR implementing partner responsible for supply chain management provides technical assistance and serves as secretariat in these national committees.
8.7 Assessment: Was an overall score of above 80% achieved on the National Supply Chain Assessment or top quartile for an equivalent assessment conducted within the last three years? (if exact or approximate percentage known, please note in Comments column)	○ A. A comprehensive assessment has not been done within the last three years. ◉ B. A comprehensive assessment has been done within the last three years but the score was lower than 80% (for NSCA) or in the bottom three quartiles for the global average of other equivalent assessments ○ C. A comprehensive assessment has been done within the last three years and the score was higher than 80% (for NSCA) or in the top quartile for the assessment	8.7 Score: 1.11	Swaziland Inter-ministerial Report on Medicines Availability Assessment, 2017.	
	Commodity Security and Supply Chain Score:	**6.90**		

9. Quality Management: Host country has institutionalized quality management systems, plans, workforce capacities and other key inputs to ensure that modern quality improvement methodologies are applied to managing and providing HIV/AIDS services			**Data Source**	**Notes/Comments**
9.1 Existence of a Quality Management (QM) System: Does the host country government support appropriate QM structures to support continuous quality improvement (QI) at national, sub-national and site levels?	○ A. The host country government does not have structures or resources to support site-level continuous quality improvement ◉ B. The host country government: ☑ Has structures with dedicated focal points or leaders (e.g., committee, focal person, working groups, teams) at the national level, sub-national level and in a majority of sites where HIV/AIDS care and services are offered that are supporting site-level continuous quality improvement ☐ Has a budget line item for the QM program ☐ Supports a knowledge management platform (e.g., web site) and/or peer learning opportunities available to site QI participants to gain insights from other sites and interventions	9.1 Score: 0.67	Ministry of Health. (2012). *Quality Management Strategic Plan, 2012.* Mbabane: Swaziland Government.	
9.2 Quality Management/Quality Improvement (QM/QI) Plan: Is there a current (updated within the last 2 years) QM/QI plan? (The plan may be HIV program-specific or include HIV program-specific elements in a national health sector QM/QI plan.)	○ A. There is no HIV/AIDS-related QM/QI strategy ○ B. There is a QM/QI strategy that includes HIV/AIDS, but it is not utilized ○ C. There is a current QM/QI strategy that includes HIV/AIDS program specific elements, and it is partially utilized. ◉ D. There is a current HIV/AIDS program specific QM/QI strategy, and it is fully utilized.	9.2 Score: 2.00	Ministry of Health. (2012). *Quality Management Strategic Plan, 2012.* Mbabane: Swaziland Government. Ministry of Health. (2014). *National Quality Improvement Manual, 2014.* Mbabane: Swaziland Government. Ministry of Health. (2015). *National Health Sector Strategic Plan, 2015.* Mbabane: Swaziland Government.	
9.3 Performance Data Collection and Use for Improvement: Are HIV program performance measurement data systematically collected and analyzed to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting?	○ A. HIV program performance measurement data are not used to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting. ◉ B. HIV program performance measurement data are used to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting (check all that apply): ☑ The national quality structure has a clinical data collection system from which local performance measurement data on prioritized measures are being collected, aggregated nationally, and analyzed for local and national improvement ☑ There is a system for sharing data at the national, SNU, and local level, with evidence that data is used to identify quality gaps and initiate QI activities ☑ There is documentation of results of QI activities and demonstration of national HIV program improvement through sharing and implementation of best practices across HIV/AIDS sites at all levels	9.3 Score: 2.00	Ministry of Health. (2016). *HIV Quality Assurance, Quality Improvement Framework, 2016.* Mbabane: Swaziland Government. Ministry of Health. (2017). *Swaziland HIV Service Standards, 2017.* Mbabane: Swaziland Government.	QM Program has checklist withing the National Clinical Assessment Tools, which is still supported by partners

9.4 Health worker capacity for QM/QI: Does the host country government ensure that the health workforce has capacities to apply modern quality improvement methods to HIV/AIDS care and services?	○ A. There is no training or recognition offered to build health workforce competency in QI. ◉ B. There is health workforce competency-building in QI, including: ☐ Pre-service institutions incorporate modern quality improvement methods in curricula ☑ National in-service training (IST) curricula integrate quality improvement training for members of the health workforce (including managers) who provide or support HIV/AIDS services	9.4 Score: 1.00	Ministry of Health. (2015). *National Health Sector Strategic Plan II, 2014 - 2018.* Mbabane: Swaziland Government.	Accademic Institutions for pre-service curricula. Improving trend. At the moment there is QI cycles, identified need to move towards capacity building quality systems development.
9.5 Existence of QI Implementation: Does the host country government QM system use proven systematic approaches for QI?	The national-level QM structure: ☑ Provides oversight to ensure continuous quality improvement in HIV/AIDS care and services ☐ Regularly convenes meetings that include health services consumers ☑ Routinely reviews national, sub-national and clinical outcome data to identify and prioritize areas for improvement Sub-national QM structures: ☐ Provide coordination and support to ensure continuous quality improvement in HIV/AIDS care and services ☐ Regularly convene meetings that includes health services consumers ☑ Routinely review national, sub-national and clinical outcome data to identify and prioritize areas for improvement Site-level QM structures: ☑ Undertake continuous quality improvement in HIV/AIDS care and services to identify and prioritize areas for improvement	9.5 Score: 1.14	Ministry of Health. (2012). *Quality Management Strategic Plan, 2012.* Mbabane: Swaziland Government.	QMP program is fully functional and plans to do 40 QMP new projects annually throughout the country, with PEPFAR and UNICEF support. QMP needs further capacity bulding in staffing to implement requirements of the strategic plan (volume and scale). RHMTs have quarterly review meetings and cluster meetings. Partner supported. Through MDTs in the facilities.
	Quality Management Score:	**6.81**		

10. Laboratory: The host country ensures adequate funds, policies, and regulations to ensure laboratory capacity (workforce, equipment, reagents, quality) matches the services required for PLHIV.			**Data Source**	**Notes/Comments**
10.1 Strategic Plan: Does the host country have a national laboratory strategic plan?	○ A. There is no national laboratory strategic plan ○ B. National laboratory strategic plan is under development ◉ C. National laboratory strategic plan has been developed, but not approved ○ D. National laboratory strategic plan has been developed and approved ○ E. National laboratory plan has been developed, approved, and costed ○ F. National laboratory strategic plan has been developed, approved, costed, and implemented	10.1 Score: 0.67	Ministry of Health. (2015). *National Laboratory Strategic Plan, 2015.* Mbabane: Swaziland Government. Viral Load Testing Standard Operating Procedures, 2016	
10.2 Regulations to Monitor Quality of Laboratories and Point of Care Testing (POCT) Sites: To what extent does the host country have regulations in place to monitor the quality of its laboratories and POCT sites? (if exact or approximate percentage known, please note in Comments column)	○ A. Regulations do not exist to monitor minimum quality of laboratories in the country. ○ B. Regulations exist, but are not implemented (0% of laboratories and POCT sites regulated). ○ C. Regulations exist, but are minimally implemented (approx.. 1-9% of laboratories and POCT sites regulated). ○ D. Regulations exist, but are partially implemented (approx. 10-49% of laboratories and POCT sites regulated). ○ E. Regulations exist and are mostly implemented (approx. 50-89% of laboratories and POCT sites regulated). ◉ F. Regulations exist and are fully or almost fully implemented (approx. 90%+ of laboratories and POCT sites regulated).	10.2 Score: 1.67	HIV Testing and Councelling Technical Working Group meeting minutes	It is not the entire laboratory network that is covered for QI. There is a also a gap in community based lab testing (rapid test in community).
10.3 Capacity of Laboratory Workforce: Does the host country have an adequate number of qualified laboratory personnel (human resources [HR]) in the public sector, to sustain key functions to meet the needs of PLHIV for diagnosis, monitoring treatment and viral load suppression?	◉ A. There are not adequate qualified laboratory personnel to achieve sustained epidemic control ○ B. There are adequate qualified laboratory personnel to perform the following key functions: ☐ HIV diagnosis by rapid testing and point-of-care testing ☐ Routine laboratory testing, including chemistry, hematology, microbiology, serology, blood banking, and malaria ☐ Complex laboratory testing, including HIV viral load, CD4 testing, and molecular assays ☐ TB diagnosis	10.3 Score: 0.00	Ministry of Health. (2016). *Human Resources for Health Staffing Norms.* Mbabane: Swaziland Government.	

10.4 Viral Load Infrastructure: Does the host country have sufficient infrastructure to test for viral load to reach sustained epidemic control?	○A. There is not sufficient infrastructure to test for viral load. ◉B. There is sufficient infrastructure to test for viral load, including: ☑ Sufficient HIV viral load instruments ☑ All HIV viral load laboratories have an instrument maintenance program ☐ Sufficient supply chain system is in place to prevent stock outs ☐ Adequate specimen transport system and timely return of results	10.4 Score: 0.83	HIV Testing and Councelling Technical Working Group meeting minutes	Donor dependant for reagents, personnel and transport systems
10.5 Domestic Funds for Laboratories: To what extent are laboratory services financed by domestic public or private resources (i.e. excluding external donor funding)? (if exact or approximate percentage known, please note in Comments column)	○A. No (0%) laboratory services are financed by domestic resources. ○B. Minimal (approx. 1-9%) laboratory services are financed by domestic resources. ◉C. Some (approx. 10-49%) laboratory services are financed by domestic resources. ○D. Most (approx. 50-89%) laboratory services are financed by domestic resources. ○E. All or almost all (approx. 90%+) laboratory services are financed by domestic resources.	10.5 Score: 1.67	Global Fund grant and Ministry of Health budget ,2017	Most of budget comes from MOH, PEPFAR, GF (GF supports more than 50% lab reagents, GF $6m contribution and GKOS contribution is $3m). Most of the funds come from donors for reagents, and HR)
		Laboratory Score: **4.83**		

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN B

Domain C. Strategic Investments, Efficiency, and Sustainable Financing

What Success Looks Like: Host country government is aware of the financial resources required to effectively and efficiently meet its national HIV/AIDS prevention, care and treatment targets. HCG actively seeks, solicits and or generates the necessary financial resources, ensures sufficient resource commitments, and uses data to strategically allocate funding and maximize investments.

Fiscal Context for Health and HIV/AIDS This section will not be assigned a score, but will provide additional contextual information to complement the questions in Domain C.		**Data Source**	**Notes/Comments**
1. What percentage of general government expenditures goes to health?	10%	Budget Estimates 2017/18	
2. What is the per capita health expenditure all sources?	$248	World Bank Expenditure database	To evaluate health systems, the World Health Organization (WHO) has recommended that key components - such as financing, service delivery, workforce, governance, and information - be monitored using several key indicators. The data are a subset of the key indicators. Monitoring health systems allows the effectiveness, efficiency, and equity of different health system models to be compared. Health system data also help identify weaknesses and strengths and areas that need investment, such as additional health facilities, better health information systems, or better trained human resources
3. What is the total health care expenditure all sources as a percent of GDP?	9.26%	World Bank Expenditure database	All the health expenditure indicators refer to expenditures by financing agent except external resources which is a financing source. When the number is smaller than 0.05%, the percentage may appear as zero. In countries where the fiscal year begins in July, expenditure data have been allocated to the later calendar year (for example, 2010 data will cover the fiscal year 2009–10), unless otherwise stated for the country.
4. What percent of total health expenditures is financed by external resources?	22%	World Bank Expenditure database	External resources for health are funds or services in kind that are provided by entities not part of the country in question. The resources come from international organizations,bilateral and multilateral partners, or foreign nongovernmental organizations. These resources are part of total health expenditure.

5. What percent of total health expenditures is financed by out of pocket spending net of household contributions to medical schemes/pre-payment schemes?	10.28%		World Bank Expenditure database	Out of pocket expenditure is any direct outlay by households, including gratuities and in-kind payments, to health practitioners and suppliers of pharmaceuticals, therapeutic appliances, and other goods and services whose primary intent is to contribute to the restoration or enhancement of the health status of individuals or population groups. It is a part of private health expenditure.

11. Domestic Resource Mobilization: The partner country budgets for its HIV/AIDS response and makes adequate resource commitments and expenditures to achieve national HIV/AIDS goals for epidemic control in line with its financial ability.				**Data Source**	**Notes/Comments**
11.1 Long-term Financing Strategy for HIV/AIDS: Has the host country government developed a long-term financing strategy for HIV/AIDS?	Check all that apply: ☑ A. Yes, there is a universal, comprehensive financing scheme that integrates social health insurance, public subsidies, and national budget provisions for public health aspects (e.g., disease surveillance). It includes the following (check all that apply): ☑ ARVs are covered ☑ Non-ARV care and treatment is covered ☑ Prevention services are covered ☐ B. Yes, there is an affordable health insurance scheme available (check one of the following). ☐ It covers 25% or less of the population. ☐ It covers 26 to 50% of the population. ☐ It covers 51 to 75% of the population. ☐ It covers more than 75% of the population. ☐ C. The affordable health insurance scheme in (B.) includes the following (check all that apply): ☐ ARVs are covered. ☐ Non-ARV care and treatment services are covered. ☐ Prevention services are covered. ☐ It includes public subsidies for the affordability of care.	11.1 Score:	0.32	National Budget 2016/2017	Second & third line ARVs and paediatric ARVs are not yet part of the national budget. Preventative services are predominatly donor supported.

11.2 Domestic Budget: To what extent does the national budget explicitly account for the national HIV/AIDS response?	○ A. There is no explicit funding for HIV/AIDS in the national budget. ◉ B. There is explicit HIV/AIDS funding within the national budget. ☑ The HIV/AIDS budget is program-based across ministries ☑ The budget includes or references indicators of progress toward national HIV/AIDS strategy goals ☑ The budget includes specific HIV/AIDS service delivery targets ☐ National budget reflects all sources of funding for HIV, including from external donors	11.2 Score: 0.83	National Budget 2016/2017	The Medium Term Expenditure Framework is relatively new and includes targets/goals of HIV programs. The manner in which external resources are accounted for in budget is also such that capital expenditure is more explicit than recurrent off-budget spending Dissemination of budget numbers to stakeholders remains an issue. Donor commitments are not known before submitting budget requests to the Ministry of Finance due to the nature of approval of donor funding (which is not always in line with the Government of the Kingdom of Swaziland fiscal year).
11.3 Annual Goals/Targets: To what extent does the national budget contain HIV/AIDS goals/targets?	○ A. There are no HIV/AIDS goals/targets articulated in the national budget ◉ B. There are HIV/AIDS goals/targets articulated in the national budget. ☑ The goals/targets are measurable. ☑ Budget items/programs are linked to goals/targets. ☑ The goals/targets are routinely monitored during budget execution. ☑ The goals/targets are routinely monitored during the development of the budget.	11.3 Score: 0.95	National Budget,2016/2017; NERCHA. (2016). *Umgubudla: a fast-track programme towards an AIDS-free Swaziland.* Mbabane: Swaziland Government.	
11.4 HIV/AIDS Budget Execution: For the previous three years, what was the average execution rate for budgeted domestic HIV/AIDS resources (i.e. excluding any donor funds) at both the national and subnational level? (If subnational data does not exist or is not available, answer the question for the national level. Note level covered in the comments column)	○ A. There is no HIV/AIDS budget, or information is not available. ○ B. 0-49% of budget executed ○ C. 50-69% of budget executed ○ D. 70-89% of budget executed ◉ E. 90% or greater of budget executed	11.4 Score: 0.95	National Budget,2016/2017; NERCHA. (2016). *Umgubudla: a fast-track programme towards an AIDS-free Swaziland.* Mbabane: Swaziland Government.	

11.5 Donor Spending: Does the Ministry of Health or Ministry of Finance routinely, and at least on an annual basis, collect all donor spending in the health sector or for HIV/AIDS-specific services?	○ A. Neither the Ministry of Health nor the Ministry of Finance routinely collects all donor spending in the health sector or for HIV/AIDS-specific services. ○ B. The Ministry of Health or Ministry of Finance routinely collects all donor spending for only HIV/AIDS-specific services. ◉ C. The Ministry of Health or Ministry of Finance routinely collects all donor spending all the entire health sector, including HIV/AIDS-specific services.	11.5 Score: 0.95	AIDS Coordinating and Management Section. 2017. *External Assistance in Swaziland.* Mbabane: Swaziland Government.	
11.6 Domestic Spending: What percent of the annual national HIV response is financed with domestic public and domestic private sector HIV funding? (Domestic funding excludes out-of-pocket, Global Fund grants, and other donor resources)? (if exact or approximate percentage known, please note in Comments column)	○ A. None (0%) is financed with domestic funding. ○ B. Very liitle (approx. 1-9%) is financed with domestic funding. ◉ C. Some (approx. 10-49%) is financed with domestic funding. ○ D. Most (approx. 50-89%) is financed with domestic funding. ○ E. All or almost all (approx. 90%+) is financed with domestic funding.	11.6 Score: 1.67	NERCHA. (2015). *National AIDS Spending Assessment.* Mbabane: Swaziland Government. Quarterly Global Fund Reports	Domestic spending on first line ARVs increased with Test and Start. Domestic spending on laboratory services is insufficient to meet Test and Start demands. Human Resources also needs to be shifted from donor support to government. Government will struggle to absorb partner supported employees e.g lay cadres, M&E officers, clinical staff, etc.
11.7 Health Budget Execution: What was the country's execution rate of its budget for health in the most recent year's budget?	○ A. There is no budget for health or no money was allocated. ○ B. 0-49% of budget executed. ○ C. 50-69% of budget executed. ○ D. 70-89% of budget executed. ◉ E. 90% or greater of budget executed.	11.7 Score: 0.95	Quartely Management Report (from the Financial Controller's Office)	There was an over expenditure of 107% in the Health budget and a supplementary budget had to be requested. This is for the recurrent budget (not capital budget). The over expenditure is mostly driven by HR and transport which leads to late releases of funds for key service delivery budget items such as ARVs and HIV testing reagents.

11.8 Data-Driven Reprogramming: Do host country government policies/systems allow for reprograming domestic investments based on new or updated program data during the government funding cycle?	○ A. There is no system for funding cycle reprogramming. ○ B. There is a policy/system that allows for funding cycle reprogramming, but is seldom used. ○ C. There is a policy/system that allows for funding cycle reprogramming and reprogramming is done as per the policy, but not based on data. ◉ D. There is a policy/system that allows for funding cycle reprogramming and reprogramming is done as per the policy, and is based on data.	11.8 Score: 0.95	Swaziland Medium Term Expenditure Framework	New Public Finance Management Bill seeks to implement a limit on reprogramming. The Data is not fully utilised e.g. the request from the programme is data driven but the releases from the Ministry of Finance is not in line with the request.
Domestic Resource Mobilization Score:		**7.58**		

12. Technical and Allocative Efficiencies: The host country analyzes and uses relevant HIV/AIDS epidemiological, health, health workforce, and economic data to inform HIV/AIDS investment decisions. For maximizing impact, data are used to choose which high impact program services and interventions are to be implemented, where resources should be allocated, and what populations demonstrate the highest need and should be targeted (i.e. the right thing at the right place and at the right time). Unit costs are tracked and steps are taken to improve HIV/AIDS outcomes within the available resource envelope (or achieves comparable outcomes with fewer resources).			**Data Source**	**Notes/Comments**
12.1 Resource Allocation Process: Does the partner country government utilize a recognized data-driven model to inform the allocation of domestic (i.e. non-donor) public HIV resources? If yes, please note in the comments section when the model was last used and for what purpose (e.g., for Global Fund concept note development) (note: full score achieved by selecting one checkbox)	○ A. The host country government does not use one of the mechanisms listed below to inform the allocation of their resources. ◉ B. The host country government does use the following mechanisms to inform the allocation of their resources (check all that apply): ☐ Optima ☑ Spectrum (including EPP and Goals) ☑ AIDS Epidemic Model (AEM) ☑ Modes of Transmission (MOT) Model ☑ Other recognized process or model (specify in notes column)	12.1 Score: 2.00	NERCHA. (2014). *The Health Sector Response to HIV/AIDS Plan 2014-2018.* Mbabane: Swaziland Government. NERCHA. (2014). *HIV /AIDS Extended National Strategic Framework - 2014 - 2018.* Mbabane: Swaziland Government.	Swaziland HIV Incidence Measurement Survey 2011 Swaziland HIV Incidence Measurement Survey 2016
12.2 Geographic Allocation: Of central government HIV-specific resources (excluding any donor funds) allocated to geographic subunits in the most recent year available, what percentage is being allocated in the highest burden geographic areas (i.e. districts that cumulatively account for 80% of PLHIV)? (if exact or approximate percentage known, please note in Comments column)	○ A. Information not available. ○ B. No resources (0%) are targeting the highest burden geographic areas. ○ C. Minimal resources (approx. 1-9%) are targeting the highest burden geographic areas. ○ D. Some resources (approx. 10-49%) are targeting the highest burden geographic areas. ○ E. Most resources (approx. 50-89%) are targeting the highest burden geographic areas. ◉ F. All or almost all resources (approx. 90%+) are targeting the highest burden geographic areas.	12.2 Score: 2.00	N/A	It is a generalised epidemic across all four regions.

12.3 Unit Costs: Does the host country government use recent expenditure data or cost analysis (i.e. data from within the last three years) to estimate unit costs of HIV/AIDS services for budgeting or planning purposes? (note: full score can be achieved without checking all disaggregate boxes).	○ A. The host country government does not have/use recent expenditure data or cost analysis to estimate unit costs ◉ B. The host country government uses recent expenditure data or cost analysis to estimate unit costs for (check all that apply): ☑ HIV Testing ☑ Laboratory services ☑ ART ☑ PMTCT ☐ VMMC ☐ OVC Service Package ☐ Key population Interventions	12.3 Score: 1.60	Swaziland TB/HIV Global Fund Funding Request, 2017.	This process occurs through technical working group discussions when the Ministry of Health seeks input to inform the annual budget request that is then submitted to the Ministry of Finance. The Ministry of Health uses the unit cost budgeting. It stands to be verified however if unit cost budget is applied for OVCs. VMMC is fully funded by donors.
12.4 Improving Efficiency: Has the partner country achieved any of the following efficiency improvements through actions taken within the last three years?	Check all that apply: ☑ Improved operations or interventions based on the findings of cost-effectiveness or efficiency studies ☐ Reduced overhead costs by streamlining management ☐ Lowered unit costs by reducing fragmentation, i.e. pooled procurement, resource pooling, etc. ☑ Improved procurement competition ☑ Integrated HIV/AIDS into national or subnational insurance schemes (private or public -- need not be within last three years) ☑ Integrated HIV into primary care services with linkages to specialist care (need not be within last three years) ☑ Integrated TB and HIV services, including ART initiation in TB treatment settings and TB screening and treatment in HIV care settings (need not be within last three years) ☑ Integrated HIV and MCH services, including ART initiated and maintained in eligible pregnant and postpartum women and in infants at maternal and child health care settings (need not be within last three years) ☑ Developed and implemented other new and more efficient models of HIV service delivery (specify in comments)	12.4 Score: 1.56	N/A	Discussion of pooled procurement for ARVs is on-going; Swaziland currently has lowest ARV prices(for select regimen) in region due to market intelligence and improved relationships with suppliers. The MOH will introduce Dalutegravir which is a significantly cheaper first line ARV. Task-shifting and three-month ARV refills for stable patients; active case finding for TB patients (regional Global Fund grant). The MOH has also introduced 5 different models of care that a patient can choose from. Costing tools have been improved substantially (eg costs of VMMC, medicines procurement); MOH PS is leading efficiency change across six areas: 1-meetings and trainings, 2-supply chain, 3-national referrals, 4-HRH, 5-transport, 6-subvented orgs (mission facilities/NGOs); NERCHA has been working on improving efficiency of its programs (eg re-deploying staff); The MOH provides free ART and TB treatment to its citizens through a single payer system; HIV and TB services are intergrated (national treatment guidelines).

12.5 ARV Benchmark prices: How do the costs of ARVs (most common first line regimen) purchased in the previous year by the partner government using domestic resources compare to international benchmark prices for that year? (Use the "factory cost" of purchased commodities, excluding transport costs, distribution costs, etc.)	○ A. Partner government did not pay for any ARVs using domestic resources in the previous year. ○ B. Average price paid for ARVs by the partner government in the previous year was more than 50% greater than the international benchmark price for that regimen. ◉ C. Average price paid for ARVs by the partner government in the previous year was 10-50% greater than the international benchmark price for that regimen. ○ D. Average price paid for ARVs by the partner government in the previous year was 1-10% greater than the international benchmark price for that regimen. ○ E. Average price paid for ARVs by the partner government in the previous year was below or equal to the international benchmark price for that regimen.	12.5 Score:	0.00	Management Sciences for Health/ World Health Organisation Drug Price Index 2016. SADC Information Hub on Drug Prices	Not sure of the percentage above the international cost. Most supplier requested price increases (due to currency fluctuations) from what they had originaly contracted for (2016/17). Prices have not been renegotiated or retendered since then.
Technical and Allocative Efficiencies Score:			**7.16**		

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN C

Domain D: Strategic Information

What Success Looks Like: Using local and national systems, the host country government collects, analyzes and makes available timely, comprehensive, and quality HIV/AIDS data (including epidemiological, economic/financial, and performance data) that can be used to inform policy, program and funding decisions.

13.Epidemiological and Health data: Host Country Government routinely collects, analyzes and makes available data on the HIV/AIDS epidemic and its effects on health outcomes. HIV/AIDS epidemiological and health data include size estimates of key populations, PLHIV, HIV incidence, HIV prevalence, viral load and AIDS-related mortality rates.			**Data Source**	**Notes/Comments**
13.1 Who Leads General Population Surveys & Surveillance: To what extent does the host country government lead and manage planning and implementation of the HIV/AIDS portfolio of general population epidemiological surveys and/or surveillance activities (population-based household surveys, case reporting/clinical surveillance, drug resistance surveillance, etc.)?	○ A. No HIV/AIDS general population surveys or surveillance activities have been conducted within the past 5 years ○ B. Surveys & surveillance activities are primarily planned and implemented by external agencies, organizations or institutions ◉ C. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with substantial technical assistance from external agencies ○ D. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with some technical assistance from external agencies ○ E. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with minimal or no technical assistance from external agencies	13.1 Score: 0.48	Swaziland Central Statistics Office. (2007). *Swaziland Demographic Health Survey* . Mbabane: Swaziland Government. Ministry of Health. (2017). *Swaziland HIV Incidents Measurement Survey (SHIMS) 2.* Swaziland Central Statistics Office. (2015). *Mulitiple Indicator Cluster Survey (MICS) 2014, Key Findings.* Mbabane: Swaziland Government. UNICEF. (2007). *Violence Against Children Survey (VACS) 2007* .	
13.2 Who Leads Key Population Surveys & Surveillance: To what extent does the host country government lead & manage planning and implementation of the HIV/AIDS portfolio of key population epidemiological surveys and/or behavioral surveillance activities (IBBS, size estimation studies, etc.)?	○ A. No HIV/AIDS key population surveys or surveillance activities have been conducted within the past 5 years ◉ B. Surveys & surveillance activities are primarily planned and implemented by external agencies, organizations or institutions ○ C. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with substantial technical assistance from external agencies ○ D. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with some technical assistance from external agencies ○ E. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, without minimal or no technical assistance from external agencies	13.2 Score: 0.24	Swaziland Behavioral Surveillance Survey, 2013. Key Population Studies, 2015.	Key populations within SNAP, CANGO, and PEPFAR; political and legal context of key populations not conducive to conducting surveillance
13.3 Who Finances General Population Surveys & Surveillance: To what extent does the host country government fund the HIV/AIDS portfolio of general population epidemiological surveys and/or surveillance activities (e.g., protocol development, printing of paper-based tools, salaries and transportation for data collection, etc.)? (if exact or approximate percentage known, please note in Comments column)	○ A. No HIV/AIDS general population surveys or surveillance activities have been conducted within the past 5 years ○ B. No financing (0%) is provided by the host country government ○ C. Minimal financing (approx. 1-9%) is provided by the host country government ◉ D. Some financing (approx. 10-49%) is provided by the host country government ○ E. Most financing (approx. 50-89%) is provided by the host country government ○ F. All or almost all financing (90% +) is provided by the host country government	13.3 Score: 0.83	Swaziland Central Statistics Office. (2007). *Swaziland Demographic Health Survey.* Mbabane: Swaziland Government. Ministry of Health. (2017). *Swaziland HIV Incidents Measurement Survey (SHIMS) 2.* Swaziland Central Statistics Office. (2015). *Mulitiple Indicator Cluster Survey (MICS) 2014, Key Findings.* Mbabane: Swaziland Government. UNICEF. (2007). *Violence Against Children Survey (VACS) 2007.*	The average is 20%

13.4 Who Finances Key Populations Surveys & Surveillance: To what extent does the host country government fund the HIV/AIDS portfolio of key population epidemiological surveys and/or behavioral surveillance activities (e.g., protocol development, printing of paper-based tools, salaries and transportation for data collection, etc.)? (if exact or approximate percentage known, please note in Comments column)	○ A. No HIV/AIDS key population surveys or surveillance activities have been conducted within the past 5 years ○ B. No financing (0%) is provided by the host country government ◉ C. Minimal financing (approx. 1-9%) is provided by the host country government ○ D. Some financing (approx. 10-49%) is provided by the host country government ○ E. Most financing (approx. 50-89%) is provided by the host country government ○ F. All or almost all financing (approx. 90% +) is provided by the host country government	13.4 Score: 0.42	N/A	PEPFAR [COP planning], UN [Annual plans]; Government leads on surveillance
13.5 Comprehensiveness of Prevalence and Incidence Data: To what extent does the host country government collect HIV prevalence and incidence data according to relevant disaggregations, populations and geographic units? (Note: Full score possible without selecting all disaggregates.)	Check ALL boxes that apply below. (A.) refers to prevalence data. (B.) refers to incidence data: ☑ A. The host country government collects at least every 5 years HIV prevalence data disaggregated by: ☑ Age (at coarse disaggregates) ☑ Age (at fine disaggregates) ☑ Sex ☐ Key populations (FSW, PWID, MSM, TG, prisoners) ☐ Priority populations (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users) ☑ Sub-national units ☑ B. The host country government collects at least every 5 years HIV incidence disaggregated by: ☑ Age (at coarse disaggregates) ☐ Age (at fine disaggregates) ☑ Sex ☐ Key populations (FSW, PWID, MSM, TG, prisoners) ☐ Priority populations (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users) ☐ Sub-national units	13.5 Score: 0.57	Ministry of Health. (2017). *Swaziland HIV Incidents Measurement Survey (SHIMS) 2.* Swaziland Behavioral Surveillance Survey (BSS), (2013)	

13.6 Comprehensiveness of Viral Load Data: To what extent does the host country government collect/report viral load data according to relevant disaggregations and across all PLHIV? (if exact or approximate percentage known, please note in Comments column)	○ A. The host country government does not collect/report viral load data or does not conduct viral load monitoring ◉ B. The host country government collects/reports viral load data (answer both subsections below): According to the following disaggregates (check ALL that apply): ☑ Age ☑ Sex ☐ Key populations (FSW, PWID, MSM, TG, prisoners) ☐ Priority populations (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users) For what proportion of PLHIV (select ONE of the following): ☐ Less than 25% ☑ 25-50% ☐ 50-75% ☐ More than 75%	13.6 Score: 0.48	Viral Load Testing Standard Operating Procedures, 2016	There is routine VL testing. ~45% of PLHIV coverage.
13.7 Comprehensiveness of Key and Priority Populations Data: To what extent does the host country government conduct IBBS and/or size estimation studies for key and priority populations? (Note: Full score possible without selecting all disaggregates.) Please note most recent survey dates in comments section.	○ A. The host country government does not conduct IBBS or size estimation studies for key populations (FSW, PWID, MSM, TG, prisoners) or priority populations (Military, etc.). ◉ B. The host country government conducts (answer both subsections below): IBBS for (check ALL that apply): ☑ Female sex workers (FSW) ☑ Men who have sex with men (MSM) ☐ Transgender (TG) ☐ People who inject drugs (PWID) ☐ Prisoners ☐ Priority populations (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users) Size estimation studies for (check ALL that apply): ☑ Female sex workers (FSW) ☑ Men who have sex with men (MSM) ☐ Transgender (TG) ☐ People who inject drugs (PWID) ☐ Prisoners ☐ Priority populations (AGYW, clients of sex workers, miliitary, mobile populations, non-injecting drug users)	13.7 Score: 0.48	Swaziland Behavioral Surveillance Survey, 2013.	Military data is not shared externally

13.8 Timeliness of Epi and Surveillance Data: To what extent is a timeline for the collection of epidemiologic and surveillance data outlined in a national HIV/AIDS surveillance and survey strategy (or a national surveillance and survey strategy with specifics for HIV)?	○ A. There is no national HIV surveillance and surveys strategy, or a national surveillance and surveys strategy exists but does not include specifics for HIV surveillance and surveys ◉ B. A national HIV surveillance and surveys strategy exists (or a national surveillance and surveys strategy exists and includes specifics for HIV), but the strategy does not outline a timeline for data collection for all relevant population groups ○ C. A national HIV surveillance and surveys strategy exists (or a national surveillance and surveys strategy exists and includes specifics for HIV), and outlines a timeline for data collection for all relevant population groups	13.8 Score: 0.48	Swaziland Central Statistics Office. (2007). *Swaziland Demographic Health Survey.* Mbabane: Swaziland Government. Ministry of Health. (2017). *Swaziland HIV Incidents Measurement Survey (SHIMS) 2.* Swaziland Central Statistics Office. (2015). *Mulitiple Indicator Cluster Survey (MICS) 2014, Key Findings.* Mbabane: Swaziland Government. UNICEF. (2007). *Violence Against Children Survey (VACS) 2007.*	There is a strategy for surveys. The strategy for surveillance is still being developed.
13.9 Quality of Surveillance and Survey Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS surveillance and survey data?	◉ A. No governance structures, procedures or policies designed to assure surveys & surveillance data quality exist/could be documented. ○ B. The following structures, procedures or policies exist to assure quality of surveys & surveillance data (check all that apply): ☐ A national surveillance unit or other entity is responsible for assuring the quality of surveys & surveillance data ☐ A national, approved surveys & surveillance strategy is in place, which outlines standards, policies and procedures for data quality assurance ☐ Standard national procedures & protocols exist for reviewing surveys & surveillance data for quality and sharing feedback with appropriate staff responsible for data collection ☐ An in-country internal review board (IRB) exists and reviews all protocols.	13.9 Score: 0.00	Swaziland Central Statistics Office. (2007). *Swaziland Demographic Health Survey.* Mbabane: Swaziland Government. Ministry of Health. (2017). *Swaziland HIV Incidents Measurement Survey (SHIMS) 2.* Swaziland Central Statistics Office. (2015). *Mulitiple Indicator Cluster Survey (MICS) 2014, Key Findings.* Mbabane: Swaziland Government. UNICEF. (2007). *Violence Against Children Survey (VACS) 2007.*	Responsible government unit should be Epidemiology and Disease Control Unit (EDCU)
	Epidemiological and Health Data Score:	**3.96**		

14. Financial/Expenditure data: Government collects, tracks and analyzes and makes available financial data related to HIV/AIDS, including the financing and spending on HIV/AIDS expenditures from all financing sources, costing, and economic evaluation, efficiency and market demand analyses for cost-effectiveness.			**Data Source**	**Notes/Comments**
14.1 Who Leads Collection of Expenditure Data: To what extent does the host country government lead & manage a national expenditure tracking system to collect HIV/AIDS expenditure data?	○A. No tracking of public HIV/AIDS expenditures has occurred within the past 5 years ○B. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA), but planning and implementation is primarily led by external agencies, organizations, or institutions ○C. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA) and planning and implementation is led by the host country government, with substantial external technical assistance ◉D. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA) and planning and implementation is led by the host country government, with some external technical assistance ○E. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA), and planning and implementation is led by the host country government, with minimal or no external technical assistance	14.1 Score: 2.50	NERCHA. (2015). National AIDS Spending Assessment, 2014. Mbabane: Swaziland Government.	
14.2 Comprehensiveness of Expenditure Data: To what extent does the host country government collect HIV/AIDS public sector expenditures according to funding source, expenditure type, program and geographic area?	○A. No HIV/AIDS expenditure tracking has occurred within the past 5 years ◉B. HIV/AIDS expenditure data are collected (check all that apply): ☑ By source of financing, such as domestic public, domestic private, out-of-pocket, Global Fund, PEPFAR, others ☑ By expenditures per program area, such as prevention, care, treatment, health systems strengthening ☑ By type of expenditure, such as training, overhead, vehicles, supplies, commodities/reagents, personnel ☐ Sub-nationally	14.2 Score: 2.50	NERCHA. (2015). *National AIDS Spending Assessment, 2014.* Mbabane: Swaziland Government.	
14.3 Timeliness of Expenditure Data: To what extent are expenditure data collected in a timely way to inform program planning and budgeting decisions?	○A. No HIV/AIDS expenditure data are collected ◉B. HIV/AIDS expenditure data are collected irregularly, and more than 3 years ago ○C. HIV/AIDS expenditure data were collected at least once in the past 3 years ○D. HIV/AIDS expenditure data are collected annually but represent more than one year of expenditures ○E. HIV/AIDS expenditure data are collected annually and represent only one year of expenditures	14.3 Score: 0.83	NERCHA. (2015). *National AIDS Spending Assessment, 2014.* Mbabane: Swaziland Government.	
		Financial/Expenditure Data Score: 5.83		

15. Performance data: Government routinely collects, analyzes and makes available HIV/AIDS service delivery data. Service delivery data are analyzed to track program performance, i.e. coverage of key interventions, results against targets, and the continuum of care and treatment cascade, including linkage to care, adherence and retention.			**Data Source**	**Notes/Comments**
15.1 Who Leads Collection of Service Delivery Data: To what extent is the routine collection of HIV/AIDS service delivery data institutionalized in an information system and managed and operated by the host country government?	○A. No system exists for routine collection of HIV/AIDS service delivery data ○B. Multiple unharmonized or parallel information systems exist that are managed and operated separately by various government entities, local institutions and/or external agencies/institutions ○C. One information system, or a harmonized set of complementary information systems, exists and is primarily managed and operated by an external agency/institution ◉D. One information system, or a harmonized set of complementary information systems, exists and is managed and operated by the host country government with technical assistance from external agency/institution ○E. One information system, or a harmonized set of complementary information systems, exists and is managed and operated by the host country government	15.1 Score: 1.00	Ministry of Health. (2016). *Health Information Management System Annual Report.* Mbabane: Swaziland Government.	HMIS , program reports
15.2 Who Finances Collection of Service Delivery Data: To what extent does the host country government finance the routine collection of HIV/AIDS service delivery data (e.g., salaries of data clerks/M&E staff, printing & distribution of paper-based tools, electronic reporting system maintenance, data quality supervision, etc.)? (if exact or approximate percentage known, please note in Comments column)	○A. No routine collection of HIV/AIDS service delivery data exists ○B. No financing (0%) is provided by the host country government ○C. Minimal financing (approx. 1-9%) is provided by the host country government ◉D. Some financing (approx. 10-49%) is provided by the host country government ○E. Most financing (approx. 50-89%) is provided by the host country government ○F. All or almost all financing (90% +) is provided by the host country government	15.2 Score: 1.67	Ministry of Health. (2016). *Health Information Management System Annual Report.* Mbabane: Swaziland Government. Swaziland National AIDS Program Annual Reports	

15.3 Comprehensiveness of Service Delivery Data: To what extent does the host country government collect HIV/AIDS service delivery data by population, program and geographic area? (Note: Full score possible without selecting all disaggregates.)	Check ALL boxes that apply below: ☑ A. The host country government routinely collects & reports service delivery data for: ☑ HIV Testing ☑ PMTCT ☑ Adult Care and Support ☑ Adult Treatment ☑ Pediatric Care and Support ☐ Orphans and Vulnerable Children ☑ Voluntary Medical Male Circumcision ☑ HIV Prevention ☑ AIDS-related mortality ☑ B. Service delivery data are being collected: ☐ By key population (FSW, PWID, MSM, TG, prisoners) ☐ By priority population (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users) ☑ By age & sex ☑ From all facility sites (public, private, faith-based, etc.) ☑ From all community sites (public, private, faith-based, etc.)	15.3 Score: 1.22	Swaziland National AIDS Program Annual Reports National HIV Semi Annual Review (NaRSAR) Reports	National HIV Semi-Annual Review (NaHSAR) Regional HIV Semi-Annual Review (ReHSAR) Routine data quality management (RDQM)

15.4 Timeliness of Service Delivery Data: To what extent are HIV/AIDS service delivery data collected in a timely way to inform analysis of program performance?	○ A. The host country government does not routinely collect/report HIV/AIDS service delivery data ○ B. The host country government collects & reports service delivery data annually ○ C. The host country government collects & reports service delivery data semi-annually ◉ D. The host country government collects & reports service delivery data at least quarterly	15.4 Score: 1.33	Swaziland National AIDS Program Annual Reports National HIV Semi Annual Review (NaRSAR) Reports	
15.5 Analysis of Service Delivery Data: To what extent does the host country government routinely analyze service delivery data to measure program performance (i.e., continuum of care cascade, coverage, retention, AIDS-related mortality rates)?	○ A. The host country government does not routinely analyze service delivery data to measure program performance ◉ B. Service delivery data are being analyzed to measure program performance in the following ways (check all that apply): ☐ Continuum of care cascade for each identified priority population (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users), including HIV testing, linkage to care, treatment, adherence and retention ☐ Continuum of care cascade for each relevant key population (FSW, PWID, MSM, TG, prisoners), including HIV testing, linkage to care, treatment, adherence and retention ☑ Results against targets ☑ Coverage of key treatment & prevention services (ART, PMTCT, VMMC, etc.) ☑ Site-specific yield for HIV testing (HTC and PMTCT) ☑ AIDS-related mortality rates ☑ Variations in performance by sub-national unit ☐ Creation of maps to facilitate geographic analysis	15.5 Score: 0.83	Swaziland National AIDS Program Annual Reports National HIV Semi Annual Review (NaRSAR) Reports	
15.6 Quality of Service Delivery Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS service delivery data?	○ A. No governance structures, procedures or policies designed to assure service delivery data quality exist/could be documented. ◉ B. The following structures, procedures or policies exist to assure quality of service delivery data (check all that apply): ☑ A national, approved data quality strategy is in place, which outlines standards, policies and procedures for HIV/AIDS data quality assurance ☑ A national protocol exists for routine (at least annual) Data Quality Audits/Assessments of key HIV program indicators, which are led and implemented by the host country government ☑ Standard national procedures & protocols exist for routine data quality checks at the point of data entry ☑ Data quality reports are published and shared with relevant ministries/government entities & partner organizations ☑ The host country government leads routine (at least annual) data review meetings at national & subnational levels to review data quality issues and outline improvement plans	15.6 Score: 1.33	Ministry of Health. (2015). *National Health Sector Strategic Plan II, 2014 - 2018.* Mbabane: Swaziland Government. Ministry of Health. (2012). *Quality Management Strategic Plan, 2012.* Mbabane: Swaziland Government.	
		Performance Data Score: **7.39**		

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN D