

Sustainability Index and Dashboard Summary: Zambia

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)

Zambia Overview: Zambia has made tremendous strides towards sustainably controlling its HIV/AIDS epidemic with PEPFAR support. Zambia performs up to 2 million HIV tests every year with PEPFAR support (increased to 4 million tests in 2017); new HIV infections have dropped more than 50 percent in the last decade; 740,340 people are on life-saving anti-retroviral treatment (ART) as of September 30, 2017; and thousands of babies are born free from HIV each year because nearly 100 percent of women in Zambia have access to HIV prevention of mother to child transmission services. The Zambian government (GRZ) has continued to demonstrate political will and leadership in the fight against HIV. The Ministry of Health has updated the Zambia Consolidated Guidelines for Treatment and Prevention of HIV Infection (2017) and is implementing test and start and differentiated service delivery models. Additionally, the country is rolling out routine viral load testing. However, the country is recovering from an economic crisis precipitated by a sharp decline in commodity (copper) prices and acute power shortage in 2015/16. This may limit the GRZ's ability to increase funding towards the national response, thereby necessitating continued external support in order to avoid reversal of gains realized to date.

SID Process: The PEPFAR Zambia team used a transparent and participatory process to complete the SID. PEPFAR and UNAIDS co-convened a multi-stakeholder SID completion workshop on November 7, 2017. This meeting was attended by representatives from several host government ministries and departments, multilateral organizations, local non-governmental organizations, and civil society organizations¹. Participants broke into four domain groups to complete the SID questionnaire. The full group reconvened and the four domains presented their findings. The complete dash board was shown to the large group and USG committed to sharing the tool with stakeholders after it was cleaned up. PEPFAR will circulate complete SID to stakeholders on November 30, 2017.

PEPFAR and UNAIDS met with the Ministry of Health Permanent Secretary on November 16, 2017 to present the SID findings. The PS will provide feedback after he has discussed with his senior management team

Sustainability Strengths:

- **Planning and Coordination (9.29, dark green)**: This element score has increased from 7.73 in SID 2.0. Zambia has a costed, multi-year national strategy, which is updated at least every five years (with key stakeholders) and includes critical components of prevention and treatment. The GRZ leads the development/revision of the National AIDS Strategic Framework (NASF) with active participation from civil society, businesses and corporate sector, and external agencies. Additionally, the GRZ routinely tracks HIV/AIDS activities of CSOs and donors, leads the process that convenes stakeholders, and develops joint operational plans with implementing organizations
- **Private Sector Engagement (8.39, light green)**: This element score has increased from 6.11 in SID 2.0. The host country government has formal channels and opportunities for diverse private sector entities to engage and provide feedback on its HIV/AIDS policies, programs, and services. Systems and policies that allow for private corporate contributions and health service delivery exist.
- **Commodity Security and Supply Chain (7.22, light green)**: This element score has increased from 5.69 in SID 2.0. Domestic resources fund 10-49% of ARV, rapid test kit and condom procurements. The country has a national supply chain plan that guides investments and the host government manages processes and systems that ensure appropriate ARV stock at all levels. However, the country faces challenges with storage space, and this is likely to be exacerbated by scale up of prevention, care and treatment services. PEPFAR continues to support expansion of storage space in COP 17.

Sustainability Vulnerabilities:

- **Laboratory (2.33, red)**: This element score has decreased from 4.86 in SID 2.0. The availability of high quality laboratory services is critical to scale up HIV services, including implementation of test and start and achievement of the third 90. The SID found that Zambia does not have adequate qualified laboratory personnel to achieve sustained epidemic control. Current infrastructure is not sufficient to test for viral load to reach sustained epidemic control. Although regulations to monitor quality of laboratory and POC testing sites exist, they are partially implemented, and the national laboratory strategic plan has not been approved. Domestic resources fund only 1-9% of laboratory services. PEPFAR will continue to support activities to increase laboratory capacity, including addressing the staffing gap, procurement of equipment/reagents and targeted infrastructure improvement.
- **Epidemic and Health Data (4.37, yellow)**: This element score has decreased from 4.62 in SID 2.0. The timely availability of accurate and reliable data is critical to plan and implement a successful national HIV response. The SID found that key population surveys and surveillance are primarily planned, financed and implemented by external agencies, organizations or institutions. The host government does not conduct IBBS or size estimation studies for key populations. PEPFAR will continue to support KP surveys and size estimates.
- **Service Delivery (5.32, yellow)**: This element score has increased from 4.72 in SID 2.0. Facility – community linkages are critical for HIV prevention, care and treatment scale up, including implementation of differentiated service delivery models and test and start. Although the country has standardized the design and implementation of community-based HIV services, not all representative service providers are included. It is unclear whether 10% of District Health

Office budgets actually go towards implementation of community activities. Further, inadequate facility infrastructure has impeded effective facility linkage to community. Host country institutions deliver HIV services with substantial external technical assistance and provide minimal (1-9%) financing for delivery of HIV services to key populations. National and sub-national health authorities do not develop sub-national budgets that allocate resources to high HIV burden service delivery locations. Resources are allocated based on catchment population.

PEPFAR will continue to strengthen community-facility linkages and HIV/AIDS services for key populations

- **Human Resources for Health (6.27, yellow):** This element score has increased from 6.17 in SID 2.0. An adequate number of trained and motivated health workers, with the appropriate skills mix, deployed to areas of greatest need (at facility and community level) is critical to implementation of Test and START and differentiated service delivery models. Zambia is facing a critical shortage of health workers with approximately 40% of positions in the health sector establishment remaining vacant. The SID found that Zambia has an inadequate supply of health workers to enable the volume and quality of HIV/AIDS services needed for sustained epidemic control at the facility and/or community site level. Pre-service training institutions are not producing an adequate supply and skills mix of health care providers and the country's health workers are not adequately deployed to facilities and communities with high HIV burden. Although an inventory of donor-supported health workers exists, there is no official plan to transition these staff to local support.

PEPFAR will support pre-service training, recruitment, deployment and retention. PEPFAR will continue to support above-site and site level staff and work with the GRZ to transition these staff to local resources.

Contact: For questions or further information about PEPFAR's efforts to support sustainability of the HIV response in Zambia, please contact Bethany Baxter baxterb@state.gov

ⁱ A total of 41 people attended the meeting with representation from:

Government of Zambia (MOH, MNDP, MOD);

Multilateral organizations (UNAIDS, UNDP, WHO, UNFPA);

Local and international NGOs and Civil Society (NZIP+, ZNARVS, THPAZ, Bwafano, ABWENZI, TALC, ZNADWO, ZATULET, SWAAZ, CITAM+);

USG.

Sustainability Analysis for Epidemic Control: Zambia

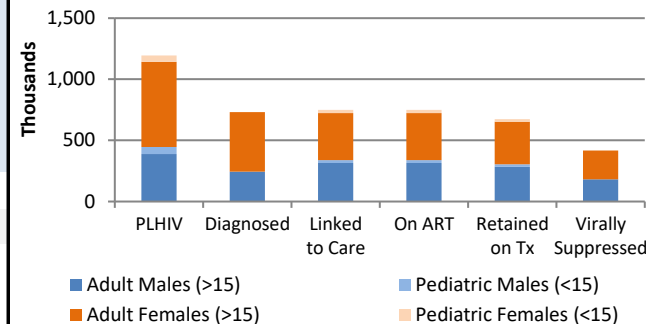
Epidemic Type: Please Select
 Income Level: Lower middle income
 PEPFAR Categorization: Long-term Strategy
 PEPFAR COP 17 Planning Level: Please Enter

SUSTAINABILITY DOMAINS and ELEMENTS

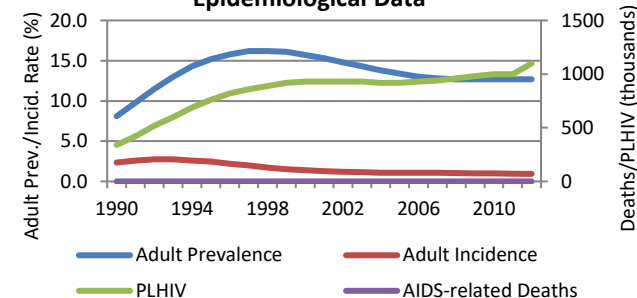
	2015 (SID 2.0)	2017 (SID 3.0)	2019	2021
Governance, Leadership, and Accountability				
1. Planning and Coordination	7.73	9.29		
2. Policies and Governance	6.57	5.31		
3. Civil Society Engagement	4.86	5.79		
4. Private Sector Engagement	6.11	8.39		
5. Public Access to Information	2.00	5.00		
National Health System and Service Delivery				
6. Service Delivery	4.72	5.32		
7. Human Resources for Health	6.17	6.27		
8. Commodity Security and Supply Chain	5.69	7.22		
9. Quality Management	6.81	7.10		
10. Laboratory	4.86	2.33		
Strategic Investments, Efficiency, and Sustainable Financing				
11. Domestic Resource Mobilization	5.56	5.44		
12. Technical and Allocative Efficiencies	6.90	7.33		
Strategic Information				
13. Epidemiological and Health Data	4.62	4.37		
14. Financial/Expenditure Data	6.67	5.83		
15. Performance Data	6.96	6.40		

CONTEXTUAL DATA

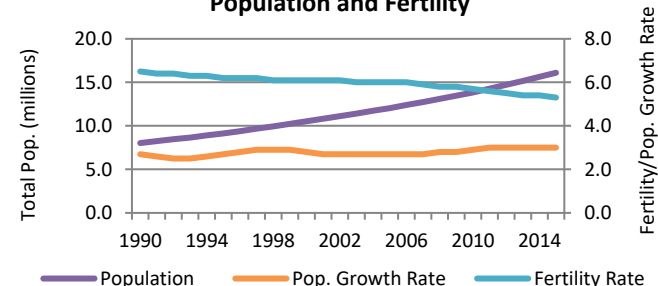
National Clinical Cascade



Epidemiological Data

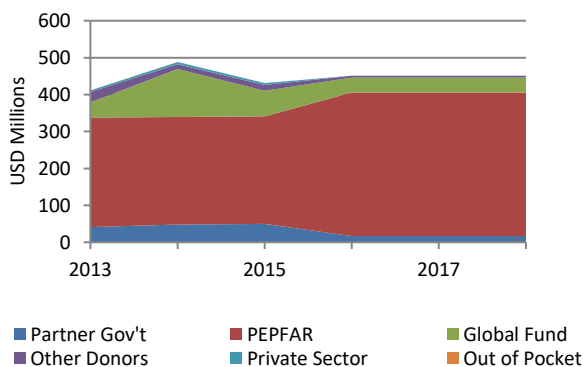


Population and Fertility

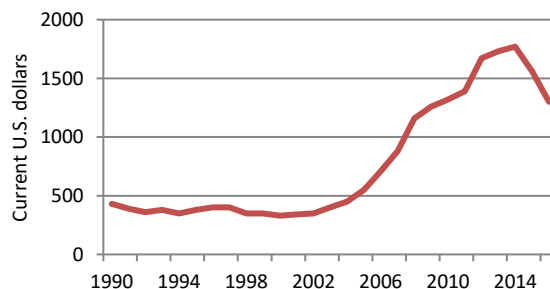


CONTEXTUAL DATA

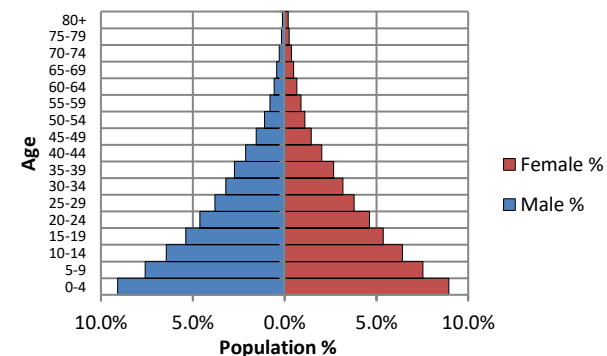
Financing the HIV Response



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.

	Data Source	Notes/Comments
<p>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.</p> <p>1.1 Content of National Strategy: Does the country have a multi-year, costed national strategy to respond to HIV?</p>	<p>1.1 Score: 2.29</p>	<p>The National AIDS Strategic Framework (NASF) 2017 - 2021 www.nac.org.zm/content/national-aids-strategic-framework-nasf-2017-2021</p>
<p>1.2 Participation in National Strategy Development: Who actively participates in development of the country's national HIV/AIDS strategy?</p>	<p>1.2 Score: 2.00</p>	<p>Minutes of NASF 2017-2021 Executive Technical Committee 6 October 2016, Validation Meeting report for 2014-2016</p>

<p>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?</p>	<p>Check all that apply:</p> <p><input checked="" type="checkbox"/> There is an effective mechanism within the host country government for internally coordinating HIV/AIDS activities implemented by various government ministries, institutions, offices, etc.</p> <p><input checked="" type="checkbox"/> The host country government routinely tracks and maps HIV/AIDS activities of:</p> <p><input checked="" type="checkbox"/> civil society organizations</p> <p><input checked="" type="checkbox"/> private sector (including health care providers and/or other private sector partners)</p> <p><input checked="" type="checkbox"/> donors</p> <p>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.</p> <p><input checked="" type="checkbox"/> Joint operational plans are developed that include key activities of implementing organizations.</p> <p><input checked="" type="checkbox"/> Duplications and gaps among various government, CSO, private sector, and donor activities are systematically identified and addressed.</p>	<p>1.3 Score: 2.50</p>	<p>The National AIDS Strategic Framework (NASF) 2017 - 2021 www.nac.org.zm/content/national-aids-strategic-framework-nasf-2017-2021, National HIV/AIDS/STI/TB Council Act No of 2002 Laws of Zambia</p>	<p>Additional sources include District Management Office reports, District AIDS Taskforce, reports to NAC, provincial level planning, mid term evaluation framework (MTEF) Evaluation framework Provincial level planning</p>
<p>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)</p>	<p><input type="radio"/> A. There is no formal link between the national plan and sub-national service delivery.</p> <p><input checked="" type="radio"/> B. There is a formal link between the national plan and sub-national service delivery. (Check the ONE that applies.)</p> <p><input checked="" type="checkbox"/> Sub-national units have performance targets that contribute to aggregate national goals or targets.</p> <p><input type="checkbox"/> The central government is responsible for service delivery at the sub-national level.</p>	<p>1.4 Score: 2.50</p>	<p>HMIS/DHIS 2, NACMISONLINE, EMIS and the Logistics Management Information System (LMIS).</p>	<p>There are challenges with implementation at the district and provincial levels</p>
<p>Planning and Coordination Score:</p>		<p>9.29</p>		

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?	<p>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:</p> <p>A. Adults (>19 years)</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>B. Pregnant and Breastfeeding Mothers</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>C. Adolescents (10-19 years)</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>D. Children (<10 years)</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	2.1 Score: 1.11	Zambia consolidated guidelines for treatment and prevention of HIV infection

<p>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?</p> <p>Note: If one of the listed policies differentiates policy for specific groups, please note in the Notes/Comments column.</p>	<p>Check all that apply:</p> <p><input checked="" type="checkbox"/> A national public health services act that includes the control of HIV</p> <p><input checked="" type="checkbox"/> A task-shifting policy that allows trained non-physician clinicians, midwives, and nurses to initiate and dispense ART</p> <p><input type="checkbox"/> A task-shifting policy that allows trained and supervised community health workers to dispense ART between regular clinical visits</p> <p><input checked="" type="checkbox"/> Policies that permit patients stable on ART to have reduced clinical visits (i.e. every 6-12 months)</p> <p><input checked="" type="checkbox"/> Policies that permit patients stable on ART to have reduced ARV pickups (i.e. every 3-6 months)</p> <p><input checked="" type="checkbox"/> Policies that permit streamlined ART initiation, such as same day initiation of ART for those who are ready</p> <p><input checked="" type="checkbox"/> Legislation to ensure the well-being and protection of children, including those orphaned and made vulnerable by HIV/AIDS</p> <p><input checked="" type="checkbox"/> Policies that permit HIV self-testing</p> <p><input checked="" type="checkbox"/> Policies that permit pre-exposure prophylaxis (PrEP)</p> <p><input checked="" type="checkbox"/> Policies that permit post-exposure prophylaxis (PEP)</p> <p><input checked="" type="checkbox"/> Policies that allow HIV testing without parental consent for adolescents, starting at age 15</p> <p><input checked="" type="checkbox"/> Policies that allow HIV-infected adolescents, starting at age 15, to seek HIV treatment without parental consent</p>	<p>2.2 Score: 1.02</p>	<p>Zambia Consolidated guidelines for treatment and prevention of HIV infection 2017, National HIV/AIDS strategic framework 2017-2021. (3) Adolescent Health Strategy 2017-2021, the National Health Strategic Plan 2017-2021</p>	<p>The questionnaire states 15, however in Zambia, Pediatrics are between 0-14 require parental consent, there is no provision for 15 year olds, anyone aged 16 and above do not require consent to be tested for HIV. Currently GRZ is working on operationalizing PrEP through the development of guidelines, and also working on differentiated models of service delivery</p>
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<p>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?</p>	<p>The country has policies in place that (check all that apply):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Govern the collection of patient-level data for public health purposes, including surveillance <input checked="" type="checkbox"/> Govern the collection and use of unique identifiers such as national ID for health records <input type="checkbox"/> Govern the privacy and confidentiality of health outcomes matched with personally identifiable information <input type="checkbox"/> Govern the use of patient-level data, including protection against its use in criminal cases 	<p>2.3 Score: 0.56</p>	<p>The National AIDS Strategic Framework (NASF) 2017 - 2021, Zambia Consolidated guidelines for treatment and prevention of HIV infection 2017</p>	<p>For the last point, we will check the NAC to verify</p>
<p>2.4 Legal Protections for Key Populations: Does the country have laws or policies that specify protections (not specific to HIV) for specific populations?</p>	<p>Check all that apply:</p> <p>Transgender people (TG):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Constitutional prohibition of discrimination based on gender diversity <input type="checkbox"/> Prohibitions of discrimination in employment based on gender diversity <input type="checkbox"/> A third gender is legally recognized <input type="checkbox"/> Other non-discrimination provisions specifying gender diversity (note in comments) <p>Men who have sex with men (MSM):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Constitutional prohibition of discrimination based on sexual orientation <input type="checkbox"/> Hate crimes based on sexual orientation are considered an aggravating circumstance <input type="checkbox"/> Incitement to hatred based on sexual orientation prohibited <input type="checkbox"/> Prohibition of discrimination in employment based on sexual orientation <input type="checkbox"/> Other non-discrimination provisions specifying sexual orientation <p>Female sex workers (FSW):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Constitutional prohibition of discrimination based on occupation <input type="checkbox"/> Sex work is recognized as work <input type="checkbox"/> Other non-discrimination protections specifying sex work (note in comments) 	<p>2.4 Score: 0.00</p>	<p>Note: This question is adapted from questions asked in the revised UNAIDS NCPI (2016). If your country has completed the new NCPI, you may use it as a data source to answer this question.</p>	<p>In Zambia, there are no laws that protect Key Populations (KPs) from discrimination, but the NASF does recognize these populations. While the legal environment remains prohibitive for KPs, GRZ recognized the need to address of this populations</p>

	<p>People who inject drugs (PWID):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Specific antidiscrimination laws or other provisions for people who use drugs (specify in comments) <input type="checkbox"/> Explicit supportive reference to harm reduction in national policies <input type="checkbox"/> Policies that address the specific needs of women who inject drugs 			
<p>2.5 Legal Protections for Victims of Violence: Does the country have protections in place for victims of violence?</p>	<p>The country has the following to protect key populations and people living with HIV (PLHIV) from violence:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> General criminal laws prohibiting violence <input type="checkbox"/> Specific legal provisions prohibiting violence against people based on their HIV status or belonging to a key population <input checked="" type="checkbox"/> Programs to address intimate partner violence <input checked="" type="checkbox"/> Programs to address workplace violence <input type="checkbox"/> Interventions to address police abuse <input type="checkbox"/> Interventions to address torture and ill treatment in prisons <input checked="" type="checkbox"/> A national plan or strategy to address gender-based violence and violence against women that includes HIV <input checked="" type="checkbox"/> Legislation on domestic violence <input checked="" type="checkbox"/> Criminal penalties for domestic violence <input checked="" type="checkbox"/> Criminal penalties for violence against children 	<p>2.5 Score: 0.78</p>	<p>The Anti-Gender Based Violence Act 2010, the Criminal Procedure Act 1993, the Penal Code, Police Public Complaints Commission 2016, The National AIDS Strategic Framework (NASF) 2017 - 2021</p>	

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: 0.74

The Penal Code (section 87)

Referencing the case in Mongu<https://www.advocate.com/.../injustice-zambia-transgender-woman-faces-15-years-in-prison>

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

- Yes, death penalty
- Yes, imprisonment (14 years - life)
- 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)
- No

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

- Yes
- 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
- No

	<p>Does the country have other punitive laws affecting lesbian, gay, bisexual, transgender, and intersex (LGBTI) people?</p> <p><input type="checkbox"/> Yes, promotion ("propaganda") laws</p> <p><input type="checkbox"/> Yes, morality laws or religious norms that limit LGBTI freedom of expression and association</p> <p><input checked="" type="checkbox"/> No</p>			
<p>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?</p>	<p>There are host country government efforts in place as follows (check all that apply):</p> <p><input checked="" type="checkbox"/> To educate PLHIV about their legal rights in terms of access to HIV services</p> <p><input type="checkbox"/> To educate key populations about their legal rights in terms of access to HIV services</p> <p><input checked="" type="checkbox"/> National law exists regarding health care privacy and confidentiality protections</p> <p><input type="checkbox"/> Government provides financial support to enable access to legal services if someone experiences discrimination, including redress where a violation is found</p>	<p>2.7 Score: 0.56</p>	<p>National AIDS Strategic Framework (NASF) 2017 - 2021, The Health Professionals Act No 24 of 2009 Laws of Zambia.</p>	
<p>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)?</p>	<p><input type="radio"/> A. No audit is conducted of the National HIV/AIDS Program or other relevant ministry.</p> <p><input checked="" type="radio"/> B. An audit is conducted of the National HIV/AIDS program or other relevant ministries every 4 years or more.</p> <p><input type="radio"/> C. An audit is conducted of the National HIV/AIDS program or other relevant ministries every 3 years or less.</p>	<p>2.8 Score: 0.56</p>		<p>The last national AIDS spending assessment was undertaken in 2012</p>
<p>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?</p>	<p><input checked="" type="radio"/> A. Host country government does not respond to audit findings, or no audit of the national HIV/AIDS program is conducted.</p> <p><input type="radio"/> B. The host country government does respond to audit findings by implementing changes as a result of the audit.</p> <p><input type="radio"/> 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.</p>	<p>2.9 Score: 0.00</p>		
Policies and Governance Score:		5.31		

3. Civil Society Engagement			
<p>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.</p>		Data Source	Notes/Comments
<p>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?</p>	<p><input type="radio"/> A. There exists a law or laws that restrict civil society from playing an oversight role in the HIV/AIDS response.</p> <p><input type="radio"/> 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.</p> <p><input checked="" type="radio"/> 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.</p>	<p>3.1 Score: 1.67</p>	<p>1).Non-Goernmental Organiations' Act No 16 of 2009 Laws of Zambia, Zambia Council for Social Development statement 2).National Health Strategic Plan</p>
<p>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)?</p>	<p>Check A, B, or C; if C checked, select appropriate disaggregates:</p> <p><input type="radio"/> A. There are no formal channels or opportunities.</p> <p><input type="radio"/> B. There are formal channels or opportunities, but civil society is called upon in an ad hoc manner to provide inputs and feedback.</p> <p><input checked="" type="radio"/> C. There are functional formal channels and opportunities for civil society engagement and feedback. Check all that apply:</p> <p><input checked="" type="checkbox"/> During strategic and annual planning</p> <p><input checked="" type="checkbox"/> In joint annual program reviews</p> <p><input checked="" type="checkbox"/> For policy development</p> <p><input checked="" type="checkbox"/> As members of technical working groups</p> <p><input checked="" type="checkbox"/> Involvement on government HIV/AIDS program evaluation teams</p> <p><input checked="" type="checkbox"/> Involvement in surveys/studies</p> <p><input type="checkbox"/> Collecting and reporting on client feedback</p> <p><input checked="" type="checkbox"/> Service delivery</p>	<p>3.2 Score: 1.46</p>	<p>1). Seventh National Development Plan 2017-2021 2). Zambia DemoHS</p>

<p>3.3 Impact of Civil Society Engagement: Does civil society engagement substantively impact policy, programming, and budget decisions related to HIV/AIDS?</p>	<p>A. Civil society does not actively engage, or civil society engagement does not impact policy, programming, and budget decisions related to HIV/AIDS.</p> <p><input type="radio"/></p> <p>B. Civil society's engagement impacts HIV/AIDS policy, programming, and budget decisions (check all that apply):</p> <p><input checked="" type="checkbox"/> In policy design</p> <p><input type="checkbox"/> In programmatic decision making</p> <p><input checked="" type="checkbox"/> In technical decision making</p> <p><input checked="" type="checkbox"/> In service delivery</p> <p><input type="checkbox"/> In HIV/AIDS basket or national health financing decisions</p>	<p>3.3 Score: 1.00</p>	<p>1). Budget Planning Process</p>	
<p>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)?</p> <p>(if exact or approximate overall percentage known, or the percentages from the various domestic sources, please note in Comments column)</p>	<p>A. No funding (0%) for HIV/AIDS related civil society organizations comes from domestic sources.</p> <p><input type="radio"/></p> <p>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).</p> <p><input checked="" type="radio"/></p> <p>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).</p> <p><input type="radio"/></p> <p>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).</p> <p><input type="radio"/></p> <p>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).</p> <p><input type="radio"/></p>	<p>3.4 Score: 0.83</p>	<p>http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/data-and-analysis/tools/nasa/20141017/zambia_2012_en.pdf https://results.unaids.org/sites/default/files/documents/Zambia/Case/Study/UNAIDSEngagement/Civilsociety.pdf</p>	
<p>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)?</p> <p>Note: This sometimes referred to as "social contracting" or "social procurement."</p>	<p>A. There is no law, policy, or regulation 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).</p> <p><input type="radio"/></p> <p>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:</p> <p><input checked="" type="checkbox"/> Competition is open and transparent (notices of opportunities are made public)</p> <p><input type="checkbox"/> Opportunities for CSO funding are made on an annual basis</p> <p><input type="checkbox"/> Awards are made in a timely manner (within 6-12 months of announcements)</p> <p><input type="checkbox"/> Payments are made to CSOs on time for provision of services</p>	<p>3.5 Score: 0.83</p>	<p>National Policy and Programme Implementation Department/Public Private Partnership Unit under the Ministry of Finance</p>	
<p>Civil Society Engagement Score:</p>		<p>5.79</p>		

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
<p>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?</p> <p>(If option B is true, check all subsequent boxes that apply.)</p>	<p><input type="radio"/> A. There are no formal channels or opportunities for private sector engagement.</p> <p><input checked="" type="radio"/> B. There are formal channels or opportunities for private sector engagement.</p> <p>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):</p> <p><input checked="" type="checkbox"/> Corporations</p> <p><input checked="" type="checkbox"/> Employers</p> <p><input checked="" type="checkbox"/> Private training institutions</p> <p><input checked="" type="checkbox"/> Private health service delivery providers</p> <p>ii. Stakeholders contribute in the following ways (check all that apply):</p> <p><input checked="" type="checkbox"/> The private sector contributes technical expertise into HIV program planning</p> <p><input checked="" type="checkbox"/> Data and strategic input into supply chain management for HIV commodities</p> <p><input type="checkbox"/> Service delivery and/or client satisfaction data from private service delivery providers is included in health sector and HIV program planning</p> <p><input checked="" type="checkbox"/> Data on staffing in private health service delivery providers</p> <p><input checked="" type="checkbox"/> Data on private training institution's human resources for health (HRH) graduates and placements are included in health sector and HIV program planning</p> <p><input checked="" type="checkbox"/> For technical advisory on best practices and delivery solutions</p>	<p>4.1 Score: 1.81</p>	<p>The National AIDS Strategic Framework (NASF) 2017 - 2021 https://www.healthpolicyproject.com/pubs/2876_ZambiaHIVFinancingFeb.pdf</p>	<p>Private sector is included in consultative meeting to contribute their technical expertise. Private health facilities also contribute to national data on ART usage</p>

	<p>iii. The national HIV/AIDS strategic plan explicitly addresses private sector's role in the HIV/AIDS response (check all that apply):</p> <p><input type="checkbox"/> The national HIV/AIDS strategic plan has a specific section that specifies the private sector's role in the HIV/AIDS response.</p> <p><input type="checkbox"/> A recent (within past 4 years) market analysis informs the private sector strategy that is included in the HIV/AIDS strategic plan</p> <p><input checked="" type="checkbox"/> 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.</p>			
<p>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?</p>	<p>Check all that apply:</p> <p><input type="checkbox"/> 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).</p> <p><input checked="" type="checkbox"/> 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).</p> <p><input checked="" type="checkbox"/> The host country government has standards for reporting and sharing data across public and private sectors.</p> <p><input checked="" type="checkbox"/> 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).</p> <p><input checked="" type="checkbox"/> There are strong linkage and referral networks between on-site workplace programs and public health care facilities.</p>	<p>4.2 Score: 2.00</p>	<p>The National AIDS Strategic Framework (NASF) 2017 - 2021 https://home.kpmg.com/content/dam/kpmg/xx/pdf/2016/11/tnf-zambia-november-29-2016.pdf</p>	

<p>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?</p> <p>Note: Full score possible without checking all boxes.</p>	<p><input type="radio"/> A. Private health service delivery providers are not legally allowed to deliver HIV/AIDS services.</p> <p><input type="radio"/> B. The host country government plans to allow private health service delivery providers to provide HIV/AIDS services in the next two years.</p> <p><input checked="" type="radio"/> C. Private health service delivery providers are legally allowed to deliver HIV/AIDS services. In addition (check all that apply):</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> Systems are in place for service provision and/or research reporting by private facilities to the government, including guidelines for data reporting.</p> <p><input checked="" type="checkbox"/> Joint (i.e., public-private) supervision and quality oversight of private facilities.</p> <p><input type="checkbox"/> The government offers tax deductions for private facilities delivering HIV/AIDS services.</p> <p><input type="checkbox"/> The government offers tax deductions for private training institutions.</p> <p><input checked="" type="checkbox"/> The private sector is eligible to procure HIV/AIDS and/or ART commodities via public sector procurement channels and/or national medical stores</p> <p><input type="checkbox"/> The host country government has formal contracting or service-level agreement procedures to compensate private facilities for HIV/AIDS services.</p> <p><input type="checkbox"/> HIV/AIDS services received in private facilities are eligible for reimbursement through national health insurance schemes</p> <p><input type="checkbox"/> There are open competitions for private health care providers to compete for government service contracts</p> <p><input checked="" type="checkbox"/> 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</p> <p><input checked="" type="checkbox"/> The government effectively regulates the flow of subsidized commodities into the private sector.</p>	<p>4.3 Score: 2.08</p>	<p>National Health Strategic Plan 2017 - 2021 , Zambia Consolidated guidelines for treatment and prevention of HIV infection 2017</p>	
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<p>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?</p>	<p><input type="radio"/> A. The host country government does not leverage the skill sets of the private sector for the national HIV/AIDS response.</p> <p><input type="radio"/> B. The private sector does not express interest in or actively seek out opportunities to support the national HIV/AIDS response.</p> <p><input checked="" type="radio"/> C. The private sector has expertise and has expressed interest in or actively seeks out (check all that apply):</p> <p><input checked="" type="checkbox"/> Market opportunities that align with and support the national HIV/AIDS response</p> <p><input checked="" type="checkbox"/> 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)</p>	<p>4.4 Score: 2.50</p>	<p>National Health Strategic Plan 2017 - 2021 highlights & 7NDP</p>	<p>A private sector lanscape assessment was conducted by USAID which supports the fact that they have the capacity and interest in some regions of the country.</p>
<p>Private Sector Engagement Score:</p>		<p>8.39</p>		

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
<p>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?</p>	<p>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.</p> <p><input type="radio"/></p> <p>B. The host country government makes HIV/AIDS surveillance and survey data available to stakeholders and the general public within 6-12 months.</p> <p><input checked="" type="radio"/></p> <p>C. The host country government makes HIV/AIDS surveillance and survey data available to stakeholders and the general public within six months.</p> <p><input type="radio"/></p>	<p>5.1 Score: 1.00</p>	<p>Public reports: ZamPHIA, DHS, ANCSS</p>	
<p>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?</p>	<p><input checked="" type="radio"/> A. The host country government does not track HIV/AIDS expenditures.</p> <p><input type="radio"/> 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.</p> <p><input type="radio"/> 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.</p> <p><input type="radio"/> D. The host country government makes HIV/AIDS expenditure data available to stakeholders and the general public within six months after expenditures.</p>	<p>5.2 Score: 0.00</p>		<p>Expenditure data is not made available to stakeholders and the public due to annual forecasting and quantification challenges</p>
<p>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?</p>	<p>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.</p> <p><input type="radio"/></p> <p>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.</p> <p><input checked="" type="radio"/></p> <p>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 .</p> <p><input type="radio"/></p>	<p>5.3 Score: 1.00</p>	<p>www.nac.org</p>	<p>Annual HIV/AIDS program performance and service delivery data is made available to stakeholders and ther public in a timely and useful manner,and forms the basis of HIV and AIDS programming</p>

<p>5.4 Procurement Transparency: Does the host country government make government HIV/AIDS procurements public in a timely way?</p>	<p><input type="radio"/> A. The host country government does not make any HIV/AIDS procurements.</p> <p><input type="radio"/> B. The host country government makes HIV/AIDS procurements, but neither procurement tender nor award details are publicly available.</p> <p><input checked="" type="radio"/> C. The host country government makes HIV/AIDS procurements, and tender, but not award, details are publicly available.</p> <p><input type="radio"/> D. The host country government makes HIV/AIDS procurements, and both tender and award details available.</p>	<p>5.4 Score: 1.00</p>	<p>http://tenderszambia.com/zambia_public_procurement_agency.php#ixzz51K1dLr3Y</p>	<p>Solicitations are published in the media.</p>
<p>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?</p>	<p><input type="radio"/> A. There is no government institution that is responsible for this function and no other groups provide education.</p> <p><input type="radio"/> B. There is no government institution that is responsible for this function but at least one of the following provides education:</p> <p><input type="checkbox"/> Civil society</p> <p><input type="checkbox"/> Media</p> <p><input type="checkbox"/> Private sector</p> <p><input checked="" type="radio"/> C. There is a government institution that is responsible for, and is providing, scientifically accurate information on HIV/AIDS.</p>	<p>5.5 Score: 2.00</p>	<p>www.nac.org, Ministry of Health through the Institute of Public Health and Department of Health Promotions</p>	<p>In addition UNAIDS and Global Fund provide education on HIV/AIDS. The Ministry of Health – Institute of Public Health and Department of Health Promotions working together with various stakeholders provide scientifically accurate education to the public about HIV and AIDS. and The NAC has a TWG which reviews all IEC materials.</p>
<p>Public Access to Information Score: 5.00</p>				

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.

			Data Source	Notes/Comments
<p>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.</p>				
<p>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.)</p>	<p><input checked="" type="checkbox"/> 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)</p> <p><input checked="" type="checkbox"/> Public facilities are able to situate services in proximity to high-HIV burden locations or populations (e.g., mobile clinics)</p> <p><input checked="" type="checkbox"/> There is evidence that public facilities in high burden areas and/or serving high-burden populations generate demand for HIV services</p>	<p>6.1 Score: 1.11</p>	<p>(1) Ministry of Health (MOH) Mobile ART Guidelines, December 2008; (2) HIV AIDS Communication Strategy; (3) MOH Community ART Protocol and Intent to Policy (Draft Policy Document Decemner 2015 , Not Published) (4) Zambia National Guidelines for HIV Counselling and Testing, March 2006. National Health Strategic Plan.(5) ART National Guidelines 2016, including recommendations regarding implementation of Differentiated Service Delivery models</p>	<p>Leoda: Public facilities have different days for VMHC; evidence that public facilities have community sensitization; Simon: in Chibombo clinic demand is generated by the community and services can be provided to that catchment area; Narmada: Generally, facilities are trying but some services are still lagging behind and some populations are still lagging behind. we need improvement in helping to avoid stigmatization; Heidi: a lot of the support is through partners</p>
<p>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.)</p>	<p>The host country has standardized the following design and implementation components of community-based HIV/AIDS services through (check all that apply):</p> <p><input checked="" type="checkbox"/> Formalized mechanisms of participation by communities, high-burden populations and/or civil society engagement in delivery or oversight of services</p> <p><input checked="" type="checkbox"/> National guidelines detailing how to operationalize HIV/AIDS services in communities</p> <p><input checked="" type="checkbox"/> Providing official recognition to skilled human resources (e.g. community health workers) working and delivering HIV services in communities</p> <p><input checked="" type="checkbox"/> Providing financial support for community-based services</p> <p><input checked="" type="checkbox"/> Providing supply chain support for community-based services</p> <p>Supporting linkages between facility- and community-based services through</p> <p><input checked="" type="checkbox"/> formalized bidirectional referral services (e.g., use of national reporting systems to refer and monitor referrals for completeness)</p>	<p>6.2 Score: 1.11</p>	<p>(1) MOH Community ART Protocol and Intent to Policy (Draft Policy Document December 2015 , Not Published); (2) National Health Strategic Plan National Health Strategic Plan 2017 - 2021 http://www.moh.gov.zm/docs/nhsp.pdf (3) National Community Health Worker Strategy, August 2010 http://zschs.weebly.com/uploads/2/0/2/8/2/0289395/nchw_strategy-august-2010_final.pdf (4) Revised National HIV/AIDS Strategic Framework 2014 -2016 http://www.chaz.org.zm/?q=node/77 (5) National Operational Plan. (6) Training Curriculum for CHWs. (7) Planning Guidelines for Health Facilities. (8) NAC Community Granting. (9) Minimum standards for HBC (10) National Planning handbook</p>	<p>There are functional mechanisms of participation but may not include all representative service providers and can be strengthened; national guidelines inclusive in the consolidated guidelines to be released Dec 5-6; Under the CBOH, it used to be that 10% of the district budget is allocated to community based services but after the dissolution of this body compliance is difficult to gauge, MOH is now developing the guidelines for NHC to enable that standardization; CHWs get test kits that are then used in the community; SMAGS have standardized forms and trainings and report to facility at the end of the month, however SMAGs are not consistent in every community</p>

<p>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)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. Host country institutions provide no (0%) financing for delivery of HIV/AIDS services</p> <p><input type="radio"/> B. Host country institutions provide minimal (approx. 1-9%) financing for delivery of HIV/AIDS services</p> <p><input checked="" type="radio"/> C. Host country institutions provide some (approx. 10-49%) financing for delivery of HIV/AIDS services</p> <p><input type="radio"/> D. Host country institutions provide most (approx. 50-89%) financing for delivery of HIV/AIDS services</p> <p><input type="radio"/> E. Host country institutions provide all or almost all (approx. 90%+) financing for delivery of HIV/AIDS services</p>	<p>6.3 Score: 0.83</p>	<p>(1) The National AIDS Strategic Framework (NASF) 2017 - 2021 (2) Ministry of Health, Annual Health Statistical Bulletin, 2013. Yellow Book</p>	<p>including infrastructure, health worker salary</p>
<p>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?</p>	<p><input type="radio"/> A. HIV/AIDS services are primarily delivered by external agencies, organizations, or institutions.</p> <p><input checked="" type="radio"/> B. Host country institutions deliver HIV/AIDS services but with substantial external technical assistance.</p> <p><input type="radio"/> C. Host country institutions deliver HIV/AIDS services with some external technical assistance.</p> <p><input type="radio"/> D. Host country institutions deliver HIV/AIDS services with minimal or no external technical assistance.</p>	<p>6.4 Score: 0.37</p>	<p>(1) The National AIDS Strategic Framework (NASF) 2017 - 2021 http://www.chaz.org.zm/?q=node/77 (2) Ministry of Health, Annual Health Statistical Bulletin, 2013.</p>	<p>GRZ is rich with technical assistance, however this is supplemented substantially by external assistance</p>
<p>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)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. Host country institutions provide no or minimal (0%) financing for delivery of HIV/AIDS services to key populations.</p> <p><input checked="" type="radio"/> B. Host country institutions provide minimal (approx. 1-9%) financing for delivery of HIV/AIDS services to key populations.</p> <p><input type="radio"/> C. Host country institutions provide some (approx. 10-49%) financing for delivery of HIV/AIDS services to key populations.</p> <p><input type="radio"/> D. Host country institutions provide most (approx. 50-89%) financing for delivery of HIV/AIDS services to key populations.</p> <p><input type="radio"/> E. Host country institutions provide all or almost all (approx. 90%+) financing for delivery of HIV/AIDS services to key populations.</p>	<p>6.5 Score: 0.42</p>	<p>(1) The National AIDS Strategic Framework (NASF) 2017 - 2021 www.nac.org.zm/content/national-aids-strategic-framework-nasf-2017-2021</p>	<p>this includes infrastructure, and other systems support and private sector support</p>
<p>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?</p>	<p><input type="radio"/> A. HIV/AIDS services to key populations are primarily delivered by external agencies, organizations, or institutions.</p> <p><input checked="" type="radio"/> B. Host country institutions deliver HIV/AIDS services to key populations but with substantial external technical assistance.</p> <p><input type="radio"/> C. Host country institutions deliver HIV/AIDS services to key populations with some external technical assistance.</p> <p><input type="radio"/> D. Host country institutions deliver HIV/AIDS services to key populations with minimal or no external technical assistance.</p>	<p>6.6 Score: 0.37</p>		<p>Prep Technical Guidance ongoing development. May be ready by the end of Dec 2017</p>

<p>6.7 National Service Delivery Capacity: Do national health authorities have the capacity to effectively plan and manage HIV services?</p>	<p>National health authorities (check all that apply):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Translate national policies/strategies into sub-national level HIV/AIDS strategic plan and response activities. <input checked="" type="checkbox"/> Use epidemiologic and program data to measure effectiveness of sub-national level programs in delivering needed HIV/AIDS services in right locations. <input type="checkbox"/> Assess current and future staffing needs based on HIV/AIDS program goals and budget realities for high burden locations. <input type="checkbox"/> Develop sub-national level budgets that allocate resources to high burden service delivery locations. <input type="checkbox"/> Effectively engage with civil society in program planning and evaluation of services. <p>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.</p>	<p>6.7 Score: 0.56</p>	<p>(1) The National AIDS Strategic Framework (NASF) 2017 - 2021 www.nac.org.zm/content/national-aids-strategic-framework-nasf-2017-2021 (2) Ministry of Health, Annual Health Statistical Bulletin, 2013 (3) Ministry of Health Annual Action Plans (4) National Health Strategic Plan National Health Strategic Plan 2017 - 2021 http://www.moh.gov.zm/docs/nhsp.pdf (5) National Health Policy (2013). NACMIS Online, District Plans. HMIS, TWG Minutes. PA Tools GRZ. (Mentorship Tools, APAS, PMS) (6) DATIV</p>	<p>Following national plans, DATIV make District annual plans that translate into activity plans with external assistance; Budget allocations are not necessarily prioritized for high HIV disease burden areas but are prioritized for high population density areas; CSOs are just now beginning to be engaged in planning (NASF) but are not yet engaged in evaluation services; Performance Assessment Tool and Annual Performance appraisal system exist generally</p>
<p>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?</p>	<p>Sub-national health authorities (check all that apply):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Translate national policies/strategies into sub-national level HIV/AIDS strategic plan and response activities. <input checked="" type="checkbox"/> Use epidemiologic and program data to measure effectiveness of sub-national level programs in delivering needed HIV/AIDS services in right locations. <input type="checkbox"/> Assess current and future staffing needs based on HIV/AIDS program goals and budget realities for high burden locations. <input type="checkbox"/> Develop sub-national level budgets that allocate resources to high burden service delivery locations. <input type="checkbox"/> Effectively engage with civil society in program planning and evaluation of services. <p>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.</p>	<p>6.8 Score: 0.56</p>	<p>(1) District and Provincial Annual Action Plans and budgets (2) GRZ Activity Based Budget 2015 (Yellow Book)</p>	<p>Subnational level uses more program data than epidemiological data</p>
Service Delivery Score		5.32		

7. Human Resources for Health			
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: <ul style="list-style-type: none"> <input type="checkbox"/> The country's pre-service education institutions are producing an adequate supply and skills mix of clinical health care providers <input type="checkbox"/> The country's clinical health workers are adequately deployed to, or distributed within, facilities and communities with high HIV burden <input type="checkbox"/> The country has developed retention schemes that address clinical health worker vacancy or attrition in high HIV burden areas <input type="checkbox"/> 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: 0.00	(1) The Implications of Treatment Scale-Up Strategies on National Health Systems in Zambia, Clinton Health Access Initiative, October 2014; (2) World Bank Working Paper # 214 - The Human Resources for Health Crisis in Zambia; Ferrinho et al. Human Resources for Health 2011, http://www.human-resources-health.com/content/9/1/30 ; (3) Human Resources for Health Strategic Plan 2011-15; (4) Data from WHO Africa Health Workforce Observatory http://www.hrh-observatory.afro.who.int/en/country-monitoring/92-zambia.html (5) Draft Community Health Strategy 2017-21, MOH
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: <ul style="list-style-type: none"> <input type="checkbox"/> 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). <input checked="" type="checkbox"/> Data are made available on the staffing and deployment of CHWs, including non-formalized CHWs supported by donors. <input type="checkbox"/> The host country government officially recognizes non-formalized CHWs delivering HIV/AIDS services. 	7.2 Score: 0.37	(1) Draft Community Health Strategy 2017-21, MOH (2) ART National Guidelines 2016, including recommendations regarding implementation of Differentiated Service Delivery models
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.	<ul style="list-style-type: none"> <input type="radio"/> A. There is no inventory or plan for transition of donor-supported health workers <input checked="" type="radio"/> B. There is an inventory of donor-supported health workers, but no official plan to transition these staff to local support <input type="radio"/> C. There is an inventory and plan for transition of donor-supported workers, but it has not yet been implemented <input type="radio"/> D. There is an inventory and plan for donor-supported workers to be transitioned, and staff are being transitioned according to this plan <input type="radio"/> E. No plan is necessary because all HIV/AIDS health worker salaries are already locally financed/compensated 	7.3 Score: 0.28	(1) CDC-MOH Cooperative Agreements; (2) PEPFAR Country Operational Plan; (3) Implementing Mechanism SOWs and PDs.

<p>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)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. Host country institutions provide no (0%) health worker salaries</p> <p><input type="radio"/> B. Host country institutions provide minimal (approx. 1-9%) health worker salaries</p> <p><input type="radio"/> C. Host country institutions provide some (approx. 10-49%) health worker salaries</p> <p><input type="radio"/> D. Host country institutions provide most (approx. 50-89%) health worker salaries</p> <p><input checked="" type="radio"/> E. Host country institutions provide all or almost all (approx. 90%+) health worker salaries</p>	<p>7.4 Score: 3.33</p>	<p>(1) 2017 GRZ Activity Based Budget (Yellow Book); (2) Human Resources for Health Strategic Plan 2011 – 2015 http://www.moh.gov.zm/docs/hrsp.pdf (3) National Community Health Worker Strategy, August 2010 http://zschs.weebly.com/uploads/2/0/2/8/20289395/nchw_strategy-august-2010_final.pdf</p>	
<p>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?</p> <p>Note: List applicable cadres in the comments column.</p>	<p><input type="radio"/> 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)</p> <p><input checked="" type="radio"/> B. Pre-service institutions have updated HIV/AIDS content within the last three years (check all that apply):</p> <p><input checked="" type="checkbox"/> Updated content reflects national standards of practice for cadres offering HIV/AIDS-related services</p> <p><input checked="" type="checkbox"/> Institutions maintain process for continuously updating content, including HIV/AIDS content</p> <p><input checked="" type="checkbox"/> Updated curricula contain training related to stigma & discrimination of PLHIV</p> <p><input type="checkbox"/> Institutions track student employment after graduation to inform planning</p>	<p>7.5 Score: 0.97</p>	<p>(1) Pre-service training curricula; (2) National Training Operational Plan 2013 to 2016 http://www.moh.gov.zm/?wpdmact=process&did=Ni5ob3RsaW5r</p>	<p>Implementation of content related to stigma and discrimination needs strengthening; General Nursing Council and not necessarily the institutions track post graduate student employment</p>
<p>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?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p>Check all that apply among A, B, C, D:</p> <p><input checked="" type="checkbox"/> A. The host country government provides the following support for in-service training in the country (check ONE):</p> <p><input type="checkbox"/> Host country government implements no (0%) HIV/AIDS related in-service training</p> <p><input type="checkbox"/> Host country government implements minimal (approx. 1-9%) HIV/AIDS related in-service training</p> <p><input type="checkbox"/> Host country government implements some (approx. 10-49%) HIV/AIDS in-service training</p> <p><input checked="" type="checkbox"/> Host country government implements most (approx. 50-89%) HIV/AIDS in-service training</p> <p><input type="checkbox"/> Host country government implements all or almost all (approx. 90%+) HIV/AIDS in-service training</p> <p><input type="checkbox"/> 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</p> <p><input checked="" type="checkbox"/> C. The host country government requires continuing professional development, a form of in-service training, for re-licensure for key clinicians</p> <p><input type="checkbox"/> 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)</p>	<p>7.6 Score: 0.49</p>	<p>(1) National Training Operational Plan 2013 to 2016 http://www.moh.gov.zm/?wpdmact=process&did=Ni5ob3RsaW5r (2) MOH HR Database (3) Regulatory HRIS</p>	

<p>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?</p>	<p><input type="radio"/> A. There is no HRIS in country and data on the health workforce is not collected systematically for planning and management</p> <p><input type="radio"/> B. There is no HRIS in country, but some data is collected for planning and management</p> <p><input type="checkbox"/> Registration and re-licensure data for key professionals is collected and used for planning and management</p> <p><input type="checkbox"/> MOH health worker employee data (number, cadre, and location of employment) is collected and used</p> <p><input type="checkbox"/> Routine assessments are conducted regarding health worker staffing at health facility and/or community sites</p> <p><input checked="" type="radio"/> C. There is an HRIS (an interoperable system that captures at least regulatory and deployment data on health workers) in country:</p> <p><input type="checkbox"/> The HRIS is primarily financed and managed by host country institutions</p> <p><input type="checkbox"/> There is a national strategy or approach to interoperability for HRIS</p> <p><input checked="" type="checkbox"/> The government produces HR data from the system at least annually</p> <p><input checked="" type="checkbox"/> Host country institutions use HR data from the system for planning and management (e.g. health worker deployment)</p>	<p>7.7 Score: 0.83</p>	<p>(1) Ministry of Health's Human Resource Database; (2) HRIS - Expanding on the existing Human Capital Management and Payroll Management and Establishment Control systems, MOH March 2011. (3) Regulatory HRIS</p>	<p>There is an HR database at MOH HQ which is used to generate annual reports. The system is being rolled out to subnational level. Additionally, a regulatory HRIS is currently under development at the Health Professionals Council of Zambia and the Genral Nursing Council. ; Use of HR data from the HRIS needs to be strenghtened</p>
<p>Human Resources for Health Score</p>		<p>6.27</p>		

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
<p>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)</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. This information is not known.</p> <p><input type="radio"/> B. No (0%) funding from domestic sources</p> <p><input type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources</p> <p><input checked="" type="radio"/> D. Some (approx. 10-49%) funded from domestic sources</p> <p><input type="radio"/> E. Most (approx. 50 – 89%) funded from domestic sources</p> <p><input type="radio"/> F. All or almost all (approx. 90%+) funded from domestic sources</p>	<p>8.1 Score: 0.42</p>	<p>(1) Global Health Supply Chain Procurement and Supply Management (GHSC-PSM) Aggregated Commodity Funding Gap Analysis Sheet Nov 2017. (2) ARVs Forecasting and Quantification Report 2017- 2021 (3) ARVs Funding Gap Anlysis report Nov 2017</p>
<p>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)</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. This information is not known</p> <p><input type="radio"/> B. No (0%) funding from domestic sources</p> <p><input type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources</p> <p><input checked="" type="radio"/> D. Some (approx. 10-49%) funded from domestic sources</p> <p><input type="radio"/> E. Most (approx. 50-89%) funded from domestic sources</p> <p><input type="radio"/> F. All or almost all (approx. 90%+) funded from domestic sources</p>	<p>8.2 Score: 0.42</p>	<p>(1) Global Health Supply Chain Procurement and Supply Management (GHSC-PSM) Aggregated Commodity Funding Gap Analysis Sheet Nov 2017. (2) HIV Forecasting and Quantification Report 2017- 2021 (3) HIV Funding Gap Anlysis report Nov 2017</p> <p>Some data sources given were not accessible and could not be verified, verify with source</p>
<p>8.3 Condom Domestic Financing: What is the estimated percentage of condom procurement funded by domestic (not donor) sources?</p> <p><i>Note:</i> The denominator should be the supply of free or subsidized condoms provided to public or private sector health facilities or community based programs.</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. This information is not known</p> <p><input type="radio"/> B. No (0%) funding from domestic sources</p> <p><input type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources</p> <p><input checked="" type="radio"/> D. Some (approx. 10-49%) funded from domestic sources</p> <p><input type="radio"/> E. Most (approx. 50-89%) funded from domestic sources</p> <p><input type="radio"/> F. All or almost all (approx. 90%+) funded from domestic sources</p>	<p>8.3 Score: 0.42</p>	<p>(1) MOH/MSL Pipeline Soft ware Stock Status and Supply Plan Reports (2) Zambia Contraceptive Commodities Forecasting and quantification Report 2017</p>

<p>8.4 Supply Chain Plan: Does the country have an agreed-upon national supply chain plan that guides investments in the supply chain?</p>	<p><input type="radio"/> A. There is no plan or thoroughly annually reviewed supply chain standard operating procedure (SOP).</p> <p><input checked="" type="radio"/> B. There is a plan/SOP that includes the following components (check all that apply):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Human resources <input checked="" type="checkbox"/> Training <input checked="" type="checkbox"/> Warehousing <input checked="" type="checkbox"/> Distribution <input checked="" type="checkbox"/> Reverse Logistics <input checked="" type="checkbox"/> Waste management <input checked="" type="checkbox"/> Information system <input checked="" type="checkbox"/> Procurement <input checked="" type="checkbox"/> Forecasting <input checked="" type="checkbox"/> Supply planning and supervision <input checked="" type="checkbox"/> Site supervision 	<p>8.4 Score: 2.22</p>	<p>(1) ARVs Funding Gap Analysis report Nov 2017 (2) National Supply Chain Strategy for essential medicines and Medical Supplies 3013-2016</p>	
<p>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)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. This information is not available.</p> <p><input type="radio"/> B. No (0%) funding from domestic sources.</p> <p><input type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources.</p> <p><input checked="" type="radio"/> D. Some (approx. 10-49%) funding from domestic sources.</p> <p><input type="radio"/> E. Most (approx. 50-89%) funding from domestic sources.</p> <p><input type="radio"/> F. All or almost all (approx. 90%+) funding from domestic sources.</p>	<p>8.5 Score: 0.42</p>	<p>1) Global Health Supply Chain Procurement and Supply Management (GHSC-PSM) Aggregated Commodity Funding Gap Analysis Sheet Nov 2017. (2) National Supply Chain Strategy for essential medicines and Medical Supplies 3013-2016</p>	

<p>8.6 Stock: Does the host country government manage processes and systems that ensure appropriate ARV stock in all levels of the system?</p>	<p>Check all that apply:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> The group making re-supply decisions for ARVs, have timely visibility into the ARV stock on hand at facilities <input checked="" type="checkbox"/> Facilities are stocked with ARVs according to plan (above the minimum and below the maximum stock level) 90% of the time <input checked="" type="checkbox"/> MOH or other host government personnel make re-supply decisions with minimal external assistance: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Decision makers are not seconded or implementing partner staff <input checked="" type="checkbox"/> Supply chain data are maintained within the Ministry of Health and not solely stored by donor-funded projects <input checked="" type="checkbox"/> Team that conducts analysis of facility data is at least 50% host government 	<p>8.6 Score: 2.22</p>	<p>(1) ARVs logistics System standard Operating Procedure (SOP) (1) HIV tests logistics System standard Operating Procedure (SOP) (1) Laboratory Commodities logistics System standard Operating Procedure (SOP)</p>	
<p>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)</p>	<ul style="list-style-type: none"> <input type="radio"/> A. A comprehensive assessment has not been done within the last three years. <input checked="" type="radio"/> 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 <input type="radio"/> 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 	<p>8.7 Score: 1.11</p>	<p>Nation Supply Chain Assessment Reoprt 2017</p>	
<p>Commodity Security and Supply Chain Score:</p>		<p>7.22</p>		

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
<p>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?</p>	<p><input type="radio"/> A. The host country government does not have structures or resources to support site-level continuous quality improvement</p> <p><input checked="" type="radio"/> B. The host country government:</p> <p>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</p> <p><input checked="" type="checkbox"/> Has a budget line item for the QM program</p> <p>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</p>	<p>9.1 Score: 2.00</p>	<p>(1) Quality Improvement Guidelines for Health Workers in Zambia, Second Edition, 2017 (2) Ministry of Health HQ/ provincial / District QA/QI TWG minutes (3) Health Professionals Council of Zambia Accreditation manual, First Edition 2012 (4) SIMS</p>	<p>Needs to be strengthened; Knowledge management platform needs to be strengthened throughout Zambia, including rural Zambia</p>
<p>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.)</p>	<p><input type="radio"/> A. There is no HIV/AIDS-related QM/QI strategy</p> <p><input type="radio"/> B. There is a QM/QI strategy that includes HIV/AIDS, but it is not utilized</p> <p><input checked="" type="radio"/> C. There is a current QM/QI strategy that includes HIV/AIDS program specific elements, and it is partially utilized.</p> <p><input type="radio"/> D. There is a current HIV/AIDS program specific QM/QI strategy, and it is fully utilized.</p>	<p>9.2 Score: 1.33</p>	<p>(1) Quality Improvement Guidelines for Health Workers in Zambia, Second Edition, 2017 (2) Health Professionals Council of Zambia Accreditation Manual, First Edition, 2012 (3) SIMS reports</p>	
<p>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?</p>	<p><input type="radio"/> 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.</p> <p><input checked="" type="radio"/> 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):</p> <p><input checked="" type="checkbox"/> 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</p> <p><input checked="" type="checkbox"/> 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</p> <p><input type="checkbox"/> 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</p>	<p>9.3 Score: 1.33</p>	<p>(1) Health Management Information Systems (HMIS) (2) SIMS reports (3) National QI/QA TWG Meeting notes (4) performance Assessment reports</p>	<p>Utilization of the performance data for QI needs strengthening; QI is not initiated in all the HIV program areas and isn't always strong</p>

<p>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?</p>	<p><input type="radio"/> A. There is no training or recognition offered to build health workforce competency in QI.</p> <p><input checked="" type="radio"/> B. There is health workforce competency-building in QI, including:</p> <p><input type="checkbox"/> Pre-service institutions incorporate modern quality improvement methods in curricula</p> <p><input checked="" type="checkbox"/> 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</p>	<p>9.4 Score: 1.00</p>	<p>(1) SIMS Reports Quality Improvement Guidelines for Health Workers in Zambia, Second edition, 2017 (3) Health Professionals Council of Zambia Accreditation Manual, First edition, 2012 4) Performance Assessment Reports</p>	<p>(2) There is a National QI training Package for health care workers and recently a community package was developed</p>
<p>9.5 Existence of QI Implementation: Does the host country government QM system use proven systematic approaches for QI?</p>	<p>The national-level QM structure:</p> <p><input checked="" type="checkbox"/> Provides oversight to ensure continuous quality improvement in HIV/AIDS care and services</p> <p><input type="checkbox"/> Regularly convenes meetings that include health services consumers</p> <p><input checked="" type="checkbox"/> Routinely reviews national, sub-national and clinical outcome data to identify and prioritize areas for improvement</p> <p>Sub-national QM structures:</p> <p><input checked="" type="checkbox"/> Provide coordination and support to ensure continuous quality improvement in HIV/AIDS care and services</p> <p><input type="checkbox"/> Regularly convene meetings that includes health services consumers</p> <p><input checked="" type="checkbox"/> Routinely review national, sub-national and clinical outcome data to identify and prioritize areas for improvement</p> <p>Site-level QM structures:</p> <p><input checked="" type="checkbox"/> Undertake continuous quality improvement in HIV/AIDS care and services to identify and prioritize areas for improvement</p>	<p>9.5 Score: 1.43</p>	<p>(1) Quality Improvement Guidelines for Health Workers in Zambia, Second Edition, 2017 (2) Health Professionals Council of Zambia Accreditation Manual, First Edition, 2012 (3) Ministry of Health, Provincial, District and Facility QM/QI TWG minutes 4) MOH Data review and integrated meetings at national provincial and district levels.</p>	
<p>Quality Management Score:</p>		<p>7.10</p>		

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
<p>10.1 Strategic Plan: Does the host country have a national laboratory strategic plan?</p>	<p><input type="radio"/> A. There is no national laboratory strategic plan</p> <p><input type="radio"/> B. National laboratory strategic plan is under development</p> <p><input checked="" type="radio"/> C. National laboratory strategic plan has been developed, but not approved</p> <p><input type="radio"/> D. National laboratory strategic plan has been developed and approved</p> <p><input type="radio"/> E. National laboratory plan has been developed, approved, and costed</p> <p><input type="radio"/> F. National laboratory strategic plan has been developed, approved, costed, and implemented</p>	<p>10.1 Score: 0.67</p>	<p>National Lab Commodities and documents at MOH</p>	<p>No national document that will regulate it but there are policies followed</p>
<p>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?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. Regulations do not exist to monitor minimum quality of laboratories in the country.</p> <p><input type="radio"/> B. Regulations exist, but are not implemented (0% of laboratories and POCT sites regulated).</p> <p><input type="radio"/> C. Regulations exist, but are minimally implemented (approx. 1-9% of laboratories and POCT sites regulated).</p> <p><input checked="" type="radio"/> D. Regulations exist, but are partially implemented (approx. 10-49% of laboratories and POCT sites regulated).</p> <p><input type="radio"/> E. Regulations exist and are mostly implemented (approx. 50-89% of laboratories and POCT sites regulated).</p> <p><input type="radio"/> F. Regulations exist and are fully or almost fully implemented (approx. 90%+ of laboratories and POCT sites regulated).</p>	<p>10.2 Score: 0.83</p>	<p>EQA system for HIV rapid testing, CD4, TB</p>	
<p>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?</p>	<p><input checked="" type="radio"/> A. There are not adequate qualified laboratory personnel to achieve sustained epidemic control</p> <p><input type="radio"/> B. There are adequate qualified laboratory personnel to perform the following key functions:</p> <p><input type="checkbox"/> HIV diagnosis by rapid testing and point-of-care testing</p> <p><input type="checkbox"/> Routine laboratory testing, including chemistry, hematology, microbiology, serology, blood banking, and malaria</p> <p><input type="checkbox"/> Complex laboratory testing, including HIV viral load, CD4 testing, and molecular assays</p> <p><input type="checkbox"/> TB diagnosis</p>	<p>10.3 Score: 0.00</p>	<p>PIC Dissenation Report (June 2017)</p>	

<p>10.4 Viral Load Infrastructure: Does the host country have sufficient infrastructure to test for viral load to reach sustained epidemic control?</p>	<p><input checked="" type="radio"/> A. There is not sufficient infrastructure to test for viral load.</p> <p><input type="radio"/> B. There is sufficient infrastructure to test for viral load, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sufficient HIV viral load instruments <input type="checkbox"/> All HIV viral load laboratories have an instrument maintenance program <input type="checkbox"/> Sufficient supply chain system is in place to prevent stock outs <input type="checkbox"/> Adequate specimen transport system and timely return of results 	<p>10.4 Score: 0.00</p>	<p>Monthly Reports from labs (CDC) ICA Report (in draft)</p>	
<p>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)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. No (0%) laboratory services are financed by domestic resources.</p> <p><input checked="" type="radio"/> B. Minimal (approx. 1-9%) laboratory services are financed by domestic resources.</p> <p><input type="radio"/> C. Some (approx. 10-49%) laboratory services are financed by domestic resources.</p> <p><input type="radio"/> D. Most (approx. 50-89%) laboratory services are financed by domestic resources.</p> <p><input type="radio"/> E. All or almost all (approx. 90%+) laboratory services are financed by domestic resources.</p>	<p>10.5 Score: 0.83</p>	<p>National lab and HIV Test kit forecasting and quantification report</p>	
<p style="text-align: right;">Laboratory Score:</p>		<p style="text-align: center;">2.33</p>		

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			Data Source	Notes/Comments
This section will not be assigned a score, but will provide additional contextual information to complement the questions in Domain C.				
1. What percentage of general government expenditures goes to health?	9%		Ministry of Finance, Activity Based Budget (2018)	
2. What is the per capita health expenditure all sources?	\$195		http://www.who.int/countries/zmb/en/	Zambia Health Financing Profile (2016) Health Policy Project
3. What is the total health care expenditure all sources as a percent of GDP?	5%		http://www.who.int/countries/zmb/en/	Fagan, T., Zeng, W. (2015) Sustainable HIV Financing in Zambia: Baseline Analysis and Prospects for New Domestic Resource Mobilization
4. What percent of total health expenditures is financed by external resources?	38%		Freedom To Create (2016) Policy Report on the Healthcare Financing System in Zambia	Fagan, T., Zeng, W. (2015) Sustainable HIV Financing in Zambia: Baseline Analysis and Prospects for New Domestic Resource Mobilization
5. What percent of total health expenditures is financed by out of pocket spending net of household contributions to medical schemes/pre-payment schemes?	30%		NHA 2010-2012	Freedom To Create (2016) Policy Report on the Healthcare Financing System in Zambia

<p>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.</p>	<p>Data Source</p>	<p>Notes/Comments</p>
<p>Check all that apply:</p> <p>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):</p> <p><input checked="" type="checkbox"/> 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):</p> <p style="text-align: right;">11.1 Score: 0.32</p> <p><input checked="" type="checkbox"/> ARVs are covered</p> <p><input checked="" type="checkbox"/> Non-ARV care and treatment is covered</p> <p><input checked="" type="checkbox"/> Prevention services are covered</p> <p><input type="checkbox"/> B. Yes, there is an affordable health insurance scheme available (check one of the following).</p> <p><input type="checkbox"/> It covers 25% or less of the population.</p> <p><input type="checkbox"/> It covers 26 to 50% of the population.</p> <p><input type="checkbox"/> It covers 51 to 75% of the population.</p> <p><input type="checkbox"/> It covers more than 75% of the population.</p> <p><input type="checkbox"/> C. The affordable health insurance scheme in (B.) includes the following (check all that apply):</p> <p><input type="checkbox"/> ARVs are covered.</p> <p><input type="checkbox"/> Non-ARV care and treatment services are covered.</p> <p><input type="checkbox"/> Prevention services are covered.</p> <p><input type="checkbox"/> It includes public subsidies for the affordability of care.</p> <p>11.1 Long-term Financing Strategy for HIV/AIDS: Has the host country government developed a long-term financing strategy for HIV/AIDS?</p>	<p>Ministry of Finance, Activity Based Budget (2018) Medium Term Expenditure Framework (2018-2021. MOH NHSP 2017-21 DRAFT HEALTH FINANCING STRATEGY</p>	<p>Though universal health coverage not yet been met</p>

<p>11.2 Domestic Budget: To what extent does the national budget explicitly account for the national HIV/AIDS response?</p>	<p><input type="radio"/> A. There is no explicit funding for HIV/AIDS in the national budget.</p> <p><input checked="" type="radio"/> B. There is explicit HIV/AIDS funding within the national budget.</p> <p><input type="checkbox"/> The HIV/AIDS budget is program-based across ministries</p> <p><input type="checkbox"/> The budget includes or references indicators of progress toward national HIV/AIDS strategy goals</p> <p><input type="checkbox"/> The budget includes specific HIV/AIDS service delivery targets</p> <p><input checked="" type="checkbox"/> National budget reflects all sources of funding for HIV, including from external donors</p>	<p>11.2 Score: 0.60</p>	<p>Ministry of Finance, Activity Based Budget (2018)</p>	
<p>11.3 Annual Goals/Targets: To what extent does the national budget contain HIV/AIDS goals/targets?</p>	<p><input checked="" type="radio"/> A. There are no HIV/AIDS goals/targets articulated in the national budget</p> <p><input type="radio"/> B. There are HIV/AIDS goals/targets articulated in the national budget.</p> <p><input type="checkbox"/> The goals/targets are measurable.</p> <p><input type="checkbox"/> Budget items/programs are linked to goals/targets.</p> <p><input type="checkbox"/> The goals/targets are routinely monitored during budget execution.</p> <p><input type="checkbox"/> The goals/targets are routinely monitored during the development of the budget.</p>	<p>11.3 Score: 0.00</p>	<p>Ministry of Finance, Activity Based Budget (2018)</p>	<p>The budget does not provide indicators and goals. These are found in other planning documents such as the M&E Plan, Work Plans and National Health Strategic Plan</p>
<p>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?</p> <p>(If subnational data does not exist or is not available, answer the question for the national level. Note level covered in the comments column)</p>	<p><input type="radio"/> A. There is no HIV/AIDS budget, or information is not available.</p> <p><input type="radio"/> B. 0-49% of budget executed</p> <p><input type="radio"/> C. 50-69% of budget executed</p> <p><input checked="" type="radio"/> D. 70-89% of budget executed</p> <p><input type="radio"/> E. 90% or greater of budget executed</p>	<p>11.4 Score: 0.63</p>	<p>(1)Ministry of Finance, Activity Based Budget (2014,2015,2016). (2) MOF Budget Status Reports (2014,2015,2016)</p>	

<p>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?</p>	<p>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.</p> <p><input type="radio"/> B. The Ministry of Health or Ministry of Finance routinely collects all donor spending for only HIV/AIDS-specific services.</p> <p><input checked="" type="radio"/> C. The Ministry of Health or Ministry of Finance routinely collects all donor spending all the entire health sector, including HIV/AIDS-specific services.</p>	<p>11.5 Score: 0.95</p>	<p>NHA, 2013,2014,2015,2016)</p>	<p>Ad hoc collection of data. NHA for 2013-16 is on going</p>
<p>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)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. None (0%) is financed with domestic funding.</p> <p><input type="radio"/> B. Very little (approx. 1-9%) is financed with domestic funding.</p> <p><input checked="" type="radio"/> C. Some (approx. 10-49%) is financed with domestic funding.</p> <p><input type="radio"/> D. Most (approx. 50-89%) is financed with domestic funding.</p> <p><input type="radio"/> E. All or almost all (approx. 90%+) is financed with domestic funding.</p>	<p>11.6 Score: 1.67</p>	<p>1)UNAIDS, Zambia's National AIDS Spending Assessment-2010-2012 (2014) (2) National Aids Council, National AIDS Strategic Framework 2017 -2021 (3) Ministry of Health, National Health Accounts, 2010-2012</p>	<p>NHA 2013-2016 will provide more recent data</p>
<p>11.7 Health Budget Execution: What was the country's execution rate of its budget for health in the most recent year's budget?</p>	<p><input type="radio"/> A. There is no budget for health or no money was allocated.</p> <p><input type="radio"/> B. 0-49% of budget executed.</p> <p><input type="radio"/> C. 50-69% of budget executed.</p> <p><input checked="" type="radio"/> D. 70-89% of budget executed.</p> <p><input type="radio"/> E. 90% or greater of budget executed.</p>	<p>11.7 Score: 0.63</p>	<p>(1)Ministry of Finance, Activity Based Budget(2014,2015,2016). MOF Budget Status Reports</p>	
<p>11.8 Data-Driven Reprogramming: Do host country government policies/systems allow for reprogramming domestic investments based on new or updated program data during the government funding cycle?</p>	<p><input type="radio"/> A. There is no system for funding cycle reprogramming.</p> <p><input type="radio"/> B. There is a policy/system that allows for funding cycle reprogramming, but is seldom used.</p> <p><input checked="" type="radio"/> 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.</p> <p><input type="radio"/> 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.</p>	<p>11.8 Score: 0.63</p>	<p>(1) Ministry of Finance, Finance Act 2004 (2004). MOF Green paper</p>	<p>The Green Paper prOvides instructions on programming. Further planning guidelines provide information on how resources can be reprogrammed</p>
<p>Domestic Resource Mobilization Score:</p>		<p>5.44</p>		

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
<p>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?</p> <p>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)</p> <p>(note: full score achieved by selecting one checkbox)</p>	<p><input type="radio"/> A. The host country government does not use one of the mechanisms listed below to inform the allocation of their resources.</p> <p><input checked="" type="radio"/> B. The host country government does use the following mechanisms to inform the allocation of their resources (check all that apply):</p> <p><input type="checkbox"/> Optima</p> <p><input type="checkbox"/> Spectrum (including EPP and Goals)</p> <p><input type="checkbox"/> AIDS Epidemic Model (AEM)</p> <p><input type="checkbox"/> Modes of Transmission (MOT) Model</p> <p><input checked="" type="checkbox"/> Other recognized process or model (specify in notes column)</p>	<p>12.1 Score: 2.00</p>	<p>Planning hand book is being used</p>
<p>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)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input checked="" type="radio"/> A. Information not available.</p> <p><input type="radio"/> B. No resources (0%) are targeting the highest burden geographic areas.</p> <p><input type="radio"/> C. Minimal resources (approx. 1-9%) are targeting the highest burden geographic areas.</p> <p><input type="radio"/> D. Some resources (approx. 10-49%) are targeting the highest burden geographic areas.</p> <p><input type="radio"/> E. Most resources (approx. 50-89%) are targeting the highest burden geographic areas.</p> <p><input type="radio"/> F. All or almost all resources (approx. 90%+) are targeting the highest burden geographic areas.</p>	<p>12.2 Score: 0.00</p>	<p>(1)Ministry of Health, Annual Health Statistical Bulletin (2014) (2)Ministry of Finance, Activity Based Budget (2018)</p> <p>Resource allocation tool is being used</p>

<p>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?</p> <p>(note: full score can be achieved without checking all disaggregate boxes).</p>	<p><input type="radio"/> A. The host country government does not have/use recent expenditure data or cost analysis to estimate unit costs</p> <p><input checked="" type="radio"/> B. The host country government uses recent expenditure data or cost analysis to estimate unit costs for (check all that apply):</p> <p><input checked="" type="checkbox"/> HIV Testing</p> <p><input checked="" type="checkbox"/> Laboratory services</p> <p><input checked="" type="checkbox"/> ART</p> <p><input checked="" type="checkbox"/> PMTCT</p> <p><input checked="" type="checkbox"/> VMMC</p> <p><input checked="" type="checkbox"/> OVC Service Package</p> <p><input type="checkbox"/> Key population Interventions</p>	<p>12.3 Score: 2.00</p>	<p>(1) Ministry of Health, Zambia Contraceptive Commodity Forecasting and Quantification report (2017 - 2018); (2)UNAIDS, Spectrum (2016) (3) Ministry of Health, National forecast and quantification review of HIV test kits (2017) (4) Ministry of Health, National Laboratory commodities forecast and quantification review (2017) (5) Ministry of Health, Zambia ARVs forecasting and quantification (2017)</p>
<p>12.4 Improving Efficiency: Has the partner country achieved any of the following efficiency improvements through actions taken within the last three years?</p>	<p>Check all that apply:</p> <p><input checked="" type="checkbox"/> Improved operations or interventions based on the findings of cost-effectiveness or efficiency studies</p> <p><input type="checkbox"/> Reduced overhead costs by streamlining management</p> <p><input checked="" type="checkbox"/> Lowered unit costs by reducing fragmentation, i.e. pooled procurement, resource pooling, etc.</p> <p><input checked="" type="checkbox"/> Improved procurement competition</p> <p><input type="checkbox"/> Integrated HIV/AIDS into national or subnational insurance schemes (private or public -- need not be within last three years)</p> <p><input checked="" type="checkbox"/> Integrated HIV into primary care services with linkages to specialist care (need not be within last three years)</p> <p><input checked="" type="checkbox"/> 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)</p> <p><input checked="" type="checkbox"/> 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)</p> <p><input type="checkbox"/> Developed and implemented other new and more efficient models of HIV service delivery (specify in comments)</p>	<p>12.4 Score: 1.33</p>	<p>1) Ministry of Health, National Health Strategic Plan 2017 -2021 (2) National Aids Council, National AIDS Strategic Framework 2017 - 2021 (3) Ministry of Health ,National Health Policy (June 2013) (4) Ministry of Health, National Health Accounts 2010-2012 (5) UNAIDS, 2010-2012, National AIDS Spending Assessment (2014)</p>

<p>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?</p> <p>(Use the "factory cost" of purchased commodities, excluding transport costs, distribution costs, etc.)</p>	<p><input type="radio"/> A. Partner government did not pay for any ARVs using domestic resources in the previous year.</p> <p><input type="radio"/> 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.</p> <p><input type="radio"/> 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.</p> <p><input type="radio"/> 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.</p> <p><input checked="" type="radio"/> 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.</p>	<p>12.5 Score: 2.00</p>	<p>(1) http://apps.who.int/hiv/amds/price/hdd/Default.aspx</p>	
<p>Technical and Allocative Efficiencies Score:</p>		<p>7.33</p>		

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.

			Data Source	Notes/Comments
<p>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.)?</p>	<p><input type="radio"/> A. No HIV/AIDS general population surveys or surveillance activities have been conducted within the past 5 years</p> <p><input type="radio"/> B. Surveys & surveillance activities are primarily planned and implemented by external agencies, organizations or institutions</p> <p><input checked="" type="radio"/> C. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with substantial technical assistance from external agencies</p> <p><input type="radio"/> D. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with some technical assistance from external agencies</p> <p><input type="radio"/> 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</p>	<p>13.1 Score: 0.48</p>	<p>(1) ZAMPHIA 2016 (2) ZDHS 2013-14 (3) ANC-SS 2017</p>	
<p>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.)?</p>	<p><input type="radio"/> A. No HIV/AIDS key population surveys or surveillance activities have been conducted within the past 5 years</p> <p><input checked="" type="radio"/> B. Surveys & surveillance activities are primarily planned and implemented by external agencies, organizations or institutions</p> <p><input type="radio"/> C. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with substantial technical assistance from external agencies</p> <p><input type="radio"/> D. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with some technical assistance from external agencies</p> <p><input type="radio"/> 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</p>	<p>13.2 Score: 0.24</p>	<p>1) Population Council KP Estimates (2015) 2) Open Doors KP Estimations (2016) 3) UCSF national estimations spreadsheet (2017)</p>	
<p>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)</p>	<p><input type="radio"/> A. No HIV/AIDS general population surveys or surveillance activities have been conducted within the past 5 years</p> <p><input type="radio"/> B. No financing (0%) is provided by the host country government</p> <p><input type="radio"/> C. Minimal financing (approx. 1-9%) is provided by the host country government</p> <p><input checked="" type="radio"/> D. Some financing (approx. 10-49%) is provided by the host country government</p> <p><input type="radio"/> E. Most financing (approx. 50-89%) is provided by the host country government</p> <p><input type="radio"/> F. All or almost all financing (90%+) is provided by the host country government</p>	<p>13.3 Score: 0.83</p>	<p>(1) Expenditure Track Surveys, (MOH, MIF, World Bank) 2015 (2) MOH NHA 2014, NASA 2012 (3) MOF 2016 National Budget (4) Annual Estimates of expenditures</p>	

<p>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.)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. No HIV/AIDS key population surveys or surveillance activities have been conducted within the past 5 years</p> <p><input type="radio"/> B. No financing (0%) is provided by the host country government</p> <p><input checked="" type="radio"/> C. Minimal financing (approx. 1-9%) is provided by the host country government</p> <p><input type="radio"/> D. Some financing (approx. 10-49%) is provided by the host country government</p> <p><input type="radio"/> E. Most financing (approx. 50-89%) is provided by the host country government</p> <p><input type="radio"/> F. All or almost all financing (approx. 90% +) is provided by the host country government</p>	<p>13.4 Score: 0.42</p>	<p>(1) Population Council 2015 (2) Open Doors</p>	
<p>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?</p> <p>(Note: Full score possible without selecting all disaggregates.)</p>	<p>Check ALL boxes that apply below. (A.) refers to prevalence data. (B.) refers to incidence data:</p> <p><input checked="" type="checkbox"/> A. The host country government collects at least every 5 years HIV prevalence data disaggregated by:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age (at coarse disaggregates) <input checked="" type="checkbox"/> Age (at fine disaggregates) <input checked="" type="checkbox"/> Sex <input type="checkbox"/> Key populations (FSW, PWID, MSM, TG, prisoners) <input checked="" type="checkbox"/> Priority populations (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users) <input checked="" type="checkbox"/> Sub-national units <p><input checked="" type="checkbox"/> B. The host country government collects at least every 5 years HIV incidence disaggregated by:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age (at coarse disaggregates) <input checked="" type="checkbox"/> Age (at fine disaggregates) <input checked="" type="checkbox"/> Sex <input type="checkbox"/> Key populations (FSW, PWID, MSM, TG, prisoners) <input type="checkbox"/> Priority populations (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users) <input checked="" type="checkbox"/> Sub-national units 	<p>13.5 Score: 0.86</p>	<p>(1) ZAMPHIA 2017 (2) DHS 2013-2014 (next DHS 2018) (3) SPECTRUM (2017 estimates) (4) CSO Population Projections (from 2010 Census, revised in August 2017) (5) Antenatal Surveillance Surveys (6) Geo-spatial estimates</p>	<p>For priority population it is specifically for AGYW. For Key populations it is not every five years the first one was done 2017 in four districts. Solwezi, Ndola, Lusaka and Livingstone. Spectrum provides incidence estimates every year</p>

<p>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?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. The host country government does not collect/report viral load data or does not conduct viral load monitoring</p> <p><input checked="" type="radio"/> B. The host country government collects/reports viral load data (answer both subsections below):</p> <p>According to the following disaggregates (check ALL that apply):</p> <p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Sex</p> <p><input type="checkbox"/> Key populations (FSW, PWID, MSM, TG, prisoners)</p> <p><input type="checkbox"/> Priority populations (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users)</p> <p>For what proportion of PLHIV (select ONE of the following):</p> <p><input checked="" type="checkbox"/> Less than 25%</p> <p><input type="checkbox"/> 25-50%</p> <p><input type="checkbox"/> 50-75%</p> <p><input type="checkbox"/> More than 75%</p>	<p>13.6 Score: 0.36</p>	<p>1) DHIS2 2) SmartCare 3) ELMIS 4) DATIM (PEPFAR) 5) Viral Load database(s)</p>	<p>DATIM has Viral load data by age and Sex. HMIS does not have it broken down by age or sex</p> <p>Priority Population only covers AGYW</p>
<p>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.)</p> <p>Please note most recent survey dates in comments section.</p>	<p><input checked="" type="radio"/> 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.).</p> <p><input type="radio"/> B. The host country government conducts (answer both subsections below):</p> <p>IBBS for (check ALL that apply):</p> <p><input type="checkbox"/> Female sex workers (FSW)</p> <p><input type="checkbox"/> Men who have sex with men (MSM)</p> <p><input type="checkbox"/> Transgender (TG)</p> <p><input type="checkbox"/> People who inject drugs (PWID)</p> <p><input type="checkbox"/> Prisoners</p> <p><input type="checkbox"/> Priority populations (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users)</p> <p>Size estimation studies for (check ALL that apply):</p> <p><input type="checkbox"/> Female sex workers (FSW)</p> <p><input type="checkbox"/> Men who have sex with men (MSM)</p> <p><input type="checkbox"/> Transgender (TG)</p> <p><input type="checkbox"/> People who inject drugs (PWID)</p> <p><input type="checkbox"/> Prisoners</p> <p><input type="checkbox"/> Priority populations (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users)</p>	<p>13.7 Score: 0.00</p>	<p>1) Population Council KP Estimates (2015) 2) Open Doors KP Estimations (2016) 3) UCSF national estimations spreadsheet (2017)</p>	

<p>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)?</p>	<p><input type="radio"/> 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</p> <p><input checked="" type="radio"/> 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</p> <p><input type="radio"/> 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</p>	<p>13.8 Score: 0.48</p>	<p>1) National AIDS Strategic Framework (NASF) 2017-21 http://www.nac.org.zm/sites/default/files/publications/National%20AIDS%20Strategic%20Framework%202017-2021.pdf</p>	
<p>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?</p>	<p><input type="radio"/> A. No governance structures, procedures or policies designed to assure surveys & surveillance data quality exist/could be documented.</p> <p><input checked="" type="radio"/> B. The following structures, procedures or policies exist to assure quality of surveys & surveillance data (check all that apply):</p> <p><input checked="" type="checkbox"/> A national surveillance unit or other entity is responsible for assuring the quality of surveys & surveillance data</p> <p><input type="checkbox"/> A national, approved surveys & surveillance strategy is in place, which outlines standards, policies and procedures for data quality assurance</p> <p><input checked="" type="checkbox"/> Standard national procedures & protocols exist for reviewing surveys & surveillance data for quality and sharing feedback with appropriate staff responsible for data collection</p> <p><input checked="" type="checkbox"/> An in-country internal review board (IRB) exists and reviews all protocols.</p>	<p>13.9 Score: 0.71</p>	<p>1) National Health Research Authority 2) UNZA IRB 3) ZNPHI</p>	
<p>Epidemiological and Health Data Score:</p>		<p>4.37</p>		

			Data Source	Notes/Comments
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.				
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?	<input type="radio"/> A. No tracking of public HIV/AIDS expenditures has occurred within the past 5 years <input type="radio"/> 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 <input type="radio"/> 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 <input checked="" type="radio"/> 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 <input type="radio"/> 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	(1) NASA 2012 (2) National Health Accounts 2014 (3) World Bank, Zambia Health Sector Public Expenditure Review 2015	
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?	<input type="radio"/> A. No HIV/AIDS expenditure tracking has occurred within the past 5 years <input checked="" type="radio"/> B. HIV/AIDS expenditure data are collected (check all that apply): <input checked="" type="checkbox"/> By source of financing, such as domestic public, domestic private, out-of-pocket, Global Fund, PEPFAR, others <input checked="" type="checkbox"/> By expenditures per program area, such as prevention, care, treatment, health systems strengthening <input type="checkbox"/> By type of expenditure, such as training, overhead, vehicles, supplies, commodities/reagents, personnel <input type="checkbox"/> Sub-nationally	14.2 Score: 1.67	(1) NASA 2012 (2) National Health Accounts 2014 (3) Ministry of Finance/World Bank, Zambia Health Expenditure Tracking Survey	
14.3 Timeliness of Expenditure Data: To what extent are expenditure data collected in a timely way to inform program planning and budgeting decisions?	<input type="radio"/> A. No HIV/AIDS expenditure data are collected <input type="radio"/> B. HIV/AIDS expenditure data are collected irregularly, and more than 3 years ago <input checked="" type="radio"/> C. HIV/AIDS expenditure data were collected at least once in the past 3 years <input type="radio"/> D. HIV/AIDS expenditure data are collected annually but represent more than one year of expenditures <input type="radio"/> E. HIV/AIDS expenditure data are collected annually and represent only one year of expenditures	14.3 Score: 1.67	(1) NASA Dataset 2012 (2) National Health Accounts 2014 (3) Zambia Health Expenditure tracking survey, 2015	
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
<p>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?</p>	<p><input type="radio"/> A. No system exists for routine collection of HIV/AIDS service delivery data</p> <p><input type="radio"/> 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</p> <p><input type="radio"/> C. One information system, or a harmonized set of complementary information systems, exists and is primarily managed and operated by an external agency/institution</p> <p><input type="radio"/> 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</p> <p><input type="radio"/> E. One information system, or a harmonized set of complementary information systems, exists and is managed and operated by the host country government</p>	<p>15.1 Score: 0.33</p>	<p>(1) Ministry of Health, Performance Assessment Data, Annually (2) Health Statistical Buletin, (3) HMIS monthly HIA1 and 2 reports, (4) National EHR data rollup to central level. Smart care (5) National M&E policy and Implementation plan 2017</p>	<p>Smart Zambia has been established to manage and harmonize systems. A National M&E policy is expected to be launched and aims to develop a GW-M&E/MIS which will harmonize all parallel information mangement systems</p>
<p>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)</p>	<p><input type="radio"/> A. No routine collection of HIV/AIDS service delivery data exists</p> <p><input type="radio"/> B. No financing (0%) is provided by the host country government</p> <p><input type="radio"/> C. Minimal financing (approx. 1-9%) is provided by the host country government</p> <p><input checked="" type="radio"/> D. Some financing (approx. 10-49%) is provided by the host country government</p> <p><input type="radio"/> E. Most financing (approx. 50-89%) is provided by the host country government</p> <p><input type="radio"/> F. All or almost all financing (90%+) is provided by the host country government</p>	<p>15.2 Score: 1.67</p>	<p>(1) National HIV/AIDS Spending Assessment 2012 ; (3) Yellow Book Annually</p>	

<p>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.)</p>	<p>Check ALL boxes that apply below:</p> <p><input checked="" type="checkbox"/> A. The host country government routinely collects & reports service delivery data for:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> HIV Testing <input checked="" type="checkbox"/> PMTCT <input checked="" type="checkbox"/> Adult Care and Support <input checked="" type="checkbox"/> Adult Treatment <input checked="" type="checkbox"/> Pediatric Care and Support <input checked="" type="checkbox"/> Orphans and Vulnerable Children <input checked="" type="checkbox"/> Voluntary Medical Male Circumcision <input checked="" type="checkbox"/> HIV Prevention <input checked="" type="checkbox"/> AIDS-related mortality <p><input checked="" type="checkbox"/> B. Service delivery data are being collected:</p> <ul style="list-style-type: none"> <input type="checkbox"/> By key population (FSW, PWID, MSM, TG, prisoners) <input checked="" type="checkbox"/> By priority population (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users) <input checked="" type="checkbox"/> By age & sex <input checked="" type="checkbox"/> From all facility sites (public, private, faith-based, etc.) <input checked="" type="checkbox"/> From all community sites (public, private, faith-based, etc.) 	<p>15.3 Score: 1.33</p>	<p>(1) DHIS2 (2) SmartCare (3) ELMIS (4) DATIM (PEPFAR) (5) Viral Load database(s) (6) SAVVY2014, 2017 (7) Partner Reporting</p>	<p>(1) Priority Population data collected is for AGYW only (2) Private facilities data is not collectd (3) There are no private community sites in country</p>
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<p>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?</p>	<p><input type="radio"/> A. The host country government does not routinely collect/report HIV/AIDS service delivery data</p> <p><input type="radio"/> B. The host country government collects & reports service delivery data annually</p> <p><input type="radio"/> C. The host country government collects & reports service delivery data semi-annually</p> <p><input checked="" type="radio"/> D. The host country government collects & reports service delivery data at least quarterly</p>	<p>15.4 Score: 1.33</p>	<p>(1)HMIS Quarterly Report, (2) Smartcare, (3)NAC Reports, (4)NHS Reports(CSO)</p>	<p>The Ministry is currently developing a integrated health situation room that will track services on a monthly basis</p>
<p>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)?</p>	<p><input type="radio"/> A. The host country government does not routinely analyze service delivery data to measure program performance</p> <p><input checked="" type="radio"/> B. Service delivery data are being analyzed to measure program performance in the following ways (check all that apply):</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> Continuum of care cascade for each relevant key population (FSW, PWID, MSM, TG, prisoners), including HIV testing, linkage to care, treatment, adherence and retention</p> <p><input checked="" type="checkbox"/> Results against targets</p> <p><input checked="" type="checkbox"/> Coverage of key treatment & prevention services (ART, PMTCT, VMMC, etc.)</p> <p><input checked="" type="checkbox"/> Site-specific yield for HIV testing (HTC and PMTCT)</p> <p><input type="checkbox"/> AIDS-related mortality rates</p> <p><input type="checkbox"/> Variations in performance by sub-national unit</p> <p><input checked="" type="checkbox"/> Creation of maps to facilitate geographic analysis</p>	<p>15.5 Score: 0.67</p>	<p>(1) PEPFAR 2017 APR data, (2) National AIDS Strategic Framework , (3) Mid term and joint annual review reports, (4) Annual Health Statistical Bulletin (5) Partner Reporting (6) Geo-spatial reports</p>	<p>Case-based will be piloted in Livingstone and Sinazongwe starting 2018</p>
<p>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?</p>	<p><input type="radio"/> A. No governance structures, procedures or policies designed to assure service delivery data quality exist/could be documented.</p> <p><input checked="" type="radio"/> B. The following structures, procedures or policies exist to assure quality of service delivery data (check all that apply):</p> <p><input checked="" type="checkbox"/> A national, approved data quality strategy is in place, which outlines standards, policies and procedures for HIV/AIDS data quality assurance</p> <p><input checked="" type="checkbox"/> 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</p> <p><input checked="" type="checkbox"/> Standard national procedures & protocols exist for routine data quality checks at the point of data entry</p> <p><input type="checkbox"/> Data quality reports are published and shared with relevant ministries/government entities & partner organizations</p> <p><input checked="" type="checkbox"/> 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</p>	<p>15.6 Score: 1.07</p>	<p>(1) National AIDS Strategic Framework 2017-2021 (2) National E-Health Policy, (3)DHIS Manuals and SoPs, (4) Smartcare manuals and SoPs (5) Quartely and annual reports</p>	<p>National health protocols exist but not specific to HIV/AIDS</p> <p>Reintroduce use of scorecards</p>
<p>Performance Data Score:</p>		<p>6.40</p>		

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN D