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 110 questions, the SID assesses the current state of sustainability of national HIV/AIDS responses across 17 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. New HIV infections have dropped more than 50 percent in the last decade; 1,000,563 people are on life-saving anti-retroviral therapy (ART) as of June 30, 2019; 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 and is implementing test and start and differentiated service delivery models. The country has shifted towards targeted HIV testing, including index testing, to identify new positives and is transitioning PLHIV to more efficacious ART regimens. The country is also scaling up routine viral load testing. However, the country is facing economic challenges precipitated by an acute power shortage as a result of poor rainfall in the last rainy season and a large external debt, estimated to be in excess of $10 billion. 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 meeting of key stakeholders[1] on September 3, 2019 to complete the Responsibility Matrix (RM). The following day (September 4), PEPFAR and UNAIDS co-convened a multi-stakeholder SID completion workshop[2]. The objectives of this workshop were to: 1. provide an overview and guidance on SID 2019 process; 2. complete the SID 2019 tool; 3. review and discuss findings of the draft SID 2019 and reach consensus on the final submission; 4. finalize and discuss the RM; and 5. begin

[1] This meeting was attended by 29 participants: PEPFAR (9); UNAIDS (1); WHO (1); UNICEF (1); Global Fund (6); Ministry of Health (1); Ministry of Defense (2); National AIDS Council (7); and Medical Stores Limited (1)

[2] This workshop was attended by 84 participants: PEPFAR (34); United Nations (5); Ministry of Health (26); Ministry of Finance (2); Ministry of National Development and Planning (2); Ministry of Community Development and Social Welfare (1); Ministry of Defense (2); National AIDS Council (5); General Nursing Council (1); Global Fund (5); Civil Society (2); Health Cooperating Partners (2).

discussions on priority investments for increasing the sustainability of the national response. Participants broke into four domain groups to complete the SID questionnaire. The full group reconvened and the four domains presented their findings. The complete dashboard was shown to the large group and USG committed to sharing the tool with stakeholders after it was cleaned. PEPFAR circulated complete SID and RM to stakeholders for validation on September 13, 2019.

PEPFAR and UNAIDS met with the Ministry of Health's Permanent Secretary (PS) on September 19 to present the SID findings. The PS expressed satisfaction with the process used to complete the SID and the findings. He pointed out that private sector engagement and supply chain/commodity security are MOH priorities. He said the SID would be reviewed by the Ministry's senior management and it will be used to inform planning and program management.

Sustainability Strengths:

- **Performance Data (9.50, dark green):** This element score has increased from 6.40 in SID 3.0. The country has a harmonized set of complementary information systems, managed and operated by the host country government with technical assistance from external agencies/institutions. The host country government finances more than 90% of routine collection of HIV/AIDS service delivery data. These data are collected by population, program and geographic area in a timely manner (quarterly). The host country government routinely analyzes service delivery data to measure program performance, and structures, procedures and policies exist to assure data quality.
- **Planning and Coordination (9.00, dark green)**: This element score has decreased from 9.29 in SID 3.0. 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
- **Quality Management (8.76, dark green):** This element score has increased from 7.10 in SID 3.0. The GRZ supports QM structures at national, sub-national and site level. The country has a current QM/QI strategy that includes HIV/AIDS program specific elements, and it is partially utilized. HIV program performance measurement data are used to identify areas of patient care and services that can be improved, and the host government supports health workforce competency in QI.
- **Policies and Governance (8.62, dark green):** This element score has increased from 5.31 in SID 3.0. The national HIV/AIDS technical practice follows current WHO guidelines for initiation of ART, and the country has policies and legislation on health care that are inclusive of HIV service delivery. HIV infected persons are not likely to be asked to pay fees for any HIV services in the public sector, although they are asked to pay for specialized non-HIV services, such as CT scan. The country has protections in place for victims of violence. However, the country does not have laws or polices that specify protections for specific populations. Morality and religious norms limit freedom of expression and association of LGBTI.

Sustainability Vulnerabilities:

- **Commodity Security and Supply Chain (4.79), yellow):** This element score has decreased from 7.22 in SID 3.0. The country has a national supply chain plan that guides investments, but domestic resources fund less than 10% of its implementation. Domestic resources fund 10-49% of ARV

procurements, while rapid test kit and condom procurements are almost entirely procured with external resources. The host country government manages processes and systems to ensure ARV stocks in all levels of the system, but inadequate number of delivery vehicles has hindered last mile distribution. A national supply chain assessment has been done within the last three years, but the score was lower than 80%.

- **Laboratory (5.41, yellow):** This element score has increased from 2.33 in SID 3.0. The country has adequate qualified laboratory staff and there is sufficient capacity to test for viral load. A national laboratory strategic plan has been developed and approved, and an administrative entity does exist to manage laboratory services at regional and district level (although it has limited authority, insufficient staff and budget). The country has regulations in place that monitor the quality of its laboratories and POCT sites and they are implemented in 50 to 89% of sites. However, less than 10% of laboratory services are funded by domestic resources.
- **Service Delivery (5.44, yellow):** This element score has increased from 5.32 in SID 3.0. Facility – community linkages are critical for effective implementation of HIV prevention, care and treatment interventions, including differentiated service delivery models and test and start. Public health facilities respond to and generate demand for HIV services to meet local needs and the country has standardized the design and implementation of community-based HIV services. The country has a community health strategy (awaiting final approval by MOH) and it is GRZ policy that 10% of district health budgets are expended at community level. Host country institutions finance 10 to 49% HIV service delivery, which is done with some external technical assistance. However, HIV/AIDS services to key populations are primarily delivered by external agencies, and even though an administrative office with specific authority to manage HIV service delivery activities exists, it does not have a sufficient budget. Additionally, health authorities do not assess current and future staffing needs based on HIV/AIDS program goals and budget realities for high burden locations.
- **Human Resources for Health (7.30, yellow):** This element score has increased from 6.27 in SID 3.0**.** Despite this relatively high score, HRH is still considered to be a vulnerability. The county still faces a shortage of health workers with 52% of positions on its 126,000 strong establishment remaining vacant. The country has a clinical health worker to population ratio of 12 per 10,000 – far short of 23 per 10,000 recommended by WHO. The country's pre-service education institutions are producing an adequate supply and skills mix of clinical health care providers, but the current economic situation and reduced fiscal space constrains the GRZ's ability to hire and deploy new staff. Most HIV/AIDS in-service training is supported by external sources. The host government does not maintain a comprehensive inventory of donor-supported HIV/AIDS workers and there is no written plan for transition of these workers. Even though an administrative office with specific authority to manage health workforce activities exists, it does not have a sufficient budget.
- **Domestic Resource Mobilization (5.56, yellow):** This element score has increased from 5.44 in SID 3.0. The host government has a long-term financing strategy for the health sector (Health Financing Strategy (2017-2017)) and the national budget includes HIV funding to Health and other line ministries. However, budget execution is a challenge in the current economic situation. Release of funds from the Ministry of Finance (MOF) has not been regular for the past 12 months. In July 2019, the MOH reported a budget performance for 24% for the period January 1, 2019 to June 30, 2019. During this period provincial and district health offices received only one monthly operational grant from the MOF. Additionally, less than 50% of the annual national HIV resource is financed with domestic public and private sector funding.
- **Epidemic and Health Data (5.18, yellow):** This element score has increased from 4.37 in SID 3.0**.** 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

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

Sustainability Analysis for Epidemic Control: Zambia

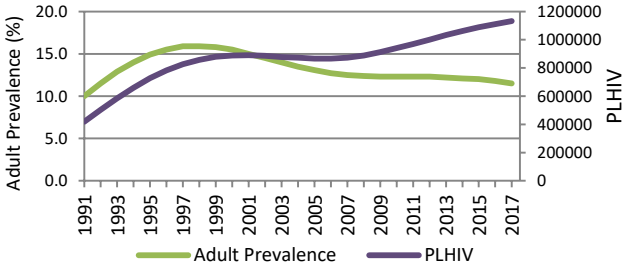
Epidemic Type: Generalized
Income Level: Lower middle income
PEPFAR Categorization: Long-term Strategy
PEPFAR COP 19 Planning Level: 421,054,506

SUSTAINABILITY DOMAINS and ELEMENTS

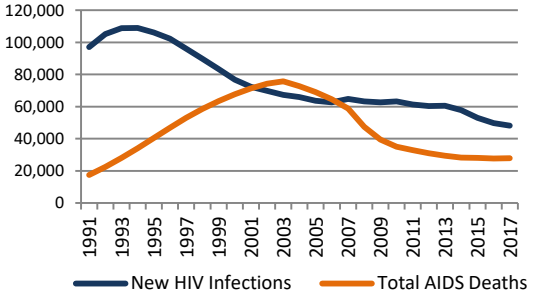
	2015 (SID 2.0)	2017 (SID 3.0)	2019	2021
Governance, Leadership, and Accountability				
1. Planning and Coordination	7.73	9.29	9.00	
2. Policies and Governance	6.57	5.31	8.62	
3. Civil Society Engagement	4.86	5.79	5.58	
4. Private Sector Engagement	6.11	8.39	5.71	
5. Public Access to Information	2.00	5.00	6.11	
National Health System and Service Delivery				
6. Service Delivery	4.72	5.32	5.44	
7. Human Resources for Health	6.17	6.27	7.30	
8. Commodity Security and Supply Chain	5.69	7.22	4.79	
9. Quality Management	6.81	7.10	8.76	
10. Laboratory	4.86	2.33	5.41	
Strategic Financing and Market Openness				
11. Domestic Resource Mobilization	5.56	5.44	5.56	
12. Technical and Allocative Efficiencies	6.90	7.33	8.50	
13. Market Openness	N/A	N/A	8.76	
Strategic Information				
14. Epidemiological and Health Data	4.62	4.37	5.18	
15. Financial/Expenditure Data	6.67	5.83	8.33	
16. Performance Data	6.96	6.40	9.50	
17. Data for Decision-Making Ecosystem	N/A	N/A	5.33	

CONTEXTUAL DATA

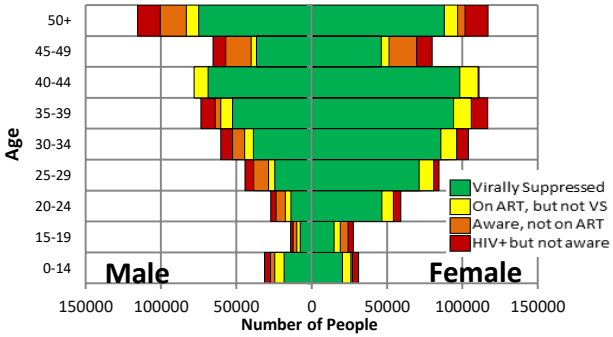
Adult Prevalence & PLHIV



New Infections & Total AIDS Deaths

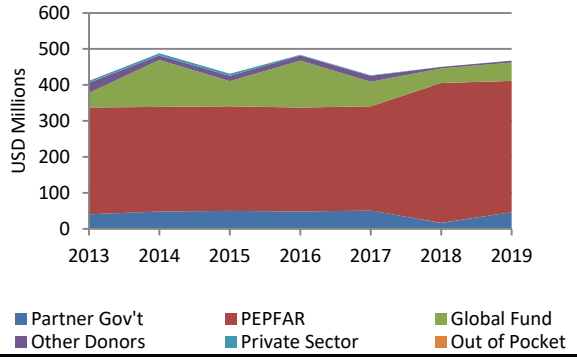


Clinical Cascade

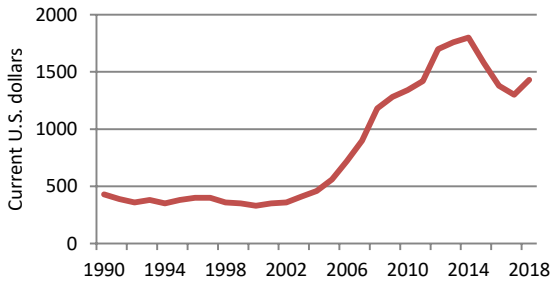


CONTEXTUAL DATA

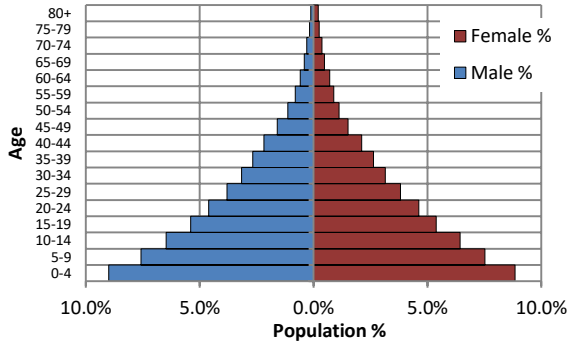
Financing the HIV Response



GNI Per Capita (Atlas Method)



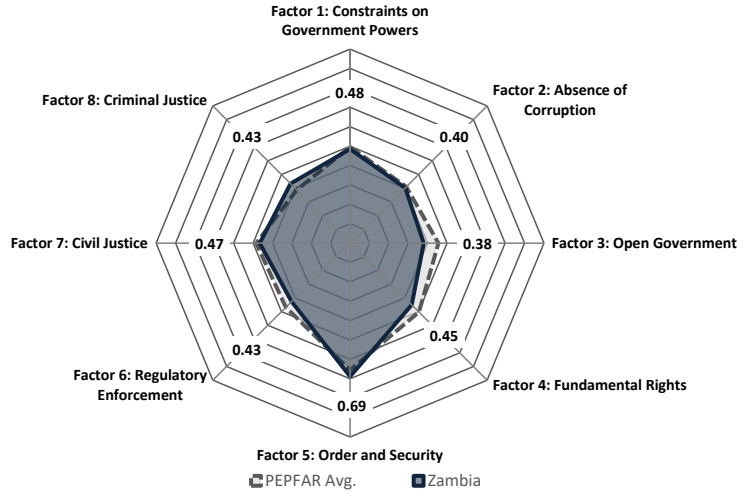
Population Pyramid (2019)

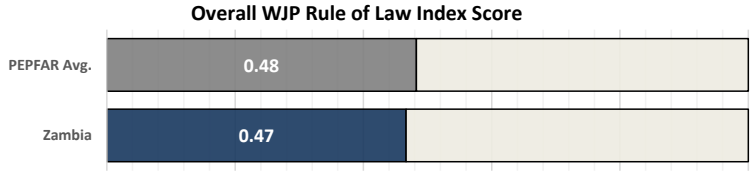


Sustainability Analysis for Epidemic Control: Zambia

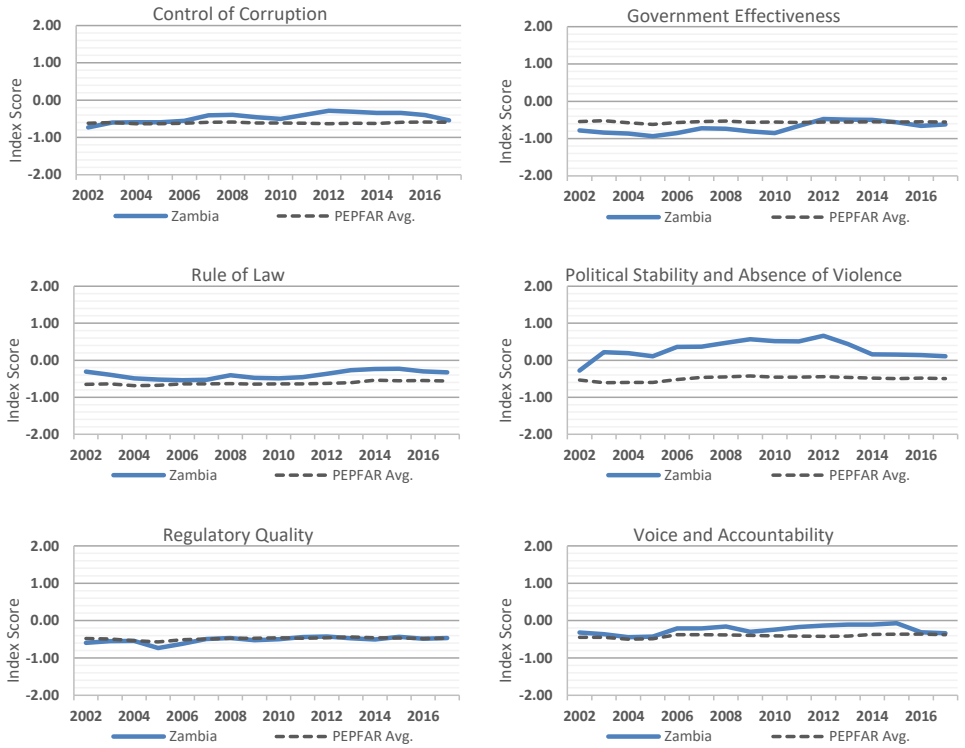
Contextual Governance Indicators

Rule of Law Index (World Justice Project)





Worldwide Governance Indicators (World Bank)



WJP's Rule of Law Index measures the general public's experience and perception across eight 'factors':

1. Constraints on Government Powers: Governmental powers are limited by both internal and external checks, including auditing and review. Governmental officials are subject to the law and sanctioned for misconduct.

2. Absence of Corruption: Government officials in all branches of government do not use public office for private gain.

3. Open Government: Citizens have open access to government information and data, complaint mechanisms, and civic participation.

4. Fundamental Rights: There is equal treatment of citizens and absence of discrimination. The rights to freedom of expression, security of the person, and due process are effectively guaranteed.

5. Order and Security: Crime and civil conflict are effectively limited. Personal grievances are not redressed through violence.

6. Regulatory Enforcement: Government regulations are effectively applied and enforced without improper influence. Due process is respected in administrative proceedings.

7. Civil Justice: Civil justice is accessible and free of discrimination, corruption and improper government influence.

8. Criminal Justice: Criminal justice is impartial, timely and effective, and free from corruption or improper government influence. There is due process of law and rights of the accused.

More information can be found at: https://worldjusticeproject.org/our-work/research-and-data/wjp-rule-law-index-2019

The World Bank Worldwide Governance Indicators (WGI) score countries based on six dimensions of governance:

1. Control of Corruption: captures perceptions of the extent to which public power is exercised for private gain, including both petty and grand forms of corruption, as well as 'capture' of the state by elites and private interests.

2. Government Effectiveness: measures the quality of public services, the quality of the civil service and its independence from political pressure, the quality of policy formulation and implementation (including the efficiency of revenue mobilization and budget management), and the credibility of the government's commitment to its stated policies.

3. Rule of Law: captures perceptions of the extent to which agents have confidence in and abide by the rules of society, and in particular the quality of contract enforcement, property rights, the police, and the courts, as well as the likelihood of crime and violence.

4. Political Stability and Absence of Violence: measures perceptions of the likelihood of political instability and/or politically-motivated violence, including terrorism.

5. Regulatory Quality: Measures perceptions of the ability of the government to formulate and implement sound policies and regulations that permit and promote private sector development.

6. Voice and Accountability: captures perceptions of the extent to which a country's citizens are able to participate in selecting their government, as well as freedom of expression, freedom of association, and a free media.

More information can be found at: https://info.worldbank.org/governance/wgi/

Domain A. Governance, Leadership, and Accountability

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

1. Planning and Coordination: Host country develops, implements, and oversees a costed multiyear national strategy and serves as the preeminent architect and convener of a coordinated HIV/AIDS response in the country across all levels of government and key stakeholders, civil society and the private sector.					Weight	# of Qs to which weight applies		**Data Source**	**Notes/Comments**
1.1 Content of National Strategy: Does the country have a multi-year, costed national strategy to respond to HIV?	○ A. There is no national strategy for HIV/AIDS	2	0.00	1.1 Score:	1.00	4.00	2.50	The National AIDS Strategic Framework (NASF) 2017 - 2021 www.nac.org.zm/content/national-aids-strategic-framework-nasf-2017-2021	
	◉ B. There is a multiyear national strategy. Check all that apply:		0.40						
	☑ It is costed	TRUE	0.09						
	☑ It has measurable targets.	TRUE	0.09						
	☑ It is updated at least every five years	TRUE	0.09						
	☑ Strategy includes all crucial response components for prevention and treatment (HIV testing, treatment and care [including children and adolescents], PMTCT, transition from 'catchup' to sustainable VMMC if country performs VMMCs, scale-up of viral load, EID, and other key metrics)	TRUE	0.09						
	☑ Strategy includes explicit plans and activities to address the needs of key populations.	TRUE	0.09						
	☑ Strategy includes all crucial response components to mitigate the impact of HIV on vulnerable children	TRUE	0.09						
	☑ Strategy (or separate document) includes considerations and activities related to sustainability	TRUE	0.09						

1.2 Participation in National Strategy Development: Who actively participates in development of the country's national HIV/AIDS strategy?	○ A. There is no national strategy for HIV/AIDS ◉ B. The national strategy is developed with participation from the following stakeholders (check all that apply): ☑ Its development was led by the host country government ☑ Civil society actively participated in the development of the strategy ☑ Private health sector providers, facilities, and training institutions, actively participated in the development of the strategy ☑ Businesses and the corporate sector actively participated in the development of the strategy including workplace development and corporate social responsibility (CSR) ☑ External agencies (i.e. donors, other multilateral orgs., etc.) supporting HIV services in-country participated in the development of the strategy	2 0.00 0.00 TRUE 0.20 TRUE 0.20 TRUE 0.20 TRUE 0.20 TRUE 0.20	1.2 Score:	1.00	4.00	2.50	Minutes of NASF 2017-2021 Executive Technical Committee 6 October 2016,Validation Meeting report for 2014-2016	
1.3 Coordination of National HIV Implementation: To what extent does the host country government coordinate all HIV/AIDS activities implemented in the country, including those funded or implemented by CSOs, private sector, and donor implementing partners?	Check all that apply: ☑ There is an effective mechanism within the host country government for internally coordinating HIV/AIDS activities implemented by various government ministries, institutions, offices, etc. ☑ The host country government routinely tracks and maps HIV/AIDS activities of: ☑ civil society organizations ☑ private sector (including health care providers and/or other private sector partners) ☑ donors ☑ The host country government leads a mechanism or process (i.e. committee, working group, etc.) that routinely convenes key internal and external stakeholders and implementers of the national response for planning and coordination purposes. ☐ Joint operational plans are developed that include key activities of implementing organizations. ☐ Duplications and gaps among various government, CSO, private sector, and donor activities are systematically identified and addressed.	TRUE 0.20 TRUE TRUE 0.07 TRUE 0.07 TRUE 0.07 TRUE 0.20 FALSE 0.00 FALSE 0.00	1.3 Score:	1.00	4.00	1.50	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	This score decreased from SID 2017 due to the fact that during the SID 2017 reporting period GRZ was engaged in the coordination of HIV activities through different platforms which have since reduced.

1.4 Sub-national Unit Accountability: Is there a mechanism by which sub-national units are accountable to national HIV/AIDS goals or targets? (note: equal points for either checkbox under option B)	○ A. There is no formal link between the national plan and sub-national service delivery. ◉ B. There is a formal link between the national plan and sub-national service delivery. (Check the ONE that applies.) ☐ Sub-national units have performance targets that contribute to aggregate national goals or targets. ☑ The central government is responsible for service delivery at the sub-national level.	2 FALSE TRUE	0.00 0.00 0.00 1.00	1.4 Score:	1.00	4.00	2.50	HMIS/DHIS 2, NACMISONLINE, EMIS and the Logistics Management Information System (LMIS).
Planning and Coordination Score:						**9.00**		

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.				Weight	# of Qs to which weight applies		**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., optimal ART regimens for all populations (including TLD as recommended)?	For each category below, check yes or no to indicate if current national HIV/AIDS technical practice follows current WHO guidelines on optimal ART regimens for each of the following: A. Adults (>19 years) ☑ Yes ☐ No B. Pregnant and Breastfeeding Mothers ☑ Yes ☐ No C. Adolescents (10-19 years) ☑ Yes ☐ No D. Children (<10 years) ☑ Yes ☐ No	TRUE 0.25 FALSE TRUE 0.25 FALSE TRUE 0.25 FALSE TRUE 0.25 FALSE	2.1 Score:	1.00	11.00	0.91	Zambia consolidated guidelines for treatment and prevention of HIV infection	

2.2 Enabling Policies and Legislation: Are there policies or legislation that govern HIV/AIDS service delivery or policies and legislation on health care which is inclusive of HIV service delivery? Note: If one of the listed policies differentiates policy for specific groups, please note in the Notes/Comments column.	Check all that apply: ☑ A national public health services act that includes the control of HIV	TRUE	0.08	2.2 Score:	1.00	11.00	0.76	Zambia Consolidated guidelines for treatment and prevention of HIV infection 2017; National HIV/AIDS strategic framework 2017-2021; Adolescent Health Strategy 2017-2021; National Health Strategic Plan 2017-2021; Ministry of Health Legacy Goals	No specific taskshifting policy but this is incorporated in different plans including the Human Resource for Health Stratergic Plan 2018 to 2024, the draft Community Health Stratergy 2019 to 2021 the National Community Health Worker Startergy 2010, and HIV treatment guidelines (incldluing Differentiated Service delivery models(DSD)).
	☑ A task-shifting policy that allows trained non-physician clinicians, midwives, and nurses to initiate and dispense ART	TRUE	0.08						
	☑ A task-shifting policy that allows trained and supervised community health workers to dispense ART between regular clinical visits	TRUE	0.08						
	☑ Policies that permit patients stable on ART to have reduced clinical visits (i.e. every 6-12 months)	TRUE	0.08						
	☑ Policies that permit patients stable on ART to have reduced ARV pickups (i.e. every 3-6 months)	TRUE	0.08						
	☑ Policies that permit streamlined ART initiation, such as same day initiation of ART for those who are ready	TRUE	0.08						
	☑ Legislation to ensure the well-being and protection of children, including those orphaned and made vulnerable by HIV/AIDS	TRUE	0.08						
	☑ Policies that permit HIV self-testing	TRUE	0.08						
	☑ Policies that permit pre-exposure prophylaxis (PrEP)	TRUE	0.08						
	☑ Policies that permit post-exposure prophylaxis (PEP)	TRUE	0.08						
	☐ Policies that allow HIV testing without parental consent for adolescents, starting at age 15	FALSE	0.00						
	☐ Policies that allow HIV-infected adolescents, starting at age 15, to seek HIV treatment without parental consent	FALSE	0.00						

2.3 User Fees for HIV Services: Are HIV infected persons expected or likely to be asked to pay user fees, either formal or informal, for any HIV services in the public sector: clinical, laboratory, testing, prevention and others? Note: "Formal" user fees are those established in policy or regulation by a government or institution.	Check all that apply: ☑ No, neither formal nor informal user fees exist. ☐ Yes, formal user fees exist. ☐ Yes, informal user fees exist.	TRUE 0.00 FALSE 0.00 FALSE 0.00	2.3 Score:	1.00	11.00	0.91	HIV Policy Treatment Guidelines and Ministry of Health Legacy Goals	No specific policy but government declaration of no user fees. However when there is a shortage of supplies or services patients who decide to access private health care will need to pay for those services. Government has also introduced a National Health Insurance Scheme whic is meant to increase Universal Health Coverage
2.4 User Fees for Other Health Services: Are HIV infected persons expected or likely to be asked to pay user fees, either formal or informal, for any non-HIV services in the public sector, such as MCH/SRH, TB, outpatient registration, hospitalizations, and others? Note: "Formal" user fees are those established in policy or regulation by a government or institution.	Check all that apply: ☑ No, neither formal nor informal user fees exist. ☐ Yes, formal user fees exist. ☐ Yes, informal user fees exist.	TRUE 0.00 FALSE 0.00 FALSE 0.00	2.4 Score:	1.00	11.00	0.91		No specific policy but government declaration of no user fees. MCH/SRH, TB services are free. However, HIV inefected individuals are required to pay for specialized tests such CT scan (like any other patient).
2.5 Data Protection: Does the country have policies in place that support the collection and appropriate use of patient-level data for health, including HIV/AIDS?	The country has policies in place that (check all that apply): ☑ Govern the collection of patient-level data for public health purposes, including surveillance ☑ Govern the collection and use of unique identifiers such as national ID for health records ☑ Govern the privacy and confidentiality of health outcomes matched with personally identifiable information ☑ Govern the use of patient-level data, including protection against its use in crimincal cases	TRUE 0.25 TRUE 0.25 TRUE 0.25 TRUE 0.25	2.5 Score:	1.00	11.00	0.91	The National AIDS Strategic Framework (NASF) 2017 - 2021, Zambia Consolidated guidelines for treatment and prevention of HIV infection 2017	

2.6 Legal Protections for Key Populations: Does the country have laws or policies that specify protections (not specific to HIV) for specific populations?	Check all that apply:		2.6 Score:	1.00	11.00	0.08	Zambia UNAIDS NCPI (2016). For PWID -- UNODC Harm Reduction Policy provides all the spectrum of services except offering needles.	No clear protection for trangender, men who have sex with men, and lesbians. Hormonal profiling has been used in the past to confirm gender, however in the absence of ambiguity of genitalia, no consideration is given to someone who mentally identifies as a differnt gender.The policy and legal environment is not enabling, and morality and religious norms limit freedom of expression and association of LGBTI.
	Transgender people (TG):							
	☐ Constitutional prohibition of discrimination based on gender diversity	FALSE 0.00						
	☐ Prohibitions of discrimination in employment based on gender diversity	FALSE 0.00						
	☐ A third gender is legally recognized	FALSE 0.00						
	☑ Other non-discrimination provisions specifying gender diversity (note in comments)	TRUE 0.00						
	Men who have sex with men (MSM):							
	☐ Constitutional prohibition of discrimination based on sexual orientation	FALSE 0.00						
	☐ Hate crimes based on sexual orientation are considered an aggravating circumstance	FALSE 0.00						
	☐ Incitement to hatred based on sexual orientation prohibited	FALSE 0.00						
	☐ Prohibition of discrimiation in employment based on sexual orientation	FALSE 0.00						
	☐ Other non-discrimination provisions specifying sexual orientation	FALSE 0.00						
	Female sex workers (FSW):							
	☐ Constitutional prohibition of discrimination based on occupation	FALSE 0.00						
	☐ Sex work is recognized as work	FALSE 0.00						
	☐ Other non-discrimination protections specifying sex work (note in comments)	FALSE 0.00						

	People who inject drugs (PWID): ☐ Specific antidiscrimination laws or other provisions for people who use drugs (specify in comments) ☑ Explicit supportive reference to harm reduction in national policies ☐ Policies that address the specific needs of women who inject drugs	 FALSE TRUE FALSE	 0.00 0.08 0.00					
2.7 Legal Protections for Victims of Violence: Does the country have protections in place for victims of violence?	The country has the following to protect key populations and people living with HIV (PLHIV) from violence: ☑ General criminal laws prohibiting violence ☑ Specific legal provisions prohibiting violence against people based on their HIV status or belonging to a key population ☑ Programs to address intimate partner violence ☑ Programs to address workplace violence ☐ Interventions to address police abuse ☑ Interventions to address torture and ill treatment in prisons ☑ A national plan or strategy to address gender-based violence and violence against women that includes HIV ☑ Legislation on domestic violence ☑ Criminal penalties for domestic violence ☑ Criminal penalties for violence against children	 TRUE TRUE TRUE TRUE FALSE TRUE TRUE TRUE TRUE TRUE	 0.10 0.10 0.10 0.10 0.00 0.10 0.10 0.10 0.10 0.10	2.7 Score:	1.00	11.00	0.82	Zambia UNAIDS NCPI (2016). Ratified UN Convention on Torture, Prison Act, National Act on Child Marriage	It is unclear if these protections would be applied equally to individuals in key populations like LGBTI

2.8 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	FALSE 0.00 FALSE 0.00 FALSE 0.00 TRUE FALSE 0.00 FALSE 0.00 FALSE 0.00 TRUE FALSE 0.00 TRUE -0.06 FALSE 0.00 FALSE 0.00 FALSE 0.00 FALSE FALSE	2.8 Score:	1.00	11.00	0.61	Zambia UNAIDS NCPI (2016). Public Health Act prohibits knowingly infecting others with an infectious disease, but has not been enforced.	No law criminalizing transgender or cross-dressing, but instead are prosecuted for MSM activities. Sodomy is criminalized so laws against LGBTI lifestyle tend to only prosecute men. Reality TV show was banned from national TV because a character was homosexual. Also a well know South African performer was denied entry into Zambian because of his LGBTI status.

Does the country have laws criminalizing same-sex sexual acts?			
☐ Yes, death penalty	FALSE	0.00	
☑ Yes, imprisonment (14 years - life)	TRUE	-0.08	
☐ Yes, imprisonment (up to 14 years)	FALSE	0.00	
☐ No penalty specified	FALSE		
☐ No specific legislation	FALSE		
☐ Laws penalizing same-sex sexual acts have been decriminalized or never existed	FALSE		
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)	FALSE	0.00	
☐ Yes, with low application (executions for drug offenses may have been carried out in recent years, but in practice such penalties are relatively rare)	FALSE	0.00	
☐ Yes, with symbolic application (the death penalty for drug offenses is included in legislation, but executions are not carried out)	FALSE	0.00	
☑ No	TRUE		
Does the country have laws criminalizing the transmission of, non-disclosure of, or exposure to HIV transmission?			
☑ Yes	TRUE	-0.13	
☐ No, but prosecutions exist based on general criminal laws	FALSE	0.00	
☐ No	FALSE		
Does the country have policies restricting the entry, stay, and residence of people living with HIV (PLHIV)?			
☐ Yes	FALSE	0.00	
☑ No	TRUE		

	Does the country have other punitive laws affecting lesbian, gay, bisexual, transgender, and intersex (LGBTI) people? ☐ Yes, promotion ("propaganda") laws — FALSE 0.00 ☑ Yes, morality laws or religious norms that limit LGBTI freedom of expression and association — TRUE -0.06 ☐ No — FALSE							
2.9 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, adolescents, and those who may access HIV services about these rights?	There are host country government efforts in place as follows (check all that apply): ☑ To educate PLHIV about their legal rights in terms of access to HIV services — TRUE 0.25 ☑ To educate key populations about their legal rights in terms of access to HIV services — TRUE 0.25 ☑ National law exists regarding health care privacy and confidentiality protections — TRUE 0.25 ☑ Government provides financial support to enable access to legal services if someone experiences discrimination, including redress where a violation is found — TRUE 0.25		2.9 Score:	1.00	11.00	0.91	National AIDS Strategic Framework (NASF) 2017 - 2021,The Health Professionals Act No 24 of 2009 Laws of Zambia.	There is a Legal Clinic that offers free services but is undermanned and underfinanced making accessing the services difficult.
2.10 Audit: Does the host country government conduct a national HIV/AIDS program audit or audit of Ministries that work on HIV/AIDS on a regular basis (excluding audits of donor funding that are through government financial systems)?	○ A. No audit is conducted of the National HIV/AIDS Program or other relevant ministry. ○ B. An audit is conducted of the National HIV/AIDS program or other relevant ministries every 4 years or more. ◉ C. An audit is conducted of the National HIV/AIDS program or other relevant ministries every 3 years or less.	3 — 0.00 0.00 1.00	2.10 Score:	1.00	11.00	0.91	Auditor General-National Audit Act	
2.11 Audit Action: To what extent does the host country government respond to the findings of a HIV/AIDS audit or audit of Ministries that work on HIV/AIDS?	○ A. Host country government does not respond to audit findings, or no audit of the national HIV/AIDS program is conducted. ○ B. The host country government does respond to audit findings by implementing changes as a result of the audit. ◉ C. The host country government does respond to audit findings by implementing changes which can be tracked by legislature or other bodies that hold government accountable.	3 — 0.00 0.00 1.00	2.11 Score:	1.00	11.00	0.91	Auditor General-National Audit Act	Auditor General-National Audit Act requires ministers, public servants and heads of institutions to appear to parliament to response to any negative finding in an audit.
			Policies and Governance Score:		**8.62**			

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.				Weight	# of Qs to which weight applies		**Data Source**	**Notes/Comments**
3.1 Civil Society and Accountability for HIV/AIDS: Are there any laws or policies that restrict civil society from playing an oversight role in the HIV/AIDS response?	○ A. There exists a law or laws that restrict civil society from playing an oversight role in the HIV/AIDS response. ○ B. There are no laws that restrict civil society playing a role in providing oversight of the HIV/AIDS response but in practice, it does not happen. ◉ C. There are no laws or policies that prevent civil society from providing an oversight of the HIV/AIDS response and civil society is very actively engaged in providing oversight.	3	0.00 0.00 1.00	3.1 Score:	0.67	4.00	1.67	1).Non-Governmental Organisations Act No 16 of 2009 Laws of Zambia, Zambia Council for Social Development statement 2).National Health Strategic Plan	Civil society is engaged but strengthening of effective engagement is needed; there is no platform where civil society can directly engage with government on contentious issues
3.2 Government Channels and Opportunities for Civil Society Engagement: Does host country government have formal channels or opportunities for diverse civil society groups to engage and provide feedback on its HIV/AIDS policies, programs, and services (not including Global Fund CCM civil society engagement requirements)?	Check A, B, or C; if C checked, select appropriate disaggregates: ○ A. There are no formal channels or opportunities. ◉ B. There are formal channels or opportunities, but civil society is called upon in an ad hoc manner to provide inputs and feedback. ○ C. There are functional formal channels and opportunities for civil society engagement and feedback. Check all that apply: ☐ During strategic and annual planning ☐ In joint annual program reviews ☐ For policy development ☐ As members of technical working groups ☐ Involvement on government HIV/AIDS program evaluation teams ☐ Involvement in surveys/studies ☐ Collecting and reporting on client feedback ☐ Service delivery	2 FALSE FALSE FALSE FALSE FALSE FALSE FALSE FALSE	0.00 0.50 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	3.2 Score:	0.67	4.00	0.83	Seventh National Development Plan 2017-2021; Zambia Demographic and Health Survey; National HIV/AIDS Strategic Framework-2017-2021	Civil society actively serve in the various technical working groups that are established to suport the implementation of the national HIV response at both policy, planning and implementation levels. In the Global Fund CCM, civil society representation is mandatory. The decrease in this score from the one achieved in SID 2017 is attributable to a decrease in the number of civil society actors resulting from reductions in funding to CSOs as more donors have transitioned out of HIV-specific funding activities in an environment where CSO funding is primarily donor driven not national.

3.3 Impact of Civil Society Engagement: Does civil society engagement substantively impact policy, programming, and budget decisions related to HIV/AIDS?	○ A. Civil society does not actively engage, or civil society engagement does not impact policy, programming, and budget decisions related to HIV/AIDS. ◉ B. Civil society's engagement impacts HIV/AIDS policy, programming, and budget decisions (check all that apply): ☑ In policy design ☐ In programmatic decision making ☑ In technical decision making ☑ In service delivery ☐ In HIV/AIDS basket or national health financing decisions	2 TRUE FALSE TRUE TRUE FALSE	0.00 0.00 0.20 0.00 0.20 0.20 0.00	3.3 Score:	0.67	4.00	1.00	1). Budget Planning Process	Civil society involved in COP process for PEPFAR, Global Fund; engagement of civil society in programmatic decision making & technical decision making is lacking; civil society has been involved in development technical guidelines (DSD Framework, Prep Framework); there is transparency in allocations made in PEPFAR budget but civil society has minimal involvement in HIV/AIDS basket or national health financing decision-making.
3.4 Domestic Funding of Civil Society: To what extent are HIV/AIDS related Civil Society Organizations funded domestically (either from government, private sector, or self generated funds)? (if exact or approximate overall percentage known, or the percentages from the various domestic sources, please note in Comments column)	○ A. No funding (0%) for HIV/AIDS related civil society organizations comes from domestic sources. ◉ B. Minimal funding (approx. 1-9%) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients). ○ C. Some funding (approx. 10-49%) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients). ○ D. Most funding (approx. 50-89%) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients). ○ E. All or almost all funding (approx. 90%+) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients).	2	0.00 0.25 0.00 0.00 0.00	3.4 Score:	0.33	1.00	0.83	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	Minimal funding for community activities from Zambian Breweries, Zambia Revenue Authority, Road Development Agency (RDA), Barclays Bank, religious organizations, etc.
3.5 Civil Society Enabling Environment: Are there laws, policies, or regulations in place which permit CSOs to be funded from a government budget for HIV services through open competition (from any Ministry or Department, at any level - national, regional, or local)? Note: This sometimes referred to as "social contracting" or "social procurement."	○ A. There is no law, policy, 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). ◉ B. There is a law, policy or regulation which permits CSOs to be funded from a government budget for HIV services. Check all that apply: ☑ Competition is open and transparent (notices of opportunities are made public) ☐ Opportunities for CSO funding are made on an annual basis ☑ Awards are made in a timely manner (within 6-12 months of announcements) ☐ Payments are made to CSOs on time for provision of services	2 TRUE FALSE TRUE FALSE	0.00 0.50 0.13 0.00 0.13 0.00	3.5 Score:	0.67	4.00	1.25	National Policy and Programme Implementation Department/Public Private Partnership Unit under the Ministry of Finance	
				Civil Society Engagement Score:		**5.58**			

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.					Weight	# of Qs to which weight applies		**Data Source**	**Notes/Comments**
4.1 Government Channels and Opportunities for Private Sector Engagement: Does the host country government have formal channels and opportunities for diverse private sector entities (including service delivery, corporations, and private training institutions) to engage and provide feedback on its HIV/AIDS policies, programs, and services? (If option B is true, check all subsequent boxes that apply.)	○ A. There are no formal channels or opportunities for private sector engagement.	2	0.00	4.1 Score:	1.00	4.00	0.76	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	Private healthcare providers participate in MTEF. Regarding data on HRH graduates from private sector, MOH receives the total number of cadres graduating but these are not included in the placement of HCWs in government facilities - individual applications made to be done. The change between this score from SID 2017 is attributable to a definitial change whereby in SID 2017, private sector was defined as including local NGOs. In this SID, our definition of private sector was corporations, employers, private training institutions, and private health service delivery providers. Excluded from our defintion in this SID are local NGOs who are considered under Civil Society.
	◉ B. There are formal channels or opportunities for private sector engagement.		0.00						
	i. The following private sector stakeholders formally contribute input into national or sub-national processes for HIV/AIDS planning and strategic development (check all that apply):								
	☐ Corporations	FALSE	0.00						
	☐ Employers	FALSE	0.00						
	☐ Private training institutions	FALSE	0.00						
	☑ Private health service delivery providers	TRUE	0.08						
	ii. Stakeholders contribute in the following ways (check all that apply):								
	☐ The private sector contributes technical expertise into HIV program planning	FALSE	0.00						
	☑ Data and strategic input into supply chain management for HIV commodities	TRUE	0.06						
	☐ Service delivery and/or client satisfaction data from private service delivery providers is included in health sector and HIV program planning	FALSE	0.00						
	☐ Data on staffing in private health service delivery providers	FALSE	0.00						
	☑ Data on private training institution's human resources for health (HRH) graduates and placements are included in health sector and HIV program planning	TRUE	0.06						
	☐ For technical advisory on best practices and delivery solutions	FALSE	0.00						

	iii. The national HIV/AIDS strategic plan explicitly addresses private sector's role in the HIV/AIDS response (check all that apply): ☑ The national HIV/AIDS strategic plan has a specific section that specifies the private sector's role in the HIV/AIDS response. — TRUE 0.11 ☐ A recent (within past 4 years) market analysis informs the private sector strategy that is included in the HIV/AIDS strategic plan — FALSE 0.00 ☐ 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. — FALSE 0.00							
4.2 Enabling Environment for Private Corporate Contributions to HIV/AIDS Programming: Does the host country government have systems and policies in place that allow for private corporate contributions to HIV/AIDS programming?	Check all that apply: ☐ Tax policies and incentives are designed to encourage corporate social responsibility efforts from companies who are contributing financial commitments and/or non-financial resources (including, but not limited to, product donations, expertise, and employee staff time). — FALSE 0.00 ☐ 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). — FALSE 0.00 ☐ The host country government has standards for reporting and sharing data across public and private sectors. — FALSE 0.00 ☑ 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). — TRUE 0.20 ☐ There are strong linkage and referral networks between on-site workplace programs and public health care facilities. — FALSE 0.00		4.2 Score:	1.00	4.00	0.50	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	During the reporting period for SID 2017, workplace programming had more prominence than in the reporting period for SID 2019. Private sector engagement in HIV/AIDS programming has decreased since SID 2017.

4.3 Enabling Environment for Private Health Service Delivery: Does the host country government have systems and policies in place that allow for private health service delivery? Note: Full score possible without checking all boxes.	○ A. Private health service delivery providers are not legally allowed to deliver HIV/AIDS services.	3	0.00	4.3 Score:	1.00	4.00	1.94	National Health Strategic Plan 2017 - 2021; Zambia Consolidated guidelines for treatment and prevention of HIV infection 2017	Private sector receives HIV/AIDS commodities for free through the national Medical Stores Ltd.
	○ B. The host country government plans to allow private health service delivery providers to provide HIV/AIDS services in the next two years.		0.00						
	◉ C. Private health service delivery providers are legally allowed to deliver HIV/AIDS services. In addition (check all that apply):		0.50						
	☑ 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.	TRUE	0.06						
	☐ Systems are in place for service provision and/or research reporting by private facilities to the government, including guidelines for data reporting.	FALSE	0.00						
	☐ Joint (i.e., public-private) supervision and quality oversight of private facilities.	FALSE	0.00						
	☐ The government offers tax deductions for private facilities delivering HIV/AIDS services.	FALSE	0.00						
	☐ The government offers tax deductions for private training institutions.	FALSE	0.00						
	☑ The private sector is eligible to procure HIV/AIDS and/or ART commodities via public sector procurement channels and/or national medical stores	TRUE	0.06						
	☐ The host country government has formal contracting or service-level agreement procedures to compensate private facilities for HIV/AIDS services.	FALSE	0.00						
	☐ HIV/AIDS services received in private facilities are eligible for reimbursement through national health insurance schemes	FALSE	0.00						
	☑ There are open competitions for private health care providers to compete for government service contracts	TRUE	0.06						
	☑ 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	TRUE	0.06						
	☑ The government effectively regulates the flow of subsidized commodities into the private sector.	TRUE	0.06						
	☐ Private Banks or lenders provide access to low interest loans prioritizing private health sector small and medium-sized enterprise (SME) development and expansion.	FALSE	0.00						

4.4 Private Sector Capability and Interest: Does the private sector possess the capability to support HIV/AIDS services, and do private sector stakeholders demonstrate interest in supporting the national HIV/AIDS response?	○ A. The host country government does not leverage the skill sets of the private sector for the national HIV/AIDS response. ○ B. The private sector does not express interest in or actively seek out opportunities to support the national HIV/AIDS response. ◉ C. The private sector has expertise and has expressed interest in or actively seeks out (check all that apply): ☑ Market opportunities that align with and support the national HIV/AIDS response ☑ Opportunities to contribute financial and/or non-financial resources to the national response (including business skills, market research, logistics, communication, research and development, product design, brand awareness, and innovation)	3 TRUE TRUE	0.00 0.00 0.00 0.50 0.50	4.4 Score:	1.00	4.00	2.50	National Health Strategic Plan 2017 - 2021 highlights & 7NDP	
		Private Sector Engagement Score:				**5.71**			

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.				Weight	# of Qs to which weight applies		**Source of Data**	**Notes/Comments**
5.1 Surveillance Data Transparency: Does the host country government ensure that national HIV/AIDS surveillance data and analyses are made available to stakeholders and general public in a timely and useful way?	○ A. The host country government does not make HIV/AIDS surveillance data available to stakeholders and the general public, or they are made available more than one year after the date of collection. ◉ B. The host country government makes HIV/AIDS surveillance data available to stakeholders and the general public within 6-12 months. ○ C. The host country government makes HIV/AIDS surveillance data available to stakeholders and the general public within six months.	2	0.00 0.50 0.00	5.1 Score:	1.00	5.00	1.00	Public reports: ZamPHIA, DHS, ANCSS	
5.2 Expenditure Transparency: Does the host country government make annual HIV/AIDS expenditure data available to stakeholders and the public in a timely and useful way?	○ A. The host country government does not track HIV/AIDS expenditures. ○ B. The host country government does not make HIV/AIDS expenditure data available to stakeholders and the general public, or they are made available more than one year after the date of expenditures. ◉ C. The host country government makes HIV/AIDS expenditure data available to stakeholders and the general public within 6-12 months after date of expenditures. ○ D. The host country government makes HIV/AIDS expenditure data available to stakeholders and the general public within six months after expenditures.	3	0.00 0.00 0.50 0.00	5.2 Score:	1.00	5.00	1.00		

5.3 Performance and Service Delivery Transparency: Does the host country government make annual HIV/AIDS program performance and service delivery data available to stakeholders and the public in a timely and useful way?	○ A. The host country government does not make HIV/AIDS program performance and service delivery data available to stakeholders and the general public or they are made available more than one year after the date of programming. ◉ B. The host country government makes HIV/AIDS program performance and service delivery data available to stakeholders and the general public within 6-12 months after date of programming. ○ C. The host country government makes HIV/AIDS program performance and service delivery data available to stakeholders and the general public within six months after date of programming . At what level of detail is this performance data reported? [CHECK ALL THAT APPLY] ☑ National ☑ District ☐ Site-Level	2 TRUE TRUE FALSE	0.00 0.33 0.00 0.11 0.11 0.00	5.3 Score:	1.00	5.00	1.11	www.nac.org	
5.4 Procurement Transparency: Does the host country government make government HIV/AIDS procurements public in a timely way?	○ A. The host country government does not make any HIV/AIDS procurements. ○ B. The host country government makes HIV/AIDS procurements, but neither procurement tender nor award details are publicly available. ◉ C. The host country government makes HIV/AIDS procurements, and tender, but not award, details are publicly available. ○ D. The host country government makes HIV/AIDS procurements, and both tender and award details available.	3	0.00 0.00 0.50 0.00	5.4 Score:	1.00	5.00	1.00	http://tenderszambia.com/zambia_public_procurement_agency.php#ixzz51K1dLr3Y	

5.5 Institutionalized Education System: Is there a government agency that is explicitly responsible for providing scientifically accurate education to the public about HIV/AIDS?	○ A. There is no government institution that is responsible for this function and no other groups provide education.	3	0.00	5.5 Score:	1.00	5.00	2.00	www.nac.org, Ministry of Health through the Institute of Public Health and Department of Health Promotions
	○ B. There is no government institution that is responsible for this function but at least one of the following provides education:		0.00					
	☐ Civil society	FALSE	0.00					
	☐ Media	FALSE	0.00					
	☐ Private sector	FALSE	0.00					
	◉ C. There is a government institution that is responsible for, and is providing, scientifically accurate information on HIV/AIDS.		1.00					
				Public Access to Information Score:		**6.11**		

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN A

Domain B. National Health System and Service Delivery

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

6. Service Delivery: The host country government at national, sub-national and facility levels facilitates planning and management of, access to and linkages between facility- and community-based HIV services.			**Data Source**	**Notes/Comments**
6.1 Responsiveness of facility-based services to demand for HIV services: Do public facilities respond to and generate demand for HIV services to meet local needs? (Check all that apply.)	☑ Public facilities are able to tailor services to accommodate demand (e.g., modify or add hours/days of operations; add/second additional staff during periods of high patient influx; customize scope of HIV services offered; adapt organization/model of service deliver to patient flow) ☑ Public facilities are able to situate services in proximity to high-HIV burden locations or populations (e.g., mobile clinics) ☑ There is evidence that public facilities in high burden areas and/or serving high-burden populations generate demand for HIV services	6.1 Score: 0.95	(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 Coumseling and Testing, March 2006.	Facilities have flexibility to add hours and in most of the ART facilities DSD models are utilised to reduce congestion
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.)	The host country has standardized the following design and implementation components of community-based HIV/AIDS services through (check all that apply): ☑ Formalized mechanisms of participation by communities, high-burden populations and/or civil society engagement in delivery or oversight of services ☑ National guidelines detailing how to operationalize HIV/AIDS services in communities ☑ Providing official recognition to skilled human resources (e.g. community health workers) working and delivering HIV services in communities ☐ Providing financial support for community-based services ☑ Providing supply chain support for community-based services ☑ Supporting linkages between facility- and community-based services through formalized bidirectional referral services (e.g., use of national reporting systems to refer and monitor referrals for completeness)	6.2 Score: 0.79	(1) MOH Community ART Protocol and Intent to Policy (Draft Policy Document December 2015 - 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/2/0/2/8/20289395/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.	Comunity ART Accsess Points (CAPs) supporting communities through MoH from GF.There is supposed to be a 10% allocated from District Budgets to Communities, but implementation of this is still a challenge
6.3 Domestic Financing of Service Delivery: To what extent do host country institutions (public, private, or voluntary sector) finance the delivery of HIV/AIDS services (i.e. excluding any external financial assistance from donors)? (if exact or approximate percentage known, please note in Comments column)	○ A. Host country institutions provide no (0%) financing for delivery of HIV/AIDS services ○ B. Host country institutions provide minimal (approx. 1-9%) financing for delivery of HIV/AIDS services ◉ C. Host country institutions provide some (approx. 10-49%) financing for delivery of HIV/AIDS services ○ D. Host country institutions provide most (approx. 50-89%) financing for delivery of HIV/AIDS services ○ E. Host country institutions provide all or almost all (approx. 90%+) financing for delivery of HIV/AIDS services	6.3 Score: 0.83	(1) The National AIDS Strategic Framework (NASF) 2017 - 2021 (2) Ministry of Health, Annual Health Statistical Bulletin, 2013. Yellow Book (3) NASA (4) National Financing Strategy	10% - 15% . This includes HRH and infrastructure

6.4 Domestic Provision of Service Delivery: To what extent do host country institutions (public, private, or voluntary sector) deliver HIV/AIDS services without external technical assistance from donors?	○ A. HIV/AIDS services are primarily delivered by external agencies, organizations, or institutions. ○ B. Host country institutions deliver HIV/AIDS services but with substantial external technical assistance. ◉ C. Host country institutions deliver HIV/AIDS services with some external technical assistance. ○ D. Host country institutions deliver HIV/AIDS services with minimal or no external technical assistance.	6.4 Score: 0.63	(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.	There was a split in opinion between Answer B & C. Do local experts employed by foreign agencies become external assistance?
6.5 Domestic Financing of Service Delivery for Key Populations: To what extent do host country institutions (public, private, or voluntary sector) finance the delivery of HIV/AIDS services to key populations (i.e. without external financial assistance from donors)? (if exact or approximate percentage known, please note in Comments column)	◉ A. Host country institutions provide no or minimal (0%) financing for delivery of HIV/AIDS services to key populations, or information is not available. ○ B. Host country institutions provide minimal (approx. 1-9%) financing for delivery of HIV/AIDS services to key populations. ○ C. Host country institutions provide some (approx. 10-49%) financing for delivery of HIV/AIDS services to key populations. ○ D. Host country institutions provide most (approx. 50-89%) financing for delivery of HIV/AIDS services to key populations. ○ E. Host country institutions provide all or almost all (approx. 90%+) financing for delivery of HIV/AIDS services to key populations.	6.5 Score: 0.00	PrEP Technical Guidance? NHSP 2017 - 2021	The financing for Key Pop in Zambia is not segregated in Zambia from the general population.
6.6 Domestic Provision of Service Delivery for Key Populations: To what extent do host country institutions (public, private, or voluntary sector) deliver HIV/AIDS services to key populations without external technical assistance from donors?	◉ A. HIV/AIDS services to key populations are primarily delivered by external agencies, organizations, or institutions. ○ B. Host country institutions deliver HIV/AIDS services to key populations but with substantial external technical assistance. ○ C. Host country institutions deliver HIV/AIDS services to key populations with some external technical assistance. ○ D. Host country institutions deliver HIV/AIDS services to key populations with minimal or no external technical assistance.	6.6 Score: 0.00		Service delivery not disagregated by pop
6.7 Management and Monitoring of HIV Service Delivery: Does an administrative entity, such as a national office or Bureau/s, exist with specific authority to manage - plan, monitor, and provide guidance - for HIV service delivery activities including practice standards, quality, health outcomes, and information monitoring across all sectors. Select only ONE answer.	○ A. No, there is no entity. ○ B. Yes, there is an entity, but it has limited authority, insufficient staff, and insufficient budget. ◉ C. Yes, there is an entity with authority and sufficient staff, but not a sufficient budget. ○ D. Yes, there is an entity with authority and sufficient staff and budget.	6.7 Score: 0.63	(1) The National AIDS Strategic Framework (NASF) 2017 - 2021	

6.8 National Service Delivery Capacity: Do national health authorities have the capacity to effectively plan and manage HIV services?	National health authorities (check all that apply): ☑ Translate national policies/strategies into sub-national level HIV/AIDS strategic plan and response activities. ☑ Use epidemiologic and program data to measure effectiveness of sub-national level programs in delivering needed HIV/AIDS services in right locations. ☐ Assess current and future staffing needs based on HIV/AIDS program goals and budget realities for high burden locations. ☑ Develop sub-national level budgets that allocate resources to high burden service delivery locations. ☑ Effectively engage with civil society in program planning and evaluation of services. ☑ Design a staff performance management plan to assure that staff working at high burden sites maintain good clinical and technical skills, such as through training and/or	6.8 Score: 0.79	(1) The National AIDS Strategic Framework (NASF) 2017 - 2021 www.nac.org.zm/content/national-aids-strategic-framework-nasf-2017-2021, (2) National Health Strategic Plan National Health Strategic Plan 2017 - 2021 http://www.moh.gov.zm/docs/nhsp.pdf (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	
6.9 Sub-national Service Delivery Capacity: Do sub-national health authorities (i.e., district, provincial) have the capacity to effectively plan and manage HIV services sufficiently to achieve sustainable epidemic control?	Sub-national health authorities (check all that apply): ☑ Translate national policies/strategies into sub-national level HIV/AIDS strategic plan and response activities. ☑ Use epidemiologic and program data to measure effectiveness of sub-national level programs in delivering needed HIV/AIDS services in right locations. ☐ Assess current and future staffing needs based on HIV/AIDS program goals and budget realities for high burden locations. ☑ Develop sub-national level budgets that allocate resources to high burden service delivery locations. ☑ Effectively engage with civil society in program planning and evaluation of services. ☑ Design a staff performance management plan to assure that staff working at high burden sites maintain good clinical and technical skills, such as through training and/or mentorship.	6.9 Score: 0.79	(1) District and Provincial Annual Action Plans and budgets (2) GRZ Activity Based Budget 2018 (Yellow Book)	
		Service Delivery Score	**5.44**	

7. Health Workforce: Health workforce staffing decisions for those working on HIV/AIDS are based on use of workforce 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 Health Workforce Supply: To what extent is the clinical health worker supply adequate to enable the volume and quality of HIV/AIDS services needed for sustained epidemic control at the facility and/or community site level?	Check all that apply: ☑ The country's pre-service education institutions are producing an adequate supply and skills mix of clinical health care providers ☐ The country's clinical health workers are adequately deployed to, or distributed within, facilities and communities with high HIV burden ☐ The country has developed retention schemes that address clinical health worker vacancy or attrition in high HIV burden areas ☑ The country's pre-service education institutions are producing an adequate supply and appropriate skills mix of social service workers to deliver social services to vulnerable children	7.1 Score: 0.48	(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 2017-24; (4) Data from WHO Africa Health Workforce Observatory http://www.hrh-observatory.afro.who.int/en/country-monitoring/92-zambia.html (5) NationalCommunity Health Strategy 2019-21, Draft 11 April 2019, MOH (6) National Community Health Worker Strategy, August 2010, MOH (7) MTEF 2020-2022 Technical Updates, Department of Human Resource Management and Administration, 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: ☑ There is a national community-based health worker (CHW) cadre that has a defined role in HIV/AIDS service delivery (e.g., through a national strategy or task-sharing framework/guidelines). ☑ Data are made available on the staffing and deployment of CHWs, including non-formalized CHWs supported by donors. ☑ The host country government officially recognizes non-formalized CHWs delivering HIV/AIDS services.	7.2 Score: 0.95	(1) National Community Health Worker Strategy, August 2010, MOH (2) ART National Guidelines 2016, including recommendations regarding implementation of Differentiated Service Delivery models (3) NationalCommunity Health Strategy 2019-21, Draft 11 April 2019, MOH	PEPFAR and GF have databases
7.3 Health Workforce 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 and timeline for transition.	◉ A. There is no inventory or plan for transition of donor-supported health workers ○ B. There is an inventory of donor-supported health workers, but no official plan to transition these staff to local support ○ C. There is an inventory and plan for transition of donor-supported workers, but it has not yet been implemented ○ D. There is an inventory and plan for donor-supported workers to be transitioned, and staff are being transitioned according to this plan ○ E. No plan is necessary because all HIV/AIDS health worker salaries are already locally financed/compensated	7.3 Score: 0.00	(1) CDC-MOH Cooperative Agreements; (2)PEPFAR Country Operational Plan; (3) Implementing Mechnism SOWs and PDs; (4) Draft PEPFAR/Zambia HRH Srategy.	PEPFAR and GF have inventories of supported health workers.

7.4 Domestic Funding for Health Workforce: What proportion of health worker (doctors, nurses, midwives, and CHW) salaries are supported with domestic public or private resources (i.e. excluding donor resources)? (if exact or approximate percentage known, please note in Comments column)	○ A. Host country institutions provide no (0%) health worker salaries ○ B. Host country institutions provide minimal (approx. 1-9%) health worker salaries ○ C. Host country institutions provide some (approx. 10-49%) health worker salaries ○ D. Host country institutions provide most (approx. 50-89%) health worker salaries ◉ E. Host country institutions provide all or almost all (approx. 90%+) health worker salaries	7.4 Score: 3.33	(1) 2019 GRZ Activity Based Budget (Yellow Book); (2) Human Resources for Health Strategic Plan 2017 – 2024 (3) National Community Health Worker Strategy, August 2010 http://zschs.weebly.com/uploads/2/0/2/8/20289395/nchw_strategy-august-_2010_final.pdf	
7.5 Pre-service Training: Do current pre-service education curricula for any health workers providing HIV/AIDS services include HIV content that has been updated in last three years? Note: List applicable cadres in the comments column.	○ A. Pre-service education institutions do not have HIV content, or HIV content used by pre-service education institutions is out of date (not updated within 3 years) ◉ B. Pre-service institutions have updated HIV/AIDS content within the last three years (check all that apply): ☑ Updated content reflects national standards of practice for cadres offering HIV/AIDS-related services ☑ Institutions maintain process for continuously updating content, including HIV/AIDS content ☑ Updated curricula contain training related to stigma & discrimination of PLHIV ☐ Institutions track student employment after graduation to inform planning	7.5 Score: 0.83	(1) Pre-service training curricula; (2) National Training Operational Plan 2013 to 2016 http://www.moh.gov.zm/?wpdmact=process&did=Ni5ob3RsaW5r (3) Human Resources for Health Planning and Development Strategy Framework, MOH July 2017 https://www.moh.gov.zm/docs/NationalHRHPlanningAndDevelopmentStrategyFramework.pdf	
7.6 In-service Training: To what extent does the host country government (through public, private, and/or voluntary sectors) plan and implement HIV/AIDS in-service training necessary to equip health workers for sustained epidemic control? (if exact or approximate percentage known, please note in Comments column)	Check all that apply among A, B, C, D: ☑ A. The host country government provides the following support for in-service training in the country (check ONE): ☐ Host country government implements no (0%) HIV/AIDS related in-service training ☐ Host country government implements minimal (approx. 1-9%) HIV/AIDS related in-service training ☑ Host country government implements some (approx. 10-49%) HIV/AIDS in-service training ☐ Host country government implements most (approx. 50-89%) HIV/AIDS in-service training ☐ Host country government implements all or almost all (approx. 90%+) HIV/AIDS in-service training ☐ B. The host country government has a national plan for institutionalizing (establishing capacity within local institutions to deliver) donor-supported in-service training in HIV/AIDS ☑ C. The host country government requires continuing professional development, a form of in-service training, for re-licensure for key clinicians ☐ D. The host country government maintains a database to track training for HIV/AIDS, and allocates training based on need (e.g. focusing on high burden areas)	7.6 Score: 0.36	(1) National Training Operational Plan 2013 to 2016 http://www.moh.gov.zm/?wpdmact=process&did=Ni5ob3RsaW5r (2) MOH HR Database (3) Regulatory HRIS; (4) Health Professions' Speciality Training Guidelines for Zambia, STP Guidelines First Edition (August 2017), https://www.moh.gov.zm/docs/Specialty_Training_Guidelines_2017.pdf	

7.7 Health Workforce Data Collection and Use: Does the country systematically collect and use health workforce data, such as through a Human Resource Information Systems (HRIS), for HIV/AIDS services and/or health workforce planning and management?	○ A. There is no HRIS in country and data on the health workforce is not collected systematically for planning and management ○ B. There is no HRIS in country, but some data is collected for planning and management ☐ Registration and re-licensure data for key professionals is collected and used for planning and management ☐ MOH health worker employee data (number, cadre, and location of employment) is collected and used ☐ Routine assessments are conducted regarding health worker staffing at health facility and/or community sites ◉ C. There is an HRIS (an interoperable system that captures at least regulatory and deployment data on health workers) in country: ☑ The HRIS is primarily financed and managed by host country institutions ☑ There is a national strategy or approach to interoperability for HRIS ☐ The government produces HR data from the system at least annually ☐ Host country institutions use HR data from the system for planning and management (e.g. health worker deployment)	7.7 Score:	0.71	(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 (4) MOH HRIS reports and staff retruns.	
7.8 Management and Monitoring of Health Workforce Does an administrative entity, such as a national office or Bureau/s, exist with specific authority to manage - plan, monitor, and provide guidance - for health workforce activities in HIV service delivery sites, including training, supervision, deployments, quality assurance, and others across all sectors. Select only ONE answer.	○ A. No, there is no entity. ○ B. Yes, there is an entity, but it has limited authority, insufficient staff, and insufficient budget ◉ C. Yes, there is an entity with authority and sufficient staff, but not a sufficient budget. ○ D. Yes, there is an entity with authority and sufficient staff and budget.	7.8 Score:	0.63	MOH organogram	
		Health Workforce Score:	**7.30**		

8. Commodity Security and Supply Chain: The National HIV/AIDS response ensures a secure, reliable and adequate supply and distribution of quality products, including drugs, lab and medical supplies, health items, and equipment required for effective and efficient HIV/AIDS prevention, diagnosis and treatment. Host country efficiently manages product selection, forecasting and supply planning, procurement, warehousing and inventory management, transportation, dispensing and waste management reducing costs while maintaining quality.			**Data Source**	**Notes/Comments**
8.1 ARV Domestic Financing: What is the estimated percentage of ARV procurement funded by domestic sources? (Domestic sources includes public sector and private sector but excludes donor and out-of-pocket funds) (if exact or approximate percentage known, please note in Comments column)	○A. This information is not known. ○B. No (0%) funding from domestic sources ○C. Minimal (approx. 1-9%) funding from domestic sources ◉D. Some (approx. 10-49%) funded from domestic sources ○E. Most (approx. 50 – 89%) funded from domestic sources ○F. All or almost all (approx. 90%+) funded from domestic sources	8.1 Score: 0.42	(1) Global Health Supply Chain Procurement and Suplly Management (GHSC-PSM) Aggregated Commodity Funding Gap Analysis Sheet Nov 2019. (2) ARVs Forecasting and Quantification Report 2020- 2021 (3) ARVs Funding Gap Anlysis report Nov 2019	The government of Zambia has increased funding allocation toward procurement of ARVs over the past 5 years (From $5.0m in 2015 to over $30.0m in 2019. Approximately 26.6%
8.2 Test Kit Domestic Financing: What is the estimated percentage of HIV Rapid Test Kit procurement funded by domestic sources? (Domestic sources includes public sector and private sector but excludes donor and out-of-pocket funds) (if exact or approximate percentage known, please note in Comments column)	○A. This information is not known ◉B. No (0%) funding from domestic sources ○C. Minimal (approx. 1-9%) funding from domestic sources ○D. Some (approx. 10-49%) funded from domestic sources ○E. Most (approx. 50-89%) funded from domestic sources ○F. All or almost all (approx. 90%+) funded from domestic sources	8.2 Score: 0.00	(1) Global Health Supply Chain Procurement and Suplly Management (GHSC-PSM) Aggregated Commodity Funding Gap Analysis Sheet Nov 2019. (2) HIV Forecasting and Quantification Report 2020- 2021 (3) HIV Funding Gap Anlysis report Nov 2019	This is almost entirely supported by PEPFAR and Global Fund. Govt need to invest more in this area
8.3 Condom Domestic Financing: What is the estimated percentage of condom procurement funded by domestic (not donor) sources? *Note:* The denominator should be the supply of free or subsidized condoms provided to public or private sector health facilities or community based programs. (if exact or approximate percentage known, please note in Comments column)	○A. This information is not known ◉B. No (0%) funding from domestic sources ○C. Minimal (approx. 1-9%) funding from domestic sources ○D. Some (approx. 10-49%) funded from domestic sources ○E. Most (approx. 50-89%) funded from domestic sources ○F. All or almost all (approx. 90%+) funded from domestic sources	8.3 Score: 0.00	(1) MOH/MSL Pipeline Soft ware Stock Status and Supply Plan Reports (2) Zambia Contraceptive Commodties Forecasting and quantification Report 2019-2021	This is almost entirely supported by , UNFPA, Global Fund and, PEPFAR. Govt need to invest more in this area

8.4 Supply Chain Plan: Does the country have an agreed-upon national supply chain plan that guides investments in the supply chain?	○A. There is no plan or thoroughly annually reviewed supply chain standard operating procedure (SOP). ◉B. There is a plan/SOP that includes the following components (check all that apply): ☑Human resources ☑Training ☑Warehousing ☑Distribution ☑Reverse Logistics ☑Waste management ☑Information system ☑Procurement ☑Forecasting ☑Supply planning and supervision ☑Site supervision	8.4 Score: 1.67	(1) ARVs Funding Gap Anlysis report April 2019 (2) Health Sector National Supply Chain Strategy and Implementation Plan for essential medicines and Medical Supplies 2019 - 2021	First strategy was for the period 2015-2017. A new strategy 2019-2021 has been developed and is scheduled for dissemination September 12, 2019.
8.5 Supply Chain Plan Financing: What is the estimated percentage of financing for the supply chain plan that is provided by domestic sources (i.e. excluding donor funds)? (if exact or approximate percentage known, please note in Comments column)	○A. This information is not available. ○B. No (0%) funding from domestic sources. ◉C. Minimal (approx. 1-9%) funding from domestic sources. ○D. Some (approx. 10-49%) funding from domestic sources. ○E. Most (approx. 50-89%) funding from domestic sources. ○F. All or almost all (approx. 90%+) funding from domestic sources.	8.5 Score: 0.21	1)Global Health Supply Chain Procurement and Suplly Management (GHSC-PSM) Aggregated Commodity Funding Gap Analysis Sheet Nov 2019. (2) Health Sector National Supply Chain Strategy and Implementation Plan for essential medicines and Medical Supplies 2019 - 2021	

8.6 Stock: Does the host country government manage processes and systems that ensure appropriate ARV stock in all levels of the system?	Check all that apply: ☑ The group making re-supply decisions for ARVs, have timely visibility into the ARV stock on hand at facilities ☐ Facilities are stocked with ARVs according to plan (above the minimum and below the maximum stock level) 90% of the time ☑ MOH or other host government personnel make re-supply decisions with minimal external assistance: ☑ Decision makers are not seconded or implementing partner staff ☑ Supply chain data are maintained within the Ministry of Health and not solely stored by donor-funded projects ☑ Team that conducts analysis of facility data is at least 50% host government	8.6 Score: 1.11	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)	Inaequate delivery vehicles to ensure last mile distribution
8.7 Assessment: Was an overall score of above 80% achieved on the National Supply Chain Assessment or top quartile for an equivalent assessment conducted within the last three years? (if exact or approximate percentage known, please note in Comments column)	○ A. A comprehensive assessment has not been done within the last three years. ◉ B. A comprehensive assessment has been done within the last three years but the score was lower than 80% (for NSCA) or in the bottom three quartiles for the global average of other equivalent assessments ○ C. A comprehensive assessment has been done within the last three years and the score was higher than 80% (for NSCA) or in the top quartile for the assessment	8.7 Score: 0.83	Nation Supply Chain Assessment Reoprt 2019	
8.8 Management and Monitoring of Supply Chain: Does an administrative entity, such as a national office or Bureau/s, exist with specific authority to manage - plan, monitor, and provide guidance - supply chain activities including forecasting, stock monitoring, logistics and warehousing support, and other forms of information monitoring across all sectors? Select only ONE answer.	○ A. No, there is no entity. ◉ B. Yes, there is an entity, but it has limited authority, insufficient staff, and insufficient budget ○ C. Yes, there is an entity with authority and sufficient staff, but not a sufficient budget. ○ D. Yes, there is an entity with authority and sufficient staff and budget.	8.8 Score: 0.56		MOH has a Directorate responsible this task (Clinicare and Diagnostics Services), with a dedicated unit headed by Ass. Director responsible for Pharmaceutical Services. There is also a CMS in place with works hand in hand with the directorate. Partners work in collaboration with both the directorate and MSL to implement this activity (TA and financial support)
	Commodity Security and Supply Chain Score:	**4.79**		

9. Quality Management: Host country has institutionalized quality management systems, plans, workforce capacities and other key inputs to ensure that modern quality improvement methodologies are applied to managing and providing HIV/AIDS services			**Data Source**	**Notes/Comments**
9.1 Existence of a Quality Management (QM) System: Does the host country government support appropriate QM structures to support continuous quality improvement (QI) at national, sub-national and site levels?	○ A. The host country government does not have structures or resources to support site-level continuous quality improvement ◉ B. The host country government: ☑ Has structures with dedicated focal points or leaders (e.g., committee, focal person, working groups, teams) at the national level, sub-national level and in a majority of sites where HIV/AIDS care and services are offered that are supporting site-level continuous quality improvement ☑ Has a budget line item for the QM program ☑ Supports a knowledge management platform (e.g., web site) and/or peer learning opportunities available to site QI participants to gain insights from other sites and interventions	9.1 Score: 2.00	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	
9.2 Quality Management/Quality Improvement (QM/QI) Plan: Is there a current (updated within the last 2 years) QM/QI plan? (The plan may be HIV program-specific or include HIV program-specific elements in a national health sector QM/QI plan.)	○ A. There is no HIV/AIDS-related QM/QI strategy ○ B. There is a QM/QI strategy that includes HIV/AIDS, but it is not utilized ◉ C. There is a current QM/QI strategy that includes HIV/AIDS program specific elements, and it is partially utilized. ○ D. There is a current HIV/AIDS program specific QM/QI strategy, and it is fully utilized.	9.2 Score: 1.33	(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	
9.3 Performance Data Collection and Use for Improvement: Are HIV program performance measurement data systematically collected and analyzed to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting?	○ A. HIV program performance measurement data are not used to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting. ◉ B. HIV program performance measurement data are used to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting (check all that apply): ☑ The national quality structure has a clinical data collection system from which local performance measurement data on prioritized measures are being collected, aggregated nationally, and analyzed for local and national improvement ☑ There is a system for sharing data at the national, SNU, and local level, with evidence that data is used to identify quality gaps and initiate QI activities ☑ There is documentation of results of QI activities and demonstration of national HIV program improvement through sharing and implementation of best practices across HIV/AIDS sites at all levels	9.3 Score: 2.00	(1) Health Management Information Systems (HMIS) (2) SIMS reports (3) National QI/QA TWG Meeting notes (4) performance Assessment reports	

9.4 Health worker capacity for QM/QI: Does the host country government ensure that the health workforce has capacities to apply modern quality improvement methods to HIV/AIDS care and services?	○ A. There is no training or recognition offered to build health workforce competency in QI. ◉ B. There is health workforce competency-building in QI, including: ☑ Pre-service institutions incorporate modern quality improvement methods in curricula ☑ National in-service training (IST) curricula integrate quality improvement training for members of the health workforce (including managers) who provide or support HIV/AIDS services	9.4 Score: 2.00	(1) SIMS Reports (2) Quality Improvement Guidelines for Health Workers in Zambia, Second edition, 2017 (3) Health Professionals Coouncil of Zambia Accreditation Manual, First edition, 2012 4) Performance Assessment Reports	
9.5 Existence of QI Implementation: Does the host country government QM system use proven systematic approaches for QI?	The national-level QM structure: ☑ Provides oversight to ensure continuous quality improvement in HIV/AIDS care and services ☐ Regularly convenes meetings that include health services consumers ☑ Routinely reviews national, sub-national and clinical outcome data to identify and prioritize areas for improvement Sub-national QM structures: ☑ Provide coordination and support to ensure continuous quality improvement in HIV/AIDS care and services ☐ Regularly convene meetings that includes health services consumers ☑ Routinely review national, sub-national and clinical outcome data to identify and prioritize areas for improvement Site-level QM structures: ☑ Undertake continuous quality improvement in HIV/AIDS care and services to identify and prioritize areas for improvement	9.5 Score: 1.43	(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.	
		Quality Management Score:	**8.76**	

10. Laboratory: The host country ensures adequate funds, policies, and regulations to ensure laboratory capacity (workforce, equipment, reagents, quality) matches the services required for PLHIV.			**Data Source**	**Notes/Comments**
10.1 Strategic Plan: Does the host country have a national laboratory strategic plan?	○A. There is no national laboratory strategic plan ○B. National laboratory strategic plan is under development ○C. National laboratory strategic plan has been developed, but not approved ◉D. National laboratory strategic plan has been developed and approved ○E. National laboratory plan has been developed, approved, and costed ○F. National laboratory strategic plan has been developed, approved, costed, and implemented	10.1 Score: 0.80	National Biomedical Strategic Plan 2018 - 2022	
10.2 Management and Monitoring of Laboratory Services: Does an administrative entity, such as a national office or Bureau/s, exist with specific authority to manage - plan, monitor, purchase, and provide guidance - laboratory services at the regional and district level across all sectors? Select only ONE answer.	○A. No, there is no entity. ◉B. Yes, there is an entity, but it has limited authority, insufficient staff, and insufficient budget ○C. Yes, there is an entity with authority and sufficient staff, but not a sufficient budget. ○D. Yes, there is an entity with authority and sufficient staff and budget.	10.2 Score: 0.44	MOH experet consultation collaborated by PEPFAR	
10.3 Regulations to Monitor Quality of Laboratories and Point of Care Testing (POCT) Sites: To what extent does the host country have regulations in place to monitor the quality of its laboratories and POCT sites? (if exact or approximate percentage known, please note in Comments column)	○A. Regulations do not exist to monitor minimum quality of laboratories in the country. ○B. Regulations exist, but are not implemented (0% of laboratories and POCT sites regulated). ○C. Regulations exist, but are minimally implemented (approx.. 1-9% of laboratories and POCT sites regulated). ○D. Regulations exist, but are partially implemented (approx. 10-49% of laboratories and POCT sites regulated). ◉E. Regulations exist and are mostly implemented (approx. 50-89% of laboratories and POCT sites regulated). ○F. Regulations exist and are fully or almost fully implemented (approx. 90%+ of laboratories and POCT sites regulated).	10.3 Score: 1.00	VL /EID Implementaion pla/	
10.4 Capacity of Laboratory Workforce: Does the host country have an adequate number of qualified laboratory personnel (human resources [HR]) in the public sector, to sustain key functions to meet the needs of PLHIV for diagnosis, monitoring treatment and viral load suppression?	○A. There are not adequate qualified laboratory personnel to achieve sustained epidemic control ◉B. There are adequate qualified laboratory personnel to perform the following key functions: ☑ HIV diagnosis by rapid testing and point-of-care testing ☑ Routine laboratory testing, including chemistry, hematology, microbiology, serology, blood banking, and malaria ☑ Complex laboratory testing, including HIV viral load, CD4 testing, and molecular assays ☑ TB diagnosis	10.4 Score: 1.33	PIC Dissenation Report (June 2017)	

10.5 Viral Load Infrastructure: Does the host country have sufficient infrastructure to test for viral load to reach sustained epidemic control?	○A. There is not sufficient infrastructure to test for viral load. ◉B. There is sufficient infrastructure to test for viral load, including: ☑ Sufficient HIV viral load instruments ☑ All HIV viral load laboratories have an instrument maintenance program ☑ Sufficient supply chain system is in place to prevent stock out ☐ Adequate specimen transport system and timely return of results	10.5 Score: 1.00	Monthly Reports from labs (CDC) ICA Report (in draft)	
10.6 Domestic Funds for Laboratories: To what extent are laboratory services financed by domestic public or private resources (i.e. excluding external donor funding)? (if exact or approximate percentage known, please note in Comments column)	○A. No (0%) laboratory services are financed by domestic resources. ◉B. Minimal (approx. 1-9%) laboratory services are financed by domestic resources. ○C. Some (approx. 10-49%) laboratory services are financed by domestic resources. ○D. Most (approx. 50-89%) laboratory services are financed by domestic resources. ○E. All or almost all (approx. 90%+) laboratory services are financed by domestic resources.	10.6 Score: 0.83	National lab and HIV Test kit forecasting and quantification report	
	Laboratory Score:	**5.41**		

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN B

Domain C. Strategic Financing and Market Openness

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. Finally, having and effectively implementing policies that ensure leveraging markets (both nonprofit and for profit) where appropriate and enabling their participation and competition will be critical for a sustained HIV response.

Fiscal Context for Health and HIV/AIDS This section will not be assigned a score, but will provide additional contextual information to complement the questions in Domain C.			**Data Source**	Notes/Comments
1. What percentage of general government expenditures goes to health?	9%		Ministry of Finance, Activity Based Budget (2019)	
2. What is the per capita health expenditure all sources?	$195		http://www.who.int/countries/zmb/en/	
3. What is the total health care expenditure all sources as a percent of GDP?	5%		http://www.who.int/countries/zmb/en/	
4. What percent of total health expenditures is financed by external resources?	42.50%		NHA-2013-2016	
5. What percent of total health expenditures is financed by out of pocket spending net of household contributions to medical schemes/pre-payment schemes?	12.20%		NHA-2013-2016	

11. Domestic Resource Mobilization: The partner country budgets for its HIV/AIDS response and makes adequate resource commitments and expenditures to achieve national HIV/AIDS goals for epidemic control in line with its financial ability.			**Data Source**	Notes/Comments
11.1 Long-term Financing Strategy for HIV/AIDS: Has the host country government developed a long-term financing strategy for HIV/AIDS?	Check all that apply: ☑ A. Yes, there is a universal, comprehensive financing scheme that integrates social health insurance, public subsidies, and national budget provisions for public health aspects (e.g., disease surveillance). It includes the following (check all that apply): ☑ ARVs are covered ☑ Non-ARV care and treatment is covered ☑ Prevention services are covered ☐ B. Yes, there is an affordable health insurance scheme available (check one of the following). ☐ It covers 25% or less of the population. ☐ It covers 26 to 50% of the population. ☐ It covers 51 to 75% of the population. ☐ It covers more than 75% of the population. ☐ C. The affordable health insurance scheme in (B.) includes the following (check all that apply): ☐ ARVs are covered. ☐ Non-ARV care and treatment services are covered. ☐ Prevention services are covered (specify in comments). ☐ It includes public subsidies for the affordability of care.	11.1 Score: 0.32	Ministry of Finance, Activity Based Budget (2019) Medium Term Expenditure Framework (2019-2022. MOH National Health Strategic Plan 2017-21. Health Fianacing Strategy 2017-2017 and its Draf Implementation Plan.	Social Health Insurance is being established and the law has since been passed. The Government is in the process of setting up systems. The Government finances the Health Sector through taxes.

11.2 Domestic Budget: To what extent does the national budget explicitly account for the national HIV/AIDS response?	○ A. There is no explicit funding for HIV/AIDS in the national budget. ◉ B. There is explicit HIV/AIDS funding within the national budget. ☑ The HIV/AIDS budget is program-based across ministries ☑ The budget includes or references indicators of progress toward national HIV/AIDS strategy goals ☑ The budget includes specific HIV/AIDS service delivery targets ☐ National budget reflects all sources of funding for HIV, including from external donors	11.2 Score: 0.83	Ministry of Finance, Activity Based Budget (2019)	The national budget includes HIV funding to the Health Sector and other line ministries
11.3 Annual Goals/Targets: To what extent does the national budget contain HIV/AIDS goals/targets?	○ A. There are no HIV/AIDS goals/targets articulated in the national budget ◉ B. There are HIV/AIDS goals/targets articulated in the national budget. ☑ The goals/targets are measurable. ☐ Budget items/programs are linked to goals/targets. ☑ The goals/targets are routinely monitored during budget execution. ☑ The goals/targets are routinely monitored during the development of the budget.	11.3 Score: 0.83	Ministry of Finance, Activity Based Budget (2019)	Health and HIV targets goals and targets are articulated in the sector budgets and planning tools
11.4 HIV/AIDS Budget Execution: For the previous three years, what was the average execution rate for budgeted domestic HIV/AIDS resources (i.e. excluding any donor funds) at both the national and subnational level? (If subnational data does not exist or is not available, answer the question for the national level. Note level covered in the comments column)	○ A. There is no HIV/AIDS budget, or information is not available. ◉ B. 0-49% of budget executed ○ C. 50-69% of budget executed ○ D. 70-89% of budget executed ○ E. 90% or greater of budget executed	11.4 Score: 0.00	(1)Ministry of Finance, Activity Based Budget (2016,2017,2018). (2) MOF Budget Status Reports (2016,2017,2018) MOH Fianace Presntation, MTEF 2020-2022 Launch.	GRZ funding has been erratic for the past two years. For instance in Calendar Year (CY) 2018, spending agencies received grants for only one month. In CY2019 the agencies had not received any grants, as of the date of the SID meeting. MOH reported budget performance of 24% in first half of CY 2019.

11.5 Donor Spending: Does the Ministry of Health or Ministry of Finance routinely, and at least on an annual basis, collect all donor spending in the health sector or for HIV/AIDS-specific services?	○ A. Neither the Ministry of Health nor the Ministry of Finance routinely collects all donor spending in the health sector or for HIV/AIDS-specific services. ○ B. The Ministry of Health or Ministry of Finance routinely collects all donor spending for only HIV/AIDS-specific services. ◉ C. The Ministry of Health or Ministry of Finance routinely collects all donor spending all the entire health sector, including HIV/AIDS-specific services.	11.5 Score: 0.95	NHA (2013,2014,2015,2016)	MOH is now trying to institutionalize the collection of the NHA data. Donors working in the health sector make a presentation at the Ministry of Health's Annual Consultative Meeting at the beginning of each year. This presentation focuses on projected spending over the coming year compared to amounts committed in the previous year.
11.6 Domestic Spending: What percent of the annual national HIV response is financed with domestic public and domestic private sector HIV funding? (Domestic funding excludes out-of-pocket, Global Fund grants, and other donor resources)? (if exact or approximate percentage known, please note in Comments column)	○ A. None (0%) is financed with domestic funding. ○ B. Very little (approx. 1-9%) is financed with domestic funding. ◉ C. Some (approx. 10-49%) is financed with domestic funding. ○ D. Most (approx. 50-89%) is financed with domestic funding. ○ E. All or almost all (approx. 90%+) is financed with domestic funding.	11.6 Score: 1.67	1)UNAIDS, Zambia's National AIDS Spending Assessment-2015-2017 (2) National Aids Council, National AIDS Strategic Framework 2017 -2021 (3) Ministry of Health, National AIDS Spending Assessment (NASA): 2015-2017	The NASA estimates domestic public expenditure at 13.8% with private expenditure-including OOP at 0.4%
11.7 Health Budget Execution: What was the country's execution rate of its budget for health in the most recent year's budget?	○ A. There is no budget for health or no money was allocated. ◉ B. 0-49% of budget executed. ○ C. 50-69% of budget executed. ○ D. 70-89% of budget executed. ○ E. 90% or greater of budget executed.	11.7 Score: 0.00	)Ministry of Finance, Activity Based Budget(2016,2017,2018). MOF Budget Status Reports/ Finaical Reports MOH Fianace Presntation, MTEF 2020-2022 Launch.	GRZ funding has been erratic for the past two years. For instance in Calendar Year (CY) 2018, spending agencies received grants for only one month. In CY2019 the agencies had not received any grants, as of the date of the SID meeting. MOH reported budget performance of 24% in first half of CY 2019.
11.8 Data-Driven Reprogramming: Do host country government policies/systems allow for reprograming domestic investments based on new or updated program data during the government funding cycle?	○ A. There is no system for funding cycle reprogramming. ○ B. There is a policy/system that allows for funding cycle reprogramming, but is seldom used. ○ C. There is a policy/system that allows for funding cycle reprogramming and reprogramming is done as per the policy, but not based on data. ◉ D. There is a policy/system that allows for funding cycle reprogramming and reprogramming is done as per the policy, and is based on data.	11.8 Score: 0.95	Ministry of Finance, Finance Act 2004 (2004). MOF Green paper	
Domestic Resource Mobilization Score:		**5.56**		

12. Technical and Allocative Efficiencies: The host country analyzes and uses relevant HIV/AIDS epidemiological, health, health workforce, and economic data to inform HIV/AIDS investment decisions. For maximizing impact, data are used to choose which high impact program services and interventions are to be implemented, where resources should be allocated, and what populations demonstrate the highest need and should be targeted (i.e. the right thing at the right place and at the right time). Unit costs are tracked and steps are taken to improve HIV/AIDS outcomes within the available resource envelope (or achieves comparable outcomes with fewer resources).			**Data Source**	Notes/Comments
12.1 Resource Allocation Process: Does the partner country government utilize a recognized data-driven model to inform the allocation of domestic (i.e. non-donor) public HIV resources? If yes, please note in the comments section when the model was last used and for what purpose (e.g., for Global Fund concept note development) (note: full score achieved by selecting one checkbox)	○ A. The host country government does not use one of the mechanisms listed below to inform the allocation of their resources. ◉ B. The host country government does use the following mechanisms to inform the allocation of their resources (check all that apply): ☐ Optima ☑ Spectrum (including EPP and Goals) ☐ AIDS Epidemic Model (AEM) ☑ Modes of Transmission (MOT) Model ☑ Other recognized process or model (specify in notes column)	12.1 Score: 2.00	Expert input during the SID meeting	The Government also uses Resource Allocation Formula that takes into account disease burden in the allocation of resources.
12.2 Geographic Allocation: Of central government HIV-specific resources (excluding any donor funds) allocated to geographic subunits in the most recent year available, what percentage is being allocated in the highest burden geographic areas (i.e. districts that cumulatively account for 80% of PLHIV)? (if exact or approximate percentage known, please note in Comments column)	○ A. Information not available. ○ B. No resources (0%) are targeting the highest burden geographic areas. ○ C. Minimal resources (approx. 1-9%) are targeting the highest burden geographic areas. ◉ D. Some resources (approx. 10-49%) are targeting the highest burden geographic areas. ○ E. Most resources (approx. 50-89%) are targeting the highest burden geographic areas. ○ F. All or almost all resources (approx. 90%+) are targeting the highest burden geographic areas.	12.2 Score: 1.00	(1)Ministry of Health, Annual Health Statistical Bulletin (2018) (2)Ministry of Finance, Activity Based Budget (2019) (3) Resource Allocation Formula	The Resource Allocation Formula takes takes into account disease burden in the allocation of resources.

12.3 Information on cost of service provision: Does the host country government have a system that routinely produces information on the costs of providing HIV/AIDS services, and is this information used for budgeting or planning purposes? (note: full score can be achieved without checking all disaggregate boxes).	○ A. The host country DOES NOT have a system that routinely produces information on the costs of providing HIV/AIDS services. ○ B. The host country has a system that routinely produces information on the costs of providing HIV/AIDS services, but this information is not used for budgeting or planning. ◉ C. The host country has a system that routinely produces information on the costs of providing HIV/AIDS services AND this information is used for budgeting or planning purposes for the following services (check all that apply): ☑ HIV Testing ☑ Laboratory services ☑ ART ☑ PMTCT ☑ VMMC ☐ OVC Service Package ☑ Key population Interventions ☑ PrEP	12.3 Score: 2.00	1)Ministry of Health, Zambia Contraceptive Commodity Forecasting and Quantification report (2019 - 2020); 2)UNAIDS, Spectrum (2016) 3)Ministry of Health, National forecast and quantification review of HIV test kits (2019-2020) 4)Ministry of Health, National Laboratory commodities forecast and quantification review (2019-2020) 5) Ministry of Health, Zambia ARVs forecasting and quantification (2019-2020)	With support from Cooperating Partners the Government produces unit costs that feed into the planning process.
12.4 Improving Efficiency: Has the partner country achieved any of the following efficiency improvements through actions taken within the last three years?	Check all that apply: ☑ Improved operations or interventions based on the findings of cost-effectiveness or efficiency studies ☑ Reduced overhead costs by streamlining management ☑ Lowered unit costs by reducing fragmentation, i.e. pooled procurement, resource pooling, etc. ☑ Improved procurement competition ☑ Integrated HIV/AIDS into national or subnational insurance schemes (private or public -- need not be within last three years) ☑ Integrated HIV into primary care services with linkages to specialist care (need not be within last three years) ☑ Integrated TB and HIV services, including ART initiation in TB treatment settings and TB screening and treatment in HIV care settings (need not be within last three years)	12.4 Score: 2.00	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 2013-2016 (5) UNAIDS, 2015-2017, National AIDS Spending Assessment (2019)	Technical experts also provided input to the responses.

	☑ Integrated HIV and MCH services, including ART initiated and maintained in eligible pregnant and postpartum women and in infants at maternal and child health care settings (need not be within last three years) ☑ Developed and implemented other new and more efficient models of HIV service delivery (e.g., multi-month scripting, testing modalities targeted to the population profile, etc. - specify in comments)			
12.5 ARV Benchmark prices: How do the costs of ARVs (most common first line regimen) purchased in the previous year by the partner government using domestic resources compare to international benchmark prices for that year? (Use the "factory cost" of purchased commodities, excluding transport costs, distribution costs, etc.)	○ A. Partner government did not pay for any ARVs using domestic resources in the previous year. ○ B. Average price paid for ARVs by the partner government in the previous year was more than 50% greater than the international benchmark price for that regimen. ○ C. Average price paid for ARVs by the partner government in the previous year was 10-50% greater than the international benchmark price for that regimen. ◉ D. Average price paid for ARVs by the partner government in the previous year was 1-10% greater than the international benchmark price for that regimen. ○ E. Average price paid for ARVs by the partner government in the previous year was below or equal to the international benchmark price for that regimen.	12.5 Score: 1.50	http://apps.who.int/hiv/amds/price/hdd/Default.aspx	
	Technical and Allocative Efficiencies Score:	**8.50**		

13. Market Openness: Host country and donor policies do not negatively distort the market for HIV services by reducing participation and/or competition.			**Data Source**	Notes/Comments
13.1 Granting exclusive rights for services or training: Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies grant exclusive rights for the government or another local provider to provide HIV services?	Do national government or donor (e.g., PEPFAR, GFATM, etc.) polices: A. Restrict the provision of any one aspect of HIV prevention, testing, counseling, or treatment services to a single entity (i.e., creating a monopoly arrangement for that service)? ☐ Yes ☑ No B. Mandate that only government facilities have the exclusive right to provide any one aspect of HIV prevention, testing, counseling, or treatment services? ☐ Yes ☑ No C. Grant exclusive rights to government institutions for providing health service training? ☐ Yes ☑ No	13.1 Score: 0.36	Health Professions Act 2009; National Health Strategic Plan for 2017-2021	
13.2 Requiring license or authorization: Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies establish a license, permit or authorization process as a requirement of operation?	A. Are health facilities required to obtain a government-mandated license or accreditation in order to provide HIV services? [SELECT ONE] ☐ No ☐ Yes, and the enforcement of the accreditation places equal burden on nongovernment facilities (e.g., FBOs, CBOs, or private sector) and government facilities. ☑ Yes, and the enforcement of the accreditation places higher burden on nongovernment facilities (e.g., FBOs, CBOs, or private sector) than on government facilities. B. Are health training institutions required to obtain a government-mandated license or accreditation in order to provide health service training? [SELECT ONE] ☐ No ☑ Yes, and the enforcement of the accreditation places equal burden on nongovernment institutions (e.g., FBOs, CBOs, or private sector) and government institutions. ☐ Yes, and the enforcement of the accreditation places higher burden on nongovernment institutions (e.g., FBOs, CBOs, or private sector) than on government institutions.	13.2 Score: 0.18	Health Professions Act 2009;	Licencing is mandated by the Government

13.3 Limiting provision of certain direct clinical services: Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies limit the ability of licensed, local providers to provide certain direct clinical services?	National government or donor (e.g., PEPFAR, GFATM, etc.) policies limit the ability of licensed, local health service providers to offer the following HIV services: ☐ Prevention ☐ Testing and Counseling ☐ Treatment	13.3 Score: 0.36	National Health Strategic Plan 2017-2021	The answer is no. There was no option for this.
13.4 Limiting provision of certain clinical support services: Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies limit the ability of licensed local providers to provide certain clinical support services?	A. Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies restrict the ability of licensed, local institutions from providing essential HIV laboratory services? ☐ Yes ☑ No B. Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies create monopoly arrangements in lab testing (i.e., arrangements where effectively only one lab service provider is allowed to conduct a certain essential HIV lab service)? ☐ Yes ☑ No C. National government or donor (e.g., PEPFAR, GFATM, etc.) policies restrict the ability of licensed, local institutions from procuring or distributing the following HIV commodities and supplies [PLEASE SPECIFY TYPE IN NOTES]: ☐ ARVs ☐ Test kits ☐ Laboratory supplies ☐ Other D. Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies create monopoly supply chain arrangements for HIV commodities (i.e., arrangements where effectively only one entity is able to supply a certain essential HIV commodity)? ☐ Yes ☑ No	13.4 Score: 0.36	Good distribution practices guidelines by ZAMRA	The response to C is No.

13.5 Limits on local manufacturing: Do national government policies limit the ability of the local manufacturing industry to compete with the international market?	A. Do national government policies restrict the production of HIV commodities and supplies by local manufacturers beyond international standards? ◯ Yes ◉ No B. [IF YES] For which of the following is local manufacturing restricted? ☐ ARVs ☐ Test kits ☐ Laboratory supplies ☐ Other	13.5 Score: 0.36		
13.6 Cost of entry/exit: Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies significantly raise the cost of entry or exit by a local provider?	Do local health service facilities face higher start-up or maintenance costs compared to government or donor (e.g., PEPFAR, GFATM, etc.) supported facilities (e.g., lack of access to funds, higher accreditation fees, prohibitive contracting costs, etc.)? ☐ Yes ☑ No	13.6 Score: 0.36	Health Professions Council Fee schedule; Zambia Private Health Sector Assessment: SRH & HIV - Final Report, June 2019 (subsidies)	
13.7 Geographical barriers: Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies create geographical barriers for local providers to supply goods, services or labor, or invest capital?	A. Are certain geographical areas restricted to only government or donor-supported HIV service providers? ◉ Yes ◯ No B. [IF YES] Which of the following are geographically restricted? ☐ Supplying HIV supplies and commodities ☑ Supplying HIV services or health workforce labor ☐ Investing capital (e.g., constructing or renovating facilities)	13.7 Score: 0.24	National Health Strategic Plan 2017-2021	There are restrictions to provsion of services in DREAMS districts.
13.8 Freedom to advertise: Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies limit the freedom of local organizations to advertise or market HIV goods or services? [Note: "organizations" in this case can refer broadly to clinical service providers and also organizations providing advocacy and promotion services.]	Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies restrict the freedom of nongovernment (e.g., FBOs, CBOs, or private sector) organizations to advertise or promote HIV services either online, over TV and radio, or in public spaces? ☐ Yes ☑ No	13.8 Score: 0.63	Public Health Act	

13.9 Quality standards for HIV services: Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies, and the enforcement of those polices, hold all HIV service providers (government-run, local private sector, FBOs, etc.) to the same standards of service quality?	Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies, and the enforcement of those polices, hold all HIV service providers (government-run, local private sector, FBOs, etc.) to the same standards of service quality? [CHECK ALL THAT APPLY] ☑ Yes ☐ No, government service providers are held to higher standards than nongovernment service providers ☐ No, FBOs/CSOs are held to higher standards than government service providers ☐ No, private sector providers are held to higher standards than government service providers	13.9 Score: 0.63	Ministry of Health Quality Assurance Handbook; Health Professionals Council Manual	
13.10 Quality standards for HIV commodities: Do national government policies set standards for product quality that provide an advantage to some commodity suppliers over others?	Do national government policies set product quality standards on HIV commodities that advantage some suppliers over others? [IF YES, PLEASE EXPLAIN IN NOTES] ☐ Yes ☑ No	13.10 Score: 0.63	ZAMRA - standards for commodities?	
13.11 Cost of service provision: Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies significantly raise the cost of service provision for some local providers relative to others (especially by treating incumbents differently from new entrants)?	A. Do government HIV service providers receive greater subsidies or support of overhead expenses (e.g., operational support) as compared to nongovernment (e.g., FBOs, CBOs, or private sector) HIV service providers? ☑ Yes ☐ No B. Does the national government selectively subsidize certain nongovernment (e.g., FBOs, CBOs, or private sector), local HIV service providers over others? ☐ Yes ☑ No C. Do government health training institutions receive greater subsidies or support of overhead expenses as compared to nongovernment (e.g., FBOs, CBOs, or private sector) health training institutions? ☑ Yes ☐ No D. Does the national government selectively subsidize certain nongovernment (e.g., FBOs, CBOs, or private sector), local health service training institutions over others? ☐ Yes ☑ No	13.11 Score: 0.31	Zambia Private Health Sector Assessment: SRH & HIV - Final Report, June 2019 (subsidies)	Subsidies are not provided both to public
13.12 Self-regulation: Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies allow for the creation of a self-regulatory or co-	Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies allow HIV service providers—either groups of individuals or groups of institutions—to create structural barriers (e.g., closed network systems) that may reduce the incentive of other potential providers to provide HIV services?	13.12 Score: 1.25	Zambia Private Health Sector Assessment: SRH & HIV - Final Report, June 2019 (subsidies)	

regulatory regime?	☐ Yes ☑ No			
13.13 Publishing of provider information: Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies require or encourage information on local providers' outputs, prices, sales or costs to be published?	A. National government or donor (e.g., PEPFAR, GFATM, etc.) policies require nongovernment (e.g., FBOs, CBOs, or private sector) health service facilities to publish more data than government facilities on the following [CHECK ALL THAT APPLY]: ☐ HIV service caseload ☐ Procurement of HIV supplies/commodities ☐ Expenses B. National government or donor (e.g., PEPFAR, GFATM, etc.) policies require HIV commodity suppliers to publish data on the following [CHECK ALL THAT APPLY]: ☐ Distribution ☐ Sales/Revenue ☐ Production costs	13.13 Score: 1.25	Procurements - Forecasting and Supply Planning Report; Tax Returns (Zambia Revenue Authority)	
13.14 Patient choice: Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies limit the ability of patients to decide which providers or products to use?	Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies restrict the ability of patients or specific groups of patients to choose: A. Which HIV service providers they use? ☐ Yes ☑ No B. Which HIV supplies/commodities they use (e.g., ARVs, PrEP, condoms, needles, etc.)? ☑ Yes ☐ No	13.14 Score: 0.63	National Health Strategic Plan 2017-2021	Applies for ART and PrEP
13.15 Patient mobility: Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies reduce mobility of patients between HIV service providers by increasing the explicit or implicit costs of changing providers?	Do national government or donor (e.g., PEPFAR, GFATM, etc.) policies impose costs or other barriers that restrict a patient's ability to transfer from a government HIV service provider to a nongovernment (e.g., FBO, CBO, or private sector) HIV service provider? ☐ Yes ☑ No	13.15 Score: 1.25	National Health Strategic Plan 2017-2021	
	Market Openness Score:	**8.76**		

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.

14.Epidemiological and Health data: Host Country Government routinely collects, analyzes and makes available data on the HIV/AIDS epidemic and its effects on health outcomes. HIV/AIDS epidemiological and health data include size estimates of key populations, PLHIV, HIV incidence, HIV prevalence, viral load and AIDS-related mortality rates.			**Data Source**	**Notes/Comments**
14.1 Management and Monitoring of Surveillance Activities: Does an administrative entity, such as a national office or Bureau/s, exist with specific authority to manage - plan, monitor, and provide guidance - for HIV/AIDS epidemiological surveys and/or surveillance activities including: data collection, analysis and interpretation; data storage and retrieval; and quality assurance across all sectors. Select only ONE answer.	○ No, there is no entity. ○ Yes, there is an entity, but it has limited authority, insufficient staff, and insufficient budget ◉ Yes, there is an entity with authority and sufficient staff, but not a sufficient budget. ○ Yes, there is an entity with authority and sufficient staff and budget.	14.1 Score: 0.56	Ministry of Health, Zambia National Public Health Institute & Central Statistical Office	
14.2 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 surveillance activities (population-based household surveys, case reporting/clinical surveillance, drug resistance surveillance, etc.)?	○ A. No HIV/AIDS general population surveys or surveillance activities have been conducted within the past 5 years ○ B. Surveys & surveillance activities are primarily planned and implemented by external agencies, organizations or institutions ○ C. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with substantial technical assistance from external agencies ◉ D. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with some technical assistance from external agencies ○ E. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with minimal or no technical assistance from external agencies	14.2 Score: 0.63	(1) ZAMPHIA 2016 (2) ZDHS 2013-14 (3) ANC-SS 2017 (4) ZAMPHIA 2020 Technical planning documents	
14.3 Who Leads Key Population Surveys & Surveillance: To what extent does the host country government lead & manage planning and implementation of the HIV/AIDS portfolio of key population epidemiological surveys and/or behavioral surveillance activities (IBBS, size estimation studies, etc.)?	○ A. No HIV/AIDS key population surveys or surveillance activities have been conducted within the past 5 years ◉ B. Surveys & surveillance activities are primarily planned and implemented by external agencies, organizations or institutions ○ C. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with substantial technical assistance from external agencies ○ D. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with some technical assistance from external agencies ○ E. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, without minimal or no technical assistance from external agencies	14.3 Score: 0.21	National AIDS Council 1) Population Council KP Estimates (2015) 2) Open Doors KP Estimations (2016) 3) UCSF national estimations spreadsheet (2017)	

14.4 Who Finances General Population Surveys & Surveillance: To what extent does the host country government fund the HIV/AIDS portfolio of general population epidemiological surveys and/or surveillance activities (e.g., protocol development, printing of paper-based tools, salaries and transportation for data collection, etc.)? (if exact or approximate percentage known, please note in Comments column)	○A. No HIV/AIDS general population surveys or surveillance activities have been conducted within the past 5 years ○B. No financing (0%) is provided by the host country government ○C. Minimal financing (approx. 1-9%) is provided by the host country government ◉D. Some financing (approx. 10-49%) is provided by the host country government ○E. Most financing (approx. 50-89%) is provided by the host country government ○F. All or almost all financing (90% +) is provided by the host country government	14.4 Score: 0.83	Donors contribute substantial amounts; Government contributes in kind (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	
14.5 Who Finances Key Populations Surveys & Surveillance: To what extent does the host country government fund the HIV/AIDS portfolio of key population epidemiological surveys and/or behavioral surveillance activities (e.g., protocol development, printing of paper-based tools, salaries and transportation for data collection, etc.)? (if exact or approximate percentage known, please note in Comments column)	○A. No HIV/AIDS key population surveys or surveillance activities have been conducted within the past 5 years ◉B. No financing (0%) is provided by the host country government ○C. Minimal financing (approx. 1-9%) is provided by the host country government ○D. Some financing (approx. 10-49%) is provided by the host country government ○E. Most financing (approx. 50-89%) is provided by the host country government ○F. All or almost all financing (approx. 90% +) is provided by the host country government	14.5 Score: 0.00	Fully funded by donor agencies (1) Population Council 2015 (2) Open Doors (3) PEPFAR ZAMBIA COP 2019 Plan	The interpretation of KPs changed between SID 2017 and SID 2019. In SID 2017 prisoners and vunerable groups were interpretated as KPs. In SID 2019, KPs are defined as FSW, MSM, Prisoners and PWID. Currently no surveys or surveillance activities are conducted in prisons using host government funding.

14.6 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?	Check ALL boxes that apply below. (A.) refers to prevalence data. (B.) refers to incidence data: ☑ A. The host country government collects at least every 5 years HIV prevalence data disaggregated by: ☐ Age (at coarse disaggregates) ☑ Age (at fine disaggregates) ☑ Sex ☑ Key populations (FSW, PWID, MSM, TG, prisoners) ☑ Priority populations (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users) ☑ Sub-national units ☑ B. The host country government collects at least every 5 years HIV incidence disaggregated by: ☑ Age (at coarse disaggregates) ☐ Age (at fine disaggregates) ☑ Sex ☐ Key populations (FSW, PWID, MSM, TG, prisoners) ☐ Priority populations (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users) ☑ Sub-national units	14.6 Score: 0.67	DHS (Prevalence only); ZAMPHIA (Prevalence & Incidence) (1) ZAMPHIA 2017 (2) DHS 2013-2014, 2018 (3) SPECTRUM (2017 estimates) (4) CSO Population Projections (from 2010 Census, revised in August 2017) (5) Antenatal Surveillance Surveys (6) Geo-spatial estimates	Incidence data was only collected in ZAMPHIA and this does not dissaggregate participants as KPs or Priority populations. Data is only collected by sex, age and sub-national level.

14.7 Comprehensiveness of Viral Load Coverage Data: To what extent does the host country government collect/report viral load coverage data according to relevant disaggregations and across all PLHIV? (if exact or approximate percentage is known, please note in Comments column)	○ A. The host country government does not collect/report viral load coverage data or does not conduct viral load monitoring ◉ B. The host country government collects/reports viral load coverage data (answer both subsections below): Government collects/report viral load coverage data according to the following disaggregates (check ALL that apply): ☑ Age ☑ Sex ☐ Key populations (FSW, PWID, MSM, TG, prisoners) ☑ Priority populations (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users) For what proportion of PLHIV does the government collect/report viral load coverage data (select one of the following): ☐ Less than 25% ☐ 25-50% ☑ 50-75% ☐ More than 75%	14.7 Score: 0.63	Laboratory Information System and SmartCare 1) DHIS2 2) SmartCare 3) ELMIS 4) DATIM (PEPFAR) 5) Viral Load database(s)	
14.8 Comprehensiveness of Key and Priority Populations Data: To what extent does the host country government conduct integrated behavioral surveillance (either as a standalone IBBS or integrated into other routine surveillance such as HSS+) and size estimation studies for key and priority populations? (Note: Full score possible without selecting all disaggregates.) Please note most recent survey dates in comments section.	◉ A. The host country government does not conduct IBBS or size estimation studies for key populations (FSW, PWID, MSM, TG, prisoners) or priority populations (Military, etc.). ○ B. The host country government conducts (answer both subsections below): IBBS (or other integrated behavioral surveillance) for (check ALL that apply): ☐ Female sex workers (FSW) ☐ Men who have sex with men (MSM) ☐ Transgender (TG) ☐ People who inject drugs (PWID) ☐ Prisoners ☐ Priority populations (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users) Size estimation studies for (check ALL that apply): ☐ Female sex workers (FSW) ☐ Men who have sex with men (MSM) ☐ Transgender (TG) ☐ People who inject drugs (PWID) ☐ Prisoners ☐ Priority populations (AGYW, clients of sex workers, miliitary, mobile populations, non-injecting drug users)	14.8 Score: 0.00	National AIDS Council 1) Population Council KP Estimates (2015) 2) Open Doors KP Estimations (2016) 3) UCSF national estimations spreadsheet (2017)	

14.9 Timeliness of Epi and Surveillance Data: To what extent is a timeline for the collection of epidemiologic and surveillance data outlined in a national HIV/AIDS surveillance and survey strategy (or a national surveillance and survey strategy with specifics for HIV)?	○ A. There is no national HIV surveillance and surveys strategy, or a national surveillance and surveys strategy exists but does not include specifics for HIV surveillance and surveys ○ B. A national HIV surveillance and surveys strategy exists (or a national surveillance and surveys strategy exists and includes specifics for HIV), but the strategy does not outline a timeline for data collection for all relevant population groups ◉ C. A national HIV surveillance and surveys strategy exists (or a national surveillance and surveys strategy exists and includes specifics for HIV), and outlines a timeline for data collection for all relevant population groups	14.9 Score: 0.83	ZNPHI 1) National AIDS Strategic Framework (NASF) 2017-21 http://www.nac.org.zm/sites/default/files/publications/National%20AIDS%20Strategic%20Framework%202017-2021.pdf	
14.10 Quality of Surveillance and Survey Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS surveillance and survey data?	○ A. No governance structures, procedures or policies designed to assure surveys & surveillance data quality exist/could be documented. ◉ B. The following structures, procedures or policies exist to assure quality of surveys & surveillance data (check all that apply): ☑ A national surveillance unit or other entity is responsible for assuring the quality of surveys & surveillance data ☑ A national, approved surveys & surveillance strategy is in place, which outlines standards, policies and procedures for data quality assurance ☑ Standard national procedures & protocols exist for reviewing surveys & surveillance data for quality and sharing feedback with appropriate staff responsible for data collection ☑ An in-country internal review board (IRB) exists and reviews all protocols.	14.10 Score: 0.83	1) National Health Research Authority 2) UNZA IRB 3) ZNPHI 4) CSO	
		Epidemiological and Health Data Score:	**5.18**	

15. Financial/Expenditure data: Government collects, tracks and analyzes and makes available financial data related to HIV/AIDS, including the financing and spending on HIV/AIDS expenditures from all financing sources, costing, and economic evaluation, efficiency and market demand analyses for cost-effectiveness.			**Data Source**	**Notes/Comments**
15.1 Who Leads Collection of Expenditure Data: To what extent does the host country government lead & manage a national expenditure tracking system to collect HIV/AIDS expenditure data?	○A. No tracking of public HIV/AIDS expenditures has occurred within the past 5 years ○B. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA), but planning and implementation is primarily led by external agencies, organizations, or institutions ○C. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA) and planning and implementation is led by the host country government, with substantial external technical assistance ◉D. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA) and planning and implementation is led by the host country government, with some external technical assistance ○E. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA), and planning and implementation is led by the host country government, with minimal or no external technical assistance	15.1 Score: 2.50	(1) Expenditure Track Surveys, (MOH, MIF, World Bank) 2015 (2) MOH NHA 2018, (3) NASA 2018 (4) MOF 2019 National Budget (5) Annual Estimates of expenditures; (6) The Health Public Expenditure tracking survey 2019; (7) Zambia HIV Financing Profile by Palladium; (8) Policy Report on the Healthcare Financing System in Zambia by Freedom to Create	
15.2 Comprehensiveness of Expenditure Data: To what extent does the host country government collect HIV/AIDS public sector expenditures according to funding source, expenditure type, program and geographic area?	○A. No HIV/AIDS expenditure tracking has occurred within the past 5 years ◉B. HIV/AIDS expenditure data are collected (check all that apply): ☑ By source of financing, such as domestic public, domestic private, out-of-pocket, Global Fund, PEPFAR, others ☑ By expenditures per program area, such as prevention, care, treatment, health systems strengthening ☑ By type of expenditure, such as training, overhead, vehicles, supplies, commodities/reagents, personnel ☑ Sub-nationally	15.2 Score: 3.33	(1) Expenditure Track Surveys, (MOH, MIF, World Bank) 2015 (2) MOH NHA 2017, (3) NASA 2018 (4) MOF 2019 National Budget (5) Annual Estimates of expenditures; (6) The Health Public Expenditure tracking survey 2019; (7) Zambia HIV Financing Profile by Palladium; (8) Policy Report on the Healthcare Financing System in Zambia by Freedom to Create	
15.3 Timeliness of Expenditure Data: To what extent are expenditure data collected in a timely way to inform program planning and budgeting decisions?	○A. No HIV/AIDS expenditure data are collected ○B. HIV/AIDS expenditure data are collected irregularly, and more than 3 years ago ○C. HIV/AIDS expenditure data were collected at least once in the past 3 years ◉D. HIV/AIDS expenditure data are collected annually but represent more than one year of expenditures ○E. HIV/AIDS expenditure data are collected annually and represent only one year of expenditures	15.3 Score: 2.50	(1) Expenditure Track Surveys, (MOH, MIF, World Bank) 2015 (2) MOH NHA 2018, (3) NASA 2018 (4) MOF 2019 National Budget (5) Annual Estimates of expenditures; (6) The Health Public Expenditure tracking survey 2019; (7) Zambia HIV Financing Profile by Palladium; (8) Policy Report on the Healthcare Financing System in	
Financial/Expenditure Data Score:		**8.33**		

16. Performance data: Government routinely collects, reports, 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, and viral load testing coverage and suppression.			**Data Source**	**Notes/Comments**
16.1 Who Leads Collection and Reporting of Service Delivery Data: To what extent is the routine collection and reporting of HIV/AIDS service delivery data institutionalized in an information system and managed and operated by the host country government at the national level?	○A. No system exists for routine collection of HIV/AIDS service delivery data ○B. Multiple unharmonized or parallel information systems exist that are managed and operated separately by various government entities, local institutions and/or external agencies/institutions ○C. One information system, or a harmonized set of complementary information systems, exists and is primarily managed and operated by an external agency/institution ◉D. One information system, or a harmonized set of complementary information systems, exists and is managed and operated by the host country government with technical assistance from external agency/institution ○E. One information system, or a harmonized set of complementary information systems, exists and is managed and operated by the host country government	16.1 Score: 1.00	(1) Ministry of Health, Performance Assesment Data, Annually (2) Health Statistical Bulettin, (3) HMIS monthly HIA1 and 2 reports,	
16.2 Who Finances Collection of Service Delivery Data: To what extent does the host country government finance the routine collection of HIV/AIDS service delivery data (e.g., salaries of data clerks/M&E staff, printing & distribution of paper-based tools, electronic reporting system maintenance, data quality supervision, etc.)? (if exact or approximate percentage known, please note in Comments column)	○A. No routine collection of HIV/AIDS service delivery data exists ○B. No financing (0%) is provided by the host country government ○C. Minimal financing (approx. 1-9%) is provided by the host country government ○D. Some financing (approx. 10-49%) is provided by the host country government ○E. Most financing (approx. 50-89%) is provided by the host country government ◉F. All or almost all financing (90% +) is provided by the host country government	16.2 Score: 3.33	(1) NASA 2018 (3) Yellow Book Annually	

16.3 Comprehensiveness of Service Delivery Data: To what extent does the host country government collect HIV/AIDS service delivery data by population, program and geographic area? (Note: Full score possible without selecting all disaggregates.)	Check ALL boxes that apply below: ☑ A. The host country government routinely collects & reports service delivery data for: ☑ HIV Testing ☑ PMTCT ☑ Adult Care and Support ☑ Adult Treatment ☑ Pediatric Care and Support ☑ Orphans and Vulnerable Children ☑ Voluntary Medical Male Circumcision ☑ HIV Prevention ☑ AIDS-related mortality ☑ B. Service delivery data are being collected: ☐ By key population (FSW, PWID, MSM, TG, prisoners) ☑ By priority population (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users) ☑ By age & sex ☑ From all facility sites (public, private, faith-based, etc.) ☑ From all community sites (public, private, faith-based, etc.)	16.3 Score: 1.33	(1) DHIS2 (2) SmartCare (3) ELMIS (4) DATIM (PEPFAR)	
16.4 Timeliness of Service Delivery Data: To what extent are HIV/AIDS service delivery data collected in a timely way to inform analysis of program performance?	○ A. The host country government does not routinely collect/report HIV/AIDS service delivery data ○ B. The host country government collects & reports service delivery data annually ○ C. The host country government collects & reports service delivery data semi-annually ◉ D. The host country government collects & reports service delivery data at least quarterly	16.4 Score: 1.33	(1)HMIS Quarterly Report, (2) Smartcare, (3)NAC Reports, (4)NHS Reports(CSO)	

16.5 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, viral suppression, AIDS-related mortality rates)?	○ A. The host country government does not routinely analyze service delivery data to measure program performance ◉ B. Service delivery data are being analyzed to measure program performance in the following ways (check all that apply): ☑ Continuum of care cascade for each identified priority population (AGYW, clients of sex workers, military, mobile populations, non-injecting drug users), including HIV testing, linkage to care, treatment, adherence and retention, and viral load ☐ Continuum of care cascade for each relevant key population (FSW, PWID, MSM, TG, prisoners), including HIV testing, linkage to care, treatment, adherence and retention, and viral load ☑ Results against targets ☑ Coverage or recent achievements of key treatment & prevention services (ART, PMTCT, VMMC, etc.) ☑ Site-specific yield for HIV testing (HTC and PMTCT) ☑ AIDS-related mortality rates ☑ Variations in performance by sub-national unit ☑ Creation of maps to facilitate geographic analysis	16.5 Score: 1.17	(1) National AIDS Strategic Framework , (2) Mid term and joint annual review reports, (3) Annual Health Statistical Bulletin	
16.6 Quality of Service Delivery Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS service delivery data?	○ A. No governance structures, procedures or policies designed to assure service delivery data quality exist/could be documented. ◉ B. The following structures, procedures or policies exist to assure quality of service delivery data (check all that apply): ☑ A national, approved data quality strategy is in place, which outlines standards, policies and procedures for HIV/AIDS data quality assurance ☑ A national protocol exists for routine (at least annual) Data Quality Audits/Assessments of key HIV program indicators, which are led and implemented by the host country government ☑ Standard national procedures & protocols exist for routine data quality checks at the point of data entry ☑ Data quality reports are published and shared with relevant ministries/government entities & partner organizations ☑ The host country government leads routine (at least annual) data review meetings at national & subnational levels to review data quality issues and outline improvement plans	16.6 Score: 1.33	(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	
		Performance Data Score:	**9.50**	

17. Data for Decision-Making Ecosystem: Host country government demonstrates commitment and capacity to advance the use of data in informing government decisions and cultivating an informed, engaged civil society.			**Data Source**	**Notes/Comments**
17.1 Civil Registration and Vital Statistics (CRVS): Is there a CRVS system in place that records births and deaths and is fully operational across the country? Is CRVS data made publically available in a timely manner?	○ A. No, there is not a CRVS system. ◉ B. Yes, there is a CRVS system that... (check all that apply): ☑ records births ☑ records deaths ☐ is fully operational across the country [IF YES] How often is CRVS data updated and made publically available (select only one)? ☑ A. The host country government does not make CRVS data available to the general public, or they are made available more than one year after the date of collection. ☐ B. The host country government makes CRVS data available to the general public within 6-12 months. ☐ C. The host country government makes CRVS data available to the general public within 6 months.	17.1 Score: 0.67	Department of National Registration, Passports and Citizenship (DNRPC)	
17.2 Unique Identification: Is there a national Unique Identification system that is used to track delivery of HIV/AIDS and other health services? Do national polices protect privacy of Unique ID information?	Is there a national Unique Identification system that is used to track delivery of HIV/AIDS and other health services? ◉ A. No, there is no national Unique Identification system used to track delivery of services for HIV/AIDS or other health services. ○ B. Yes, there is a national Unique Identification system used to track delivery of services for HIV/AIDS, but not other health services. ○ C. Yes, there is a national Unique Identification system used to track delivery of services for HIV/AIDS and other health services. [IF YES to B or C] Are there national policies, procedures and systems in place that protect the security and privacy of Unique ID information? ☐ Yes ☐ No	17.2 Score: 0.00	DNRPC	

17.3 Interoperability of National Administrative Data: To fully utilize all administrative data, are HIV/AIDS data and other relevant administrative data sources integrated in a data warehouse where they are joined for analysis across diseases and conditions?	○ A. No, there is no central integration of HIV/AIDS data with other relevant administrative data. ◉ B. Yes, national HIV/AIDS administrative data is integrated and joined with administrative data on the following: ☐ a. TB ☑ b. Maternal and Child Health ☐ c. Other Health Data (e.g., other communicable and non-communicable diseases) ☐ d. Education ☑ e. Health Systems Information (e.g., health workforce data) ☐ f. Poverty and Employment ☐ g. Other (specify in notes)	17.3 Score: 0.67	Ministry of Health	
17.4 Census Data: Does the host country government regularly (at least every 10 years) collect and publically disseminate census data?	○ A. No, the host country government does not collect census data at least every 10 years ○ B. Yes, the host country government regularly collects census data, but does not make it available to the general public. ◉ C. Yes, the host country government regularly collects census data and makes it available to the general public. [IF YES to C only] Data that are made available to the public are disaggregated by: ☑ a. Age ☑ b. Sex ☑ c. District	17.4 Score: 2.00	Central Statistical Office (CSO)	
17.5 Subnational Administrative Units: Are the boundaries of subnational administrative units made public (including district and site level)?	○ A. No, the country's subnational administrative boundaries are not made public. ○ B. Yes, the host country government publicizes district-level boundaries, but not site-level geocodes. ◉ C. Yes, the host country government publicizes district-level boundaries and site-level geocodes.	17.5 Score: 2.00	Geological Survey Department	
	Data for Decision-Making Ecosystem Score:	**5.33**		

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN D