

2016 Sustainability Index and Dashboard Summary: Lao People’s Democratic Republic

The **HIV/AIDS Sustainability Index and Dashboard (SID)** is a tool completed periodically 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 90 questions, the SID assesses the current state of sustainability of national HIV/AIDS responses across 15 critical elements. Scores for these elements are displayed on a color-coded dashboard, together with other 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)

Overview: Lao People’s Democratic Republic (Lao PDR) has made solid progress in maintaining its low HIV prevalence status with an estimated 0.29% HIV prevalence in 2014, among adults aged 15-49 years and reducing HIV incidence over the last decade, during which it has experienced significant economic growth and is now identified as a low-middle income country. The Lao government has demonstrated strong leadership in crafting a national HIV/AIDS strategy and coordinating the response with improved national strategic information systems. However, about only half of the estimated people living with HIV (PLHIV) received HIV Testing and know their results. The country remains highly dependent on donors to fund its HIV response with limited engagement of private sector, while a shortage of human resources in HIV/AIDS service delivery has been a critical bottle-neck. Improving domestic resource mobilization, further strengthening strategic information system capacity, implementing new service delivery models with more efficient tracking of the cascade for key populations, strengthening pre-service training of the health workforce, and addressing stigma and discrimination will be integral to sustainably controlling the epidemic.

SID Process: On January 25, 2016 the Center of HIV/AIDS and STI (CHAS), Ministry of Health, was introduced to the requirement and the SID tool on which its point of contact staff were assigned. On January 27, 2016 the U.S. Embassy in Vientiane, Lao PDR, and UNAIDS co-convened a half-day SID workshop with participation of WHO, UNFPA, UNICEF and civil society organizations such as LAOPHA and Lao Red Cross. The workshop was conducted in a large group to discuss and complete the SID questionnaire based on the data and information available. Further validation of information with Ministry of Health stakeholders: CHAS, National Center of Laboratory and Epidemiology (NCLE) and Department of Health Care (DHC) were carried out thereafter. The results of the dashboard and summary key points were disseminated and endorsed in the regular quarterly meeting of Ministry of Health (CHAS, NCLE, National Tuberculosis Center and Maternal and Child Health Center), WHO and US government (CDC, USAID and DOD) on February 5, 2016.

Sustainability Strengths:

- **Public Access to Information (10, dark green):** Though in recent years there have been limited Information Education Communication / Behavioral Change Communication publications to educate the general public about HIV/AIDS prevention and the benefits of ARVs, Lao PDR has made significant strides in its capacity and transparency to make HIV/AIDS program performance data, including surveillance, routine service delivery and financial reports, available and accessible to stakeholders and the public.

- **Planning and Coordination (7.73, light green):** Lao PDR deserves praise for its strong leadership and oversight roles, which have led diverse stakeholders to actively engage in the planning and implementation of a national program response to HIV/AIDS epidemics in a more concerted and innovative manner. However, the detailed costing of the new National Strategy and Action Plan 2016-2020 has not yet been made available. This deficiency may create barriers to mobilizing the resources to support its effective implementation, especially those from the domestic budget, in which the Lao government has not yet allocated a portion of the budget to procure commodities (HIV test kits, ARV drugs, condoms etc.).

Sustainability Vulnerabilities:

- **Private Sector Engagement (2.43, red):** In the past years, Lao PDR has enjoyed sustained economic growth with a continuous increase in Gross National Income (GNI) and has become a lower middle income country. The Government of Laos recognizes private health care providers and private businesses as active partners providing quality health care to its citizens, resulting in an emerging number of private hospitals and private health insurance companies. However, these emerging private establishments have not yet been mobilized to be actively engaged in the national HIV/AIDS response/service delivery. National health financing schemes have not yet included HIV/AIDS related services. Advocacy and mechanisms to initiate both public and private financing schemes covering HIV/AIDS service delivery are worth the effort to invest in to ensure a future sustained response to the HIV/AIDS epidemic in Lao PDR.
- **Human Resources for Health (4.75, yellow):** Lao PDR is among a number of countries facing a persistent shortage of skilled healthcare workers, including those working on HIV/AIDS service delivery. While it is well recognized that the salaries of all physicians, nurses, counsellors and lab technicians working in ARV and HTC settings are covered by the government budget, with expanding number of HTC facilities, substantial numbers of existing counsellors have not received refresher trainings on HTC and PITC. At the same time, the existing pre-service training curriculum being taught in Nursing Faculties and at the University of Health Sciences has not been updated recently. The FEPT program has not yet included an HIV/AIDS element. Addressing these priority gaps will help pave the way to sustained epidemic control in Lao PDR.
- **Performance Data (5.41, yellow):** With technical and budgetary assistance from development partners, the Lao government has made progress in improving its capacity to collect, analyze and report performance data in recent years. However, it still needs further support and guidance to improve the quality of service delivery data and to strengthen the capacity of data analysis and utilization especially at the national and sub-national level, including using data for size estimation. Importantly, technical assistance is pivotal to facilitating the successful linkage of HIV/AIDS data to the mainstream Health Management Information System.
- **Service Delivery (5.93, yellow):** PEPFAR, through NGO and CSO, are critical key stakeholders providing technical and funding support in delivering HIV/AIDS services to key affected populations such as men who have sex with men (MSM) in high burden areas. The innovative linkages approach being piloted to recruit more MSM to HTC with expected high yield of HIV+. To increase access to more key affected populations, including MSM, community based HTC and PrEP among MSM has been advocated. Support from PEPFAR is critical to materialize and advocate for scale-up of these development in Laos.
- **Quality Management (4.86, yellow):** Although progress has been made in the area of QM/QI such as 1) pre-service training institutions introducing general principles to medical-postgraduate students; 2) a

quality improvement unit or focal point under Department of Health Care, Ministry of Health aiming to improve overall quality of health services in the hospitals; and 3) a series of in-service QI training at ARV sites. Nevertheless, for oversight and implementation of QI/QM activities pertinent to HTC and ARV patients, care and treatment at site level still require extensive technical assistance and budgetary support to not only build and sustain HIV/AIDS-related QM/QI skill sets, but also to help streamline the Department of Health Care's quality improvement initiative/strategy.

- **Laboratory (4.40, yellow):** The WHO is currently providing technical and budgetary support to the National Center of Laboratory and Epidemiology to 1) develop regulations to monitor quality of laboratories and point-of-care testing (POCT) sites, and 2) to validate the WHO recommendation to change from 2 to 3 HIV testing algorithm, due to low HIV prevalence < 5%, with speculation that the new 3-test algorithm will be rolled out in 2017. Global Fund resources have been secured to procure the test kits. However, there are technical and funding gaps to support the capacity building for lab technicians to perform and ensure the quality of the 3-test algorithm which requires PEPFAR support.

Additional Observations:

- **Policies and Governance (6.97, yellow):** Recently, Lao PDR has made an effort to endorse a number of recommendations from WHO, such as Option B+ for PMTCT, Test and START, moving from a 2 to 3 HIV testing algorithm, and HIV retesting prior to ARV initiation. To implement the Test and START recommendation, Lao PDR needs to build the capacity of health care providers, plan for resources and commodities required and communicate strategically to inform and generate demand for Test and START in order to increase coverage and ensure the quality of services. There are a number of legal and policy obstacles and stigma and discrimination that may impact Lao PDR achieving 90/90/90 targets. UNAIDS, UNDP and relevant government partners are taking steps to address these structural barriers, while PEPFAR is better positioned to address other priority gaps mentioned above.

Contact: For questions or further information about PEPFAR's efforts to support sustainability of the HIV response in Lao PDR, please contact Dr. Douangchanh Xaymounvong at xcf0@cdc.gov

Sustainability Analysis for Epidemic Control: Laos

Epidemic Type: Concentrated

Income Level: Lower-middle income

PEPFAR Categorization: Targeted Assistance (Asia Regional)

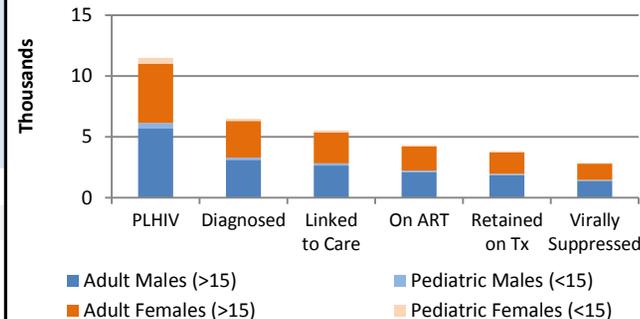
PEPFAR COP 16 Planning Level: Please Enter

SUSTAINABILITY DOMAINS AND ELEMENTS

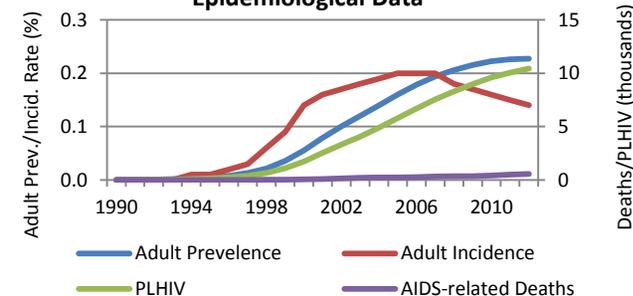
	2016	2017	2018	2019
Governance, Leadership, and Accountability				
1. Planning and Coordination	7.73			
2. Policies and Governance	6.97			
3. Civil Society Engagement	5.83			
4. Private Sector Engagement	2.43			
5. Public Access to Information	10.00			
National Health System and Service Delivery				
6. Service Delivery	5.93			
7. Human Resources for Health	4.75			
8. Commodity Security and Supply Chain	5.76			
9. Quality Management	4.86			
10. Laboratory	4.40			
Strategic Investments, Efficiency, and Sustainable Financing				
11. Domestic Resource Mobilization	5.00			
12. Technical and Allocative Efficiencies	5.08			
Strategic Information				
13. Epidemiological and Health Data	5.71			
14. Financial/Expenditure Data	5.83			
15. Performance Data	5.41			

CONTEXTUAL DATA

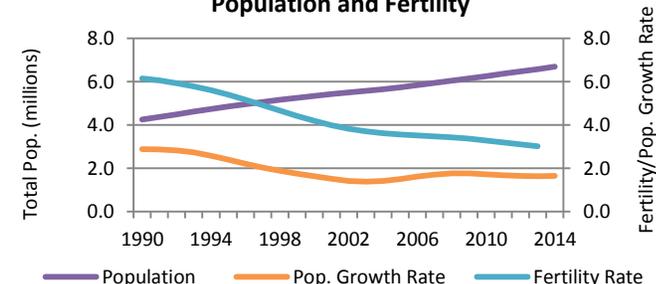
National Clinical Cascade



Epidemiological Data

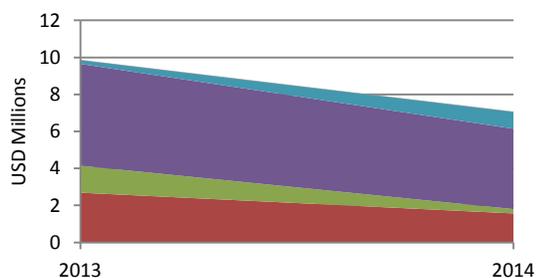


Population and Fertility

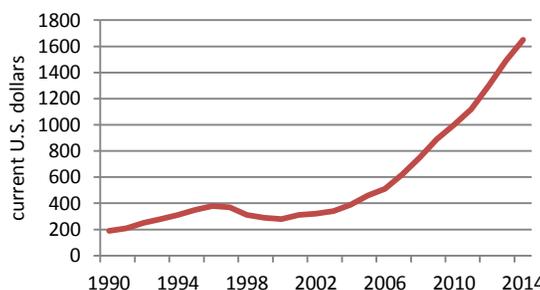


CONTEXTUAL DATA

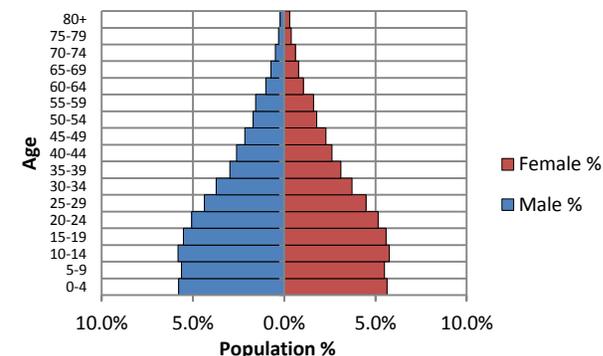
Financing the HIV Response



GNI Per Capita (Atlas Method)



Population Pyramid (2015)



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, and provide technical and political leadership to coordinate an effective national HIV/AIDS response.

1. Planning and Coordination: Host country develops, implements, and oversees a costed multiyear national strategy and serves as the preeminent architect and convener of a coordinated HIV/AIDS response in the country across all levels of government and key stakeholders, civil society and the private sector.	Data Source	Notes/Comments
<p>1.1 Content of National Strategy: Does the country have a multi-year, costed national strategy to respond to HIV?</p>	<p>1.1 Score: 1.90</p>	<p>National HIV and AIDS Strategy and Action Plan 2016-2020</p> <p>Costing of National HIV and AIDS Strategy and Action Plan 2016-2020 remains to be completed.</p>
<p>1.2 Participation in National Strategy Development: Who actively participates in development of the country's national HIV/AIDS strategy?</p>	<p>1.2 Score: 1.50</p>	<p>National HIV and AIDS Strategy and Action Plan 2016-2020</p>

<p>1.3 Coordination of National HIV Implementation: To what extent does the host country government coordinate all HIV/AIDS implemented activities in the country, including those funded or implemented by CSOs, private sector, and donor implementing partners?</p>	<p>Check all that apply:</p> <p><input checked="" type="checkbox"/> There is an effective mechanism within the host country government for internally coordinating HIV/AIDS activities implemented by various government ministries, institutions, offices, etc.</p> <p><input checked="" type="checkbox"/> The host country government routinely tracks and maps HIV/AIDS activities of:</p> <p><input checked="" type="checkbox"/> civil society organizations</p> <p><input type="checkbox"/> private sector</p> <p><input checked="" type="checkbox"/> donors</p> <p><input checked="" type="checkbox"/> The host country government leads a mechanism or process (i.e. committee, working group, etc.) that routinely convenes key internal and external stakeholders and implementers of the national response for planning and coordination purposes.</p> <p><input type="checkbox"/> Joint operational plans are developed that include key activities of implementing organizations.</p> <p><input checked="" type="checkbox"/> Duplications and gaps among various government, CSO, private sector, and donor activities are systematically identified and addressed.</p>	<p>1.3 Score: 1.83</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	<p>There is foramal structure; NCCA, PCCA, TWGs but regularity and effectiveness of coordination remains to be improved especially among government multiple sectors and multiple donor/technical agencies.</p>
<p>1.4 Sub-national Unit Accountability: Is there a mechanism by which sub-national units are accountable to national HIV/AIDS goals or targets? (note: equal points for B and C)</p>	<p><input type="radio"/> A. There is no formal link between the national plan and sub-national service delivery.</p> <p><input checked="" type="radio"/> B. Sub-national units have performance targets that contribute to aggregate national goals or targets.</p> <p><input type="radio"/> C. The central government is responsible for service delivery at the sub-national level.</p>	<p>1.4 Score: 2.50</p>		
<p>Planning and Coordination Score:</p>		<p>7.73</p>		

<p>2. Policies and Governance: Host country develops, implements, and oversees a wide range of policies, laws, and regulations that will achieve coverage of high impact interventions, ensure social and legal protection and equity for those accessing HIV/AIDS services, eliminate stigma and discrimination, and sustain epidemic control within the national HIV/AIDS response.</p>	<p>Data Source</p>	<p>Notes/Comments</p>		
<p>2.1 WHO Guidelines for ART Initiation: Does current national HIV/AIDS technical practice follow current or recent WHO guidelines for initiation of ART?</p>	<p>For each category below, check <u>no more than one box</u> that reflects current national policy for ART initiation:</p> <p>A. Adults (>19 years)</p> <p><input checked="" type="checkbox"/> Test and START (current WHO Guideline)</p> <p><input type="checkbox"/> CD4 <500</p> <p>B. Pregnant and Breastfeeding Mothers</p> <p><input checked="" type="checkbox"/> Test and START/Option B+ (current WHO Guideline)</p> <p><input type="checkbox"/> Option B</p> <p>C. Adolescents (10-19 years)</p> <p><input checked="" type="checkbox"/> Test and START (current WHO Guideline)</p> <p><input type="checkbox"/> CD4<500</p> <p>D. Children (<10 years)</p> <p><input checked="" type="checkbox"/> Test and START (current WHO Guideline)</p> <p><input type="checkbox"/> CD4<500 or clinical eligibility</p>	<p>2.1 Score: 1.43</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	<p>Although the current national guideline still recommends CD4 <500, the recent national consultation workshop does recommend starting ART at any CD4 according to WHO's new guideline. Based on reality check with ART sites, while awaiting for the finalization and dissemination of the new national ART guideline, ART sites have started the test and treat/start policy.</p>
<p>2.2 Enabling Policies and Legislation: Are there policies or legislation that govern HIV/AIDS service delivery or policies and legislation on health care which is inclusive of HIV service delivery?</p>	<p>Check all that apply:</p> <p><input checked="" type="checkbox"/> A national public health services act that includes the control of HIV</p> <p><input type="checkbox"/> A task-shifting policy that allows trained non-physician clinicians, midwives, and nurses to initiate and dispense ART</p> <p><input type="checkbox"/> A task-shifting policy that allows trained and supervised community health workers to dispense ART between regular clinical visits</p> <p><input type="checkbox"/> Policies that permit patients stable on ART to have reduced clinical visits (i.e. every 6-12 months)</p> <p><input checked="" type="checkbox"/> Policies that permit patients stable on ART to have reduced ARV pickups (i.e. every 3-6 months)</p>	<p>2.2 Score: 0.61</p>	<p>Lao People's Democratic Republic Report NCPI</p> <p>http://www.unaids.org/sites/default/files/country/documents/Lao%20People%27s%20Democratic%20Republic%20NCPI%202013.pdf</p>	

	<input type="checkbox"/> Policies that permit streamlined ART initiation, such as same day initiation of ART for those who are ready <input checked="" type="checkbox"/> Legislation to ensure the well-being and protection of children, including those orphaned and made vulnerable by HIV/AIDS			
<p>2.3 Non-discrimination Protections: Does the country have non-discrimination laws or policies that specify protections (not specific to HIV) for specific populations? Are these fully implemented? (Full score possible without checking all boxes.)</p>	<p>Check all that apply:</p> <p>Adults living with HIV (women):</p> <input checked="" type="checkbox"/> Law/policy exists <input type="checkbox"/> Law/policy is fully implemented <p>Adults living with HIV (men):</p> <input checked="" type="checkbox"/> Law/policy exists <input type="checkbox"/> Law/policy is fully implemented <p>Children living with HIV:</p> <input checked="" type="checkbox"/> Law/policy exists <input type="checkbox"/> Law/policy is fully implemented <p>Gay men and other men who have sex with men (MSM):</p> <input type="checkbox"/> Law/policy exists <input type="checkbox"/> Law/policy is fully implemented <p>Migrants:</p> <input type="checkbox"/> Law/policy exists <input type="checkbox"/> Law/policy is fully implemented <p>People who inject drugs (PWID):</p> <input type="checkbox"/> Law/policy exists <input type="checkbox"/> Law/policy is fully implemented <p>People with disabilities:</p> <input checked="" type="checkbox"/> Law/policy exists	<p>2.3 Score: 0.40</p>	<p>Lao People's Democratic Republic Report NCPI http://www.unaids.org/sites/default/files/country/documents/Lao%20People%27s%20Democratic%20Republic%20NCPI%202013.pdf</p>	<p>Constitution of the Lao PDR: Article 25. The State attends to improving and expanding public health services to take care of the people's health. - Law on Development and Protection of Women: Article 16. Equal Cultural and Social Rights - The State promotes and creates conditions for women to enjoy equal cultural and social rights as men, such as rights to participate in socio-cultural activities, art performances, sports, education, public health, [and] in research and invention in socio-culture, and science and technology. - Law on the Protection of the Rights and Interests of Children: Article 6. Non-Discrimination against Children - . Article 17. Care of Children Affected by HIV/AIDS - The State and society shall create conditions for children affected by HIV/AIDS to have access to health care and education, to live. Article 31. Education for Children Affected by HIV/AIDS -The State creates conditions for children affected by HIV/AIDS to receive education and to participate in various activities in school without discrimination. Disclosure of the HIV/AIDS status of children is forbidden. - Law on Drug control, prevention, protection, treatment and rehabilitation for Copyright © 2013-2014 UNAIDS - page 11 of 32 addict: Article 2 of the law stated that children infected and /or affected by HIV/AIDS are among those children who are in need</p>

	<input type="checkbox"/> Law/policy is fully implemented Prisoners: <input type="checkbox"/> Law/policy exists <input type="checkbox"/> Law/policy is fully implemented Sex workers: <input type="checkbox"/> Law/policy exists <input type="checkbox"/> Law/policy is fully implemented Transgender people: <input type="checkbox"/> Law/policy exists <input type="checkbox"/> Law/policy is fully implemented Women and girls: <input checked="" type="checkbox"/> Law/policy exists <input type="checkbox"/> Law/policy is fully implemented			of special protection - Law on HIV/AIDS Control and Prevention: Article 34: Non-discrimination and non-stigmatisation – People living with HIV/AIDS as well as affected people are equal to other people in the society with regards to living in the society and daily life activities without stigmatisation and discrimination. Article 52: Prohibitions for individuals and other organizations – 6. Discriminate, stigmatize, look down on , use violence, threaten and say bad things about people living with HIV and AIDs or affected people and health service providers.
2.4 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? Are these laws/policies enforced? (Enforced means any instances of enforcement even if periodic)	Check all that apply: Criminalization of sexual orientation and gender identity: <input type="checkbox"/> Law/policy exists <input type="checkbox"/> Law/policy is enforced Criminalization of cross-dressing: <input type="checkbox"/> Law/policy exists <input type="checkbox"/> Law/policy is enforced Criminalization of drug use: <input type="checkbox"/> Law/policy exists <input type="checkbox"/> Law/policy is enforced Criminalization of sex work: <input checked="" type="checkbox"/> Law/policy exists	2.4 Score: 1.32	Criminal Law, Narcotic Drug Law Lao People's Democratic Republic Report NCPI http://www.unaids.org/sites/default/files/country/documents/Lao%20People%27s%20Democratic%20Republic%20NCPI%202013.pdf	There is limited pilot harm reduction project distributing clean syringes to PWID in only two provinces (Phongsaly and Huaphanh) next to Dien Bien Phu, Vietnam. There is no law nor policy to ban or limit clean syringe prog, substitution of opioid, needle/syringes in prison. But regulations of prison prohibit clean needles and syringes distribution.

Law/policy is enforced

Ban or limits on needle and syringe programs for people who inject drugs (PWID):

Law/policy exists

Law/policy is enforced

Ban or limits on opioid substitution therapy for people who inject drugs (PWID):

Law/policy exists

Law/policy is enforced

Ban or limits on needle and syringe programs in prison settings:

Law/policy exists

Law/policy is enforced

Ban or limits on opioid substitution therapy in prison settings:

Law/policy exists

Law/policy is enforced

Ban or limits on the distribution of condoms in prison settings:

Law/policy exists

Law/policy is enforced

Ban or limits on accessing HIV and SRH services for adolescents and young people:

Law/policy exists

Law/policy is enforced

Criminalization of HIV non-disclosure, exposure or transmission:

Law/policy exists

Law/policy is enforced

Travel and/or residence restrictions:

Law/policy exists

Law/policy is enforced

	<p>Restrictions on employment for people living with HIV:</p> <p><input type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is enforced</p>			
<p>2.5 Rights to Access Services: Recognizing the right to nondiscriminatory access to HIV services and support, does the government have efforts in place to educate and ensure the rights of PLHIV, key populations, and those who may access HIV services about these rights?</p>	<p>There are host country government efforts in place as follows (check all that apply):</p> <p><input checked="" type="checkbox"/> To educate PLHIV about their legal rights in terms of access to HIV services</p> <p><input checked="" type="checkbox"/> To educate key populations about their legal rights in terms of access to HIV services</p> <p><input checked="" type="checkbox"/> National law exists regarding health care privacy and confidentiality protections</p> <p><input type="checkbox"/> Government provides financial support to enable access to legal services if someone experiences discrimination, including redress where a violation is found</p>	<p>2.5 Score: 1.07</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	
<p>2.6 Audit: Does the host country government conduct a national HIV/AIDS program audit or audit of Ministries that work on HIV/AIDS on a regular basis (excluding audits of donor funding that are through government financial systems)?</p>	<p><input type="radio"/> A. No audit is conducted of the National HIV/AIDS Program or other relevant ministry.</p> <p><input type="radio"/> B. An audit is conducted of the National HIV/AIDS program or other relevant ministries every 4 years or more.</p> <p><input checked="" type="radio"/> C. An audit is conducted of the National HIV/AIDS program or other relevant ministries every 3 years or less.</p>	<p>2.6 Score: 1.43</p>	<p>Report or data source is not accessible by public</p>	
<p>2.7 Audit Action: To what extent does the host country government respond to the findings of a HIV/AIDS audit or audit of Ministries that work on HIV/AIDS?</p>	<p><input type="radio"/> A. Host country government does not respond to audit findings, or no audit of the national HIV/AIDS program is conducted.</p> <p><input checked="" type="radio"/> B. The host country government does respond to audit findings by implementing changes as a result of the audit.</p> <p><input type="radio"/> C. The host country government does respond to audit findings by implementing changes which can be tracked by legislature or other bodies that hold government accountable.</p>	<p>2.7 Score: 0.71</p>	<p>Report or data source is not accessible by public</p>	
Policies and Governance Score:		6.97		

3. Civil Society Engagement			
<p>3. Civil Society Engagement: Local civil Society is an active partner in the HIV/AIDS response through service delivery provision when appropriate, advocacy efforts as needed, and as a key stakeholder to inform the national HIV/AIDS response. There are mechanisms for civil society to review and provide feedback regarding public programs, services and fiscal management and civil society is able to hold government institutions accountable for the use of HIV/AIDS funds and for the results of their actions.</p>		Data Source	Notes/Comments
<p>3.1 Civil Society and Accountability for HIV/AIDS: Are there any laws or policies that restrict civil society from playing an oversight role in the HIV/AIDS response?</p>	<p><input type="radio"/> A. There exists a law or laws that restrict civil society from playing an oversight role in the HIV/AIDS response.</p> <p><input type="radio"/> B. There are no laws that restrict civil society playing a role in providing oversight of the HIV/AIDS response but in practice, it does not happen.</p> <p><input checked="" type="radio"/> C. There are no laws or policies that prevent civil society from providing an oversight of the HIV/AIDS response and civil society is very actively engaged in providing oversight.</p>	<p>3.1 Score: 1.67</p>	<p>GAPR report 2015 http://www.unaids.org/sites/default/files/country/documents/LAO_narrative_report_2015.pdf</p>
<p>3.2 Government Channels and Opportunities for Civil Society Engagement: Does host country government have formal channels or opportunities for diverse civil society groups to engage and provide feedback on its HIV/AIDS policies, programs, and services (not including Global Fund CCM civil society engagement requirements)?</p>	<p>Check A, B, or C; if C checked, select appropriate disaggregates:</p> <p><input type="radio"/> A. There are no formal channels or opportunities.</p> <p><input type="radio"/> B. There are formal channels or opportunities, but civil society is called upon in an ad hoc manner to provide inputs and feedback.</p> <p><input checked="" type="radio"/> C. There are functional formal channels and opportunities for civil society engagement and feedback. Check all that apply:</p> <p><input checked="" type="checkbox"/> During strategic and annual planning</p> <p><input checked="" type="checkbox"/> In joint annual program reviews</p> <p><input checked="" type="checkbox"/> For policy development</p> <p><input checked="" type="checkbox"/> As members of technical working groups</p> <p><input checked="" type="checkbox"/> Involvement on government HIV/AIDS program evaluation teams</p> <p><input checked="" type="checkbox"/> Involvement in surveys/studies</p> <p><input checked="" type="checkbox"/> Collecting and reporting on client feedback</p>	<p>3.2 Score: 1.67</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>

<p>3.3 Impact of Civil Society Engagement: Does civil society engagement substantively impact policy and budget decisions related to HIV/AIDS?</p>	<p><input type="radio"/> A. Civil society does not actively engage, or civil society engagement does not impact policy and budget decisions related to HIV/AIDS.</p> <p><input checked="" type="radio"/> B. Civil society's engagement impacts HIV/AIDS policy and budget decisions (check all that apply):</p> <p><input checked="" type="checkbox"/> In advocacy</p> <p><input checked="" type="checkbox"/> In programmatic decision making</p> <p><input checked="" type="checkbox"/> In technical decision making</p> <p><input checked="" type="checkbox"/> In service delivery</p> <p><input type="checkbox"/> In HIV/AIDS basket or national health financing decisions</p>	<p>3.3 Score: 1.33</p>	<p>Lao People's Democratic Republic Report NCPI</p> <p>http://www.unaids.org/sites/default/files/country/documents/Lao%20People%27s%20Democratic%20Republic%20NCPI%202013.pdf</p>	
<p>3.4 Domestic Funding of Civil Society: To what extent are HIV/AIDS related Civil Society Organizations funded domestically (either from government, private sector, or self generated funds)?</p> <p>(if exact or approximate overall percentage known, or the percentages from the various domestic sources, please note in Comments column)</p>	<p><input checked="" type="radio"/> A. No funding (0%) for HIV/AIDS related civil society organizations comes from domestic sources.</p> <p><input type="radio"/> B. Minimal funding (approx. 1-9%) for HIV/AIDS related civil society organizations comes from domestic sources.</p> <p><input type="radio"/> C. Some funding (approx. 10-49%) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients).</p> <p><input type="radio"/> D. Most funding (approx. 50-89%) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients).</p> <p><input type="radio"/> E. All or almost all funding (approx. 90%+) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants).</p>	<p>3.4 Score: 0.00</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	
<p>3.5 Civil Society Enabling Environment: Is the legislative and regulatory framework conducive to Civil Society Organizations (CSOs) or not-for-profit organizations to engage in HIV service provision or health advocacy?</p>	<p><input type="radio"/> A. The legislative and regulatory framework is not conducive for engagement in HIV service provision or health advocacy</p> <p><input checked="" type="radio"/> B. The legislative and regulatory framework is conducive for engagement in HIV service delivery and health advocacy as follows (check all that apply):</p> <p><input type="checkbox"/> Significant tax deductions for business or individual contributions to not-for-profit CSOs</p> <p><input type="checkbox"/> Significant tax exemptions for not-for-profit CSOs</p> <p><input type="checkbox"/> Open competition among CSOs to provide government-funded services</p> <p><input checked="" type="checkbox"/> Freedom for CSOs to advocate for policy, legal and programmatic change</p> <p><input checked="" type="checkbox"/> There is a national public private partnership (PPP) technical working group or desk officer within the government (ministry of health, finance, or president's office) in which CSOs or non-profit organizations participate/engage.</p>	<p>3.5 Score: 1.17</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	
<p>Civil Society Engagement Score: 5.83</p>				

4. Private Sector Engagement			Data Source	Notes/Comments
<p>4. Private Sector Engagement: Global as well as local private sector (both private health care providers and private business) is an active partner in the HIV/AIDS response through service delivery provision when appropriate, advocacy efforts as needed, innovation, and as a key stakeholder to inform the national HIV/AIDS response. There are supportive policies and mechanisms for the private sector to engage and to review and provide feedback regarding public programs, services and fiscal management of the national HIV/AIDS response. The public uses the private sector for HIV service delivery at a similar level as other health care needs.</p>				
<p>4.1 Government Channels and Opportunities for Private Sector Engagement: Does host country government have formal channels and opportunities for diverse private sector entities to engage and provide feedback on its HIV/AIDS policies, programs, and services?</p>	<p><input type="radio"/> A. There are no formal channels or opportunities</p> <p><input checked="" type="radio"/> B. There are formal channels or opportunities, but private sector is called upon in an ad hoc manner to provide inputs and feedback</p> <p><input type="radio"/> C. There are functional formal channels and opportunities for private sector engagement and feedback. Check all that apply:</p> <p><input type="checkbox"/> Corporate contributions, private philanthropy and giving</p> <p><input type="checkbox"/> Joint (i.e. public-private) supervision and quality oversight of private facilities</p> <p><input type="checkbox"/> Collection of service delivery and client satisfaction data from private providers</p> <p><input type="checkbox"/> Tracking of private training institution HRH graduates and placements</p> <p><input type="checkbox"/> Contributing to develop innovative solutions, both technology and systems innovation</p> <p><input type="checkbox"/> For technical advisory on best practices and delivery solutions</p>	<p>4.1 Score: 0.83</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	

<p>4.2 Private Sector Partnership: Do private sector partnerships with government result in stronger policy and budget decisions for HIV/AIDS programs?</p>	<p>A. Private sector does not actively engage, or private sector engagement does not influence policy and budget decisions in HIV/AIDS.</p> <p><input checked="" type="radio"/> A. Private sector does not actively engage, or private sector engagement does not influence policy and budget decisions in HIV/AIDS.</p> <p>B. Private sector engagement influences HIV/AIDS policy and budget decisions in the following areas (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> In patient advocacy and human rights <input type="checkbox"/> In programmatic decision making <input type="checkbox"/> In technical decision making <input type="checkbox"/> In service delivery for both public and private providers <input type="checkbox"/> In HIV/AIDS basket or national health financing decisions <input type="checkbox"/> In advancing innovative sustainable financing models <input type="checkbox"/> In HRH development, placement, and retention strategies <input type="checkbox"/> In building capacity of private training institutions <input type="checkbox"/> In supply chain management of essential supplies and drugs 	<p>4.2 Score: 0.00</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	<p>No policy for private sector involved in HIV/AIDS services, so private sector has limitedly engagement in HIV/AIDS service delivery.</p>
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<p>4.3 Legal Framework for Private Health Sector: Does the legislative and regulatory framework make provisions for the needs of the private health sector (including hospitals, networks, and insurers)?</p>	<p>The legislative and regulatory framework makes the following provisions (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Systems are in place for service provision and/or research reporting by private sector facilities to the government. <input type="checkbox"/> Mechanisms exist to ensure that private providers receive, understand and adhere to national guidelines/protocols for ART. <input type="checkbox"/> Tax deductions for private health providers. <input type="checkbox"/> Tax deductions for private training institutions training health workers. <input checked="" type="checkbox"/> Open competition for private health providers to compete for government services. <input type="checkbox"/> General or HIV/AIDS-specific service agreement frameworks exist between local government authorities/municipalities and private providers at the sub-national unit (e.g. district) levels. <input type="checkbox"/> Freedom of private providers to advocate for policy, legal, and regulatory frameworks. <input type="checkbox"/> Standardized processes for developing public-private partnerships (PPP) and memorandums of understanding (MOUs) between public and private providers. 	<p>4.3 Score: 0.21</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	<p>No policy for private sector involved in HIV/AIDS services, so private sector has limitedly engagement in HIV/AIDS service delivery. Private sector is not involved in procurement, and programmatic events in adhoc manner.</p>
<p>4.4 Legal Framework for Private Businesses: Does the legislative and regulatory framework make provisions for the needs of private businesses (local or multinational corporations)?</p>	<p>The legislative and regulatory framework makes the following provisions (check all that apply):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Tax deductions for health-related private businesses (i.e. pharmacists, supply chain, etc.). <input type="checkbox"/> Systematic and timely process for private company registration and/or testing of new health products; drugs, diagnostics kits, medical devices. <input type="checkbox"/> Standardized processes for developing public-private partnerships (PPP) and memorandums of understanding (MOUs) between local government and private business. <input type="checkbox"/> Corporate Social Responsibility (CSR) tax policies (compulsory or optional) contributing private corporate resources to the HIV/AIDS response. <input type="checkbox"/> Workplace policies support HIV-related services and/or benefits for employees. <input checked="" type="checkbox"/> Existing forums between business community and government to engage in dialogue to support HIV/AIDS and public health programs. 	<p>4.4 Score: 0.56</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	

<p>4.5 Private Health Sector Supply: Does the host country government enable private health service provision for lower and middle-income HIV patients?</p>	<p><input type="radio"/> A. There are no enablers for private health service provision for lower and middle-income HIV patients.</p> <p><input checked="" type="radio"/> B. The host country government enables private health service provision for lower and middle-income patients in the following ways (check all that apply):</p> <p><input checked="" type="checkbox"/> Private for-profit providers are eligible to procure HIV and/or ART commodities via public sector procurement channels and/or vertical programs.</p> <p><input type="checkbox"/> The private sector scope of practice for physicians, nurses and midwives serving low and middle-income patients currently includes HIV and/or ART service provision.</p>	<p>4.5 Score: 0.83</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	
<p>4.6 Private Health Sector Demand: Is the percentage of people accessing HIV treatment services through the private sector similar to (or approaching) the percentage of those seeking other curative services through the private sector?</p>	<p><input checked="" type="radio"/> A. The percentage of people accessing HIV treatment services through the private sector is significantly lower than the percentage seeking other curative services through the private sector.</p> <p><input type="radio"/> B. The percentage of people accessing HIV treatment services through the private sector is similar to (or approaching) the percentage seeking other curative services through the private sector due to the following factors (check all that apply):</p> <p><input type="checkbox"/> HIV-related services/products are covered by national health insurance.</p> <p><input type="checkbox"/> HIV-related services/products are covered by private or other health insurance.</p> <p><input type="checkbox"/> Adequate risk pooling exists for HIV services.</p> <p><input type="checkbox"/> Models currently exist for cost-recovery for ART.</p> <p><input type="checkbox"/> HIV drugs are not subject to higher pharmaceutical mark-ups than other drugs in the market.</p>	<p>4.6 Score: 0.00</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	<p>No policy for private sector involved in HIV/AIDS services, so private sector has limitedly engagement in HIV/AIDS service delivery. Private sectors is not involved in procurement, and programatic events in adhoc manner.</p>
<p>Private Sector Engagement Score:</p>		<p>2.43</p>		

5. Public Access to Information: Host government widely disseminates timely and reliable information on the implementation of HIV/AIDS policies and programs, including goals, progress and challenges towards achieving HIV/AIDS targets, as well as fiscal information (public revenues, budgets, expenditures, large contract awards , etc.) related to HIV/AIDS. Program and audit reports are published publically. Efforts are made to ensure public has access to data through print distribution, websites, radio or other methods of disseminating information.			
		Source of Data	Notes/Comments
<p>5.1 Surveillance and Survey Transparency: Does the host country government ensure that HIV/AIDS surveillance and survey data, or at least a summary report of data, and analyses are made available to stakeholders and general public in a timely way?</p>	<p><input type="radio"/> A. The host country government does not make HIV/AIDS surveillance and survey summary reports available to stakeholders and the general public, or they are made available 3 or more years after the date of collection.</p> <p><input type="radio"/> B. The host country government makes HIV/AIDS surveillance and survey summary reports available to stakeholders and the general public within 1-3 years.</p> <p><input checked="" type="radio"/> C. The host country government makes HIV/AIDS surveillance and survey summary reports available to stakeholders and the general public within the same year.</p>	<p>5.1 Score: 2.00</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>
<p>5.2 Expenditure Transparency: Does the host country government make annual HIV/AIDS expenditure data, or at a minimum at least a summary of it, available to stakeholders and the public in a timely way?</p>	<p><input type="radio"/> A. The host country government does not make HIV/AIDS expenditure summary reports available to stakeholders and the general public or they are made available 3 or more years after the date of expenditures.</p> <p><input type="radio"/> B. The host country government makes HIV/AIDS expenditure summary reports available to stakeholders and the general public or website within 1-3 years after date of expenditures.</p> <p><input checked="" type="radio"/> C. The host country government makes HIV/AIDS expenditure summary reports available to stakeholders and the general public within 1 year after expenditures.</p>	<p>5.2 Score: 2.00</p>	<p>GAPR report 2015 http://www.unaids.org/sites/default/files/country/documents/LAO_narrative_report_2015.pdf</p>
<p>5.3 Performance and Service Delivery Transparency: Does the host country government make annual HIV/AIDS program performance and service delivery data (or at a minimum of summary of it) available to stakeholders and the public in a timely way?</p>	<p><input type="radio"/> A. The host country government does not make HIV/AIDS program performance and service delivery summary reports available to stakeholders and the general public or they are made available 3 or more years after the date of programming.</p> <p><input type="radio"/> B. The host country government makes HIV/AIDS program performance and service delivery summary reports available to stakeholders and the general public within 1-3 years after date of programming.</p> <p><input checked="" type="radio"/> C. The host country government makes HIV/AIDS program performance and service delivery summary reports available to stakeholders and the general public within 1 year after date of programming .</p>	<p>5.3 Score: 2.00</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>

<p>5.4 Procurement Transparency: Does the host country government make government HIV/AIDS procurements public in a timely way?</p>	<p><input type="radio"/> A. Host country government does not make any HIV/AIDS procurements.</p> <p><input type="radio"/> B. Host country government makes HIV/AIDS procurements, but neither procurement tender nor award details are publicly available.</p> <p><input type="radio"/> C. Host country government makes HIV/AIDS procurements, and tender, but not award, details are publicly available.</p> <p><input checked="" type="radio"/> D. Host Country government makes HIV/AIDS procurements, and both tender and award details available.</p>	<p>5.4 Score: 2.00</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	<p>Although ministry of health has a mechanism and conducts open-competative procurement processes in which private sector involved, most of the procurement related to the HIV Program conducted through GF and donor agencies.</p>
<p>5.5 Institutionalized Education System: Is there a government agency that is explicitly responsible for educating the public about HIV?</p>	<p><input type="radio"/> A. There is no government institution that is responsible for this function and no other groups provide education.</p> <p><input type="radio"/> B. There is no government institution that is responsible for this function but at least one of the following provides education:</p> <p><input type="checkbox"/> Civil society</p> <p><input type="checkbox"/> Media</p> <p><input type="checkbox"/> Private sector</p> <p><input checked="" type="radio"/> C. There is a government institution that is responsible for, and is providing, scientifically accurate information on HIV/AIDS.</p>	<p>5.5 Score: 2.00</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	<p>Institutions under MOH: Center of HIV/AIDS and STIs, Center of Information and Education for Health. Lao Women Union, Lao Youth Union, Lao Trade Union, National Assembly, Ministry of Education and Sport. However, there is very limited IEC/BCC materials related to HIV/AIDS disseminating to the public recently due to shortage of funding and human resource capacity.</p>
<p align="right">Public Access to Information Score: 10.00</p>				

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN A

Domain B. National Health System and Service Delivery

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

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
<p>6.1 Responsiveness of facility-based services to demand for HIV services: Do public facilities respond to and generate demand for HIV services to meet local needs? (Check all that apply.)</p>	<p><input type="checkbox"/> Public facilities are able to tailor services to accommodate demand (e.g., modify or add hours/days of operations; add/second additional staff during periods of high patient influx; customize scope of HIV services offered; adapt organization/model of service deliver to patient flow)</p> <p><input checked="" type="checkbox"/> Public facilities are able to situate services in proximity to high-HIV burden locations or populations (e.g., mobile clinics)</p> <p><input type="checkbox"/> There is evidence that public facilities in high burden areas and/or serving high-burden populations generate demand for HIV services</p>	<p>6.1 Score: 0.37</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p> <p>Drop in centers, peer led intervention MSM, FSW and self-help group of PLHIV link communities and public facilities</p>
<p>6.2 Responsiveness of community-based HIV/AIDS services: Has the host country standardized the design and implementation of community-based HIV services?</p>	<p>The host country has standardized the following design and implementation components of community-based HIV services through (check all that apply):</p> <p><input type="checkbox"/> Formalized mechanisms of participation by communities, high-burden populations and/or civil society engagement in delivery or oversight of services</p> <p><input type="checkbox"/> National guidelines detailing how to operationalize HIV services in communities</p> <p><input checked="" type="checkbox"/> Providing official recognition to skilled human resources (e.g. community health workers) working and delivering HIV services in communities</p> <p><input checked="" type="checkbox"/> Providing financial support for community-based services</p> <p><input checked="" type="checkbox"/> Providing supply chain support for community-based services</p> <p><input checked="" type="checkbox"/> 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)</p>	<p>6.2 Score: 0.74</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p> <p>Those community workers (peers, health workers/coordinators) received training certificates from MOH (CHAS) prior to providing demand creation/refer targeted KAPs to HIV testing services in communities including home visits.</p>
<p>6.3 Domestic Financing of Service Delivery: To what extent do host country institutions (public, private, or voluntary sector) finance the delivery of HIV/AIDS services in high burden areas (i.e. excluding any external financial assistance from donors)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. Host country institutions provide no (0%) financing for delivery of HIV/AIDS services in high burden areas</p> <p><input type="radio"/> B. Host country institutions provide minimal (approx. 1-9%) financing for delivery of HIV/AIDS services in high burden areas</p> <p><input checked="" type="radio"/> C. Host country institutions provide some (approx. 10-49%) financing for delivery of HIV/AIDS services in high burden areas</p> <p><input type="radio"/> D. Host country institutions provide most (approx. 50-89%) financing for delivery of HIV/AIDS services in high burden areas</p> <p><input type="radio"/> E. Host country institutions provide all or almost all (approx. 90%+) financing for delivery of HIV/AIDS services in high burden areas</p>	<p>6.3 Score: 0.83</p>	<p>GARP Report 2015 http://www.unaids.org/sites/default/files/country/documents/LAO_narrative_report_2015.pdf</p> <p>About 20% of domestic budget contributing to HIV/AIDS response. This is in the form of prorated salary, running cost... meeting/training/monitoring.</p>

<p>6.4 Domestic Provision of Service Delivery: To what extent do host country institutions (public, private, or voluntary sector) deliver HIV/AIDS services in high burden areas without external technical assistance from donors?</p>	<p><input type="radio"/> A. HIV/AIDS services in high burden areas are primarily delivered by external agencies, organizations, or institutions.</p> <p><input type="radio"/> B. Host country institutions deliver HIV/AIDS services in high burden areas but with substantial external technical assistance.</p> <p><input checked="" type="radio"/> C. Host country institutions deliver HIV/AIDS services in high burden areas with some external technical assistance.</p> <p><input type="radio"/> D. Host country institutions deliver HIV/AIDS services in high burden areas with minimal or no external technical assistance.</p>	<p>6.4 Score: 0.74</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	
<p>6.5 Domestic Financing of Service Delivery for Key Populations: To what extent do host country institutions (public, private, or voluntary sector) finance the delivery of HIV/AIDS services to key populations in high burden areas (i.e. without external financial assistance from donors)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. Host country institutions provide no or minimal (0%) financing for delivery of HIV/AIDS services to key populations in high burden areas.</p> <p><input type="radio"/> B. Host country institutions provide minimal (approx. 1-9%) financing for delivery of HIV/AIDS services to key populations in high burden areas.</p> <p><input checked="" type="radio"/> C. Host country institutions provide some (approx. 10-49%) financing for delivery of HIV/AIDS services to key populations in high burden areas.</p> <p><input type="radio"/> D. Host country institutions provide most (approx. 50-89%) financing for delivery of HIV/AIDS services to key populations in high burden areas.</p> <p><input type="radio"/> E. Host country institutions provide all or almost all (approx. 90%+) financing for delivery of HIV/AIDS services to key populations in high burden areas.</p>	<p>6.5 Score: 0.83</p>	<p>GARP Report 2015 http://www.unaids.org/sites/default/files/country/documents/LAO_narrative_report_2015.pdf</p>	<p>About 20% of domestic budget contributing to HIV/AIDS response. This in form of staff of salary, running cost, meeting/training/monitoring. Global Fund and PEPFAR are critical key stakeholders providing technical and funding support in delivering HIV/AIDS services to key affected population</p>
<p>6.6 Domestic Provision of Service Delivery for Key Populations: To what extent do host country institutions (public, private, or voluntary sector) deliver HIV/AIDS services to key populations in high burden areas without external technical assistance from donors?</p>	<p><input type="radio"/> A. HIV/AIDS services to key populations are primarily delivered by external agencies, organizations, or institutions.</p> <p><input type="radio"/> B. Host country institutions deliver HIV/AIDS services to key populations but with substantial external technical assistance.</p> <p><input checked="" type="radio"/> C. Host country institutions deliver HIV/AIDS services to key populations with some external technical assistance.</p> <p><input type="radio"/> D. Host country institutions deliver HIV/AIDS services to key populations with minimal or no external technical assistance.</p>	<p>6.6 Score: 0.74</p>	<p>GARP Report 2015 http://www.unaids.org/sites/default/files/country/documents/LAO_narrative_report_2015.pdf</p>	<p>About 20% of domestic budget contributing to HIV/AIDS response. This in form of staff of salary, running cost, meeting/training/monitoring. Global Fund and PEPFAR, through INGO and CSO, are critical key stakeholders providing technical and funding support in delivering HIV/AIDS services to key affected population in high burden areas. it is speculated that the capacity and funding gaps from government to serve key affected population are unlikely to be resolved in near future. this is even more critical with the knowledge that Global Fund is about to transition out after 2017.</p>

<p>6.7 National Service Delivery Capacity: Do national health authorities have the capacity to effectively plan and manage HIV services in high HIV burden areas?</p>	<p>The national MOH (check all that apply):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Translates national policies/strategies into sub-national level HIV/AIDS strategic plan and response activities. <input checked="" type="checkbox"/> Uses epidemiologic and program data to measure effectiveness of sub-national level programs in delivering needed HIV/AIDS services in right locations. <input checked="" type="checkbox"/> Assesses current and future staffing needs based on HIV/AIDS program goals and budget realities for high burden locations. <input checked="" type="checkbox"/> Develops sub-national level budgets that allocate resources to high burden service delivery locations. <input checked="" type="checkbox"/> Effectively engages with civil society in program planning and evaluation of services . <input type="checkbox"/> Designs a staff performance management plan to assure that staff working at high burden sites maintain good clinical and technical skills, such as through training and/or mentorship. 	<p>6.7 Score: 0.93</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	
<p>6.8 Sub-national Service Delivery Capacity: Do sub-national health authorities (i.e., district, provincial) have the capacity to effectively plan and manage HIV services sufficiently to achieve sustainable epidemic control?</p>	<p>Sub-national health authorities (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Translate national policies/strategies into sub-national level HIV/AIDS strategic plan and response activities. <input checked="" type="checkbox"/> Use epidemiologic and program data to measure effectiveness of sub-national level programs in delivering needed HIV/AIDS services in right locations. <input checked="" type="checkbox"/> Assess current and future staffing needs based on HIV/AIDS program goals and budget realities for high burden locations. <input checked="" type="checkbox"/> Develop sub-national level budgets that allocate resources to high burden service delivery locations. <input checked="" type="checkbox"/> Effectively engage with civil society in program planning and evaluation of services. <input type="checkbox"/> Design a staff performance management plan to assure that staff working at high burden sites maintain good clinical and technical skills, such as through training and/or mentorship. 	<p>6.8 Score: 0.74</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	
Service Delivery Score		5.93		

7. Human Resources for Health: HRH staffing decisions for those working on HIV/AIDS are based on use of HR data and are aligned with national plans. Host country has sufficient numbers and categories of competent health care workers and volunteers to provide quality HIV/AIDS prevention, care and treatment services in health facilities and in the community. Host country trains, deploys and compensates health workers providing HIV/AIDS services through local public and/or private resources and systems. Host country has a strategy or plan for transitioning staff funded by donors.		Data Source	Notes/Comments
<p>7.1 HRH Supply: To what extent is the health worker supply adequate to enable the volume and quality of HIV/AIDS services needed for sustained epidemic control at the facility and/or comm site level?</p>	<p>Check all that apply:</p> <p><input type="checkbox"/> The country's pre-service education institutions are producing an adequate supply and skills mix of health care providers</p> <p><input type="checkbox"/> The country's health workers are adequately deployed to, or distributed within, facilities and communities with high HIV burden</p> <p><input type="checkbox"/> The country has developed retention schemes that address health worker vacancy or attrition in high HIV burden areas</p> <p><input type="checkbox"/> The country's pre-service education institutions are producing an adequate supply and appropriate skills mix of social service workers to deliver social services to vulnerable children</p>	7.1 Score: 0.00	National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016
<p>7.2 HRH transition: What is the status of transitioning PEPFAR and other donor supported HIV/AIDS health worker salaries to local financing/compensation?</p>	<p><input type="radio"/> A. There is no inventory or plan for transition of donor-supported health workers</p> <p><input type="radio"/> B. There is an inventory of donor-supported health workers, but no official plan to transition these staff to local support</p> <p><input type="radio"/> C. There is an inventory and plan for transition of donor-supported workers, but it has not yet been implemented</p> <p><input type="radio"/> D. There is an inventory and plan for donor-supported workers to be transitioned, and staff are being transitioned according to this plan</p> <p><input checked="" type="radio"/> E. No plan is necessary because all HIV/AIDS health worker salaries are already locally financed/compensated</p>	7.2 Score: 1.33	National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016
<p>7.3 Domestic funding for HRH: What proportion of health worker (doctors, nurses, midwives, and CHW) salaries are supported with domestic public or private resources (i.e. excluding donor resources)?</p>	<p><input type="radio"/> A. Host country institutions provide no (0%) health worker salaries</p> <p><input type="radio"/> B. Host country institutions provide minimal (approx. 1-9%) health worker salaries</p> <p><input type="radio"/> C. Host country institutions provide some (approx. 10-49%) health worker salaries</p> <p><input type="radio"/> D. Host country institutions provide most (approx. 50-89%) health worker salaries</p> <p><input checked="" type="radio"/> E. Host country institutions provide all or almost all (approx. 90%+) health worker salaries</p>	7.3 Score: 3.33	National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016

<p>7.4 Pre-service: Do current pre-service education curricula for health workers providing HIV/AIDS services include HIV content that has been updated in last three years?</p>	<p><input checked="" type="radio"/> A. Pre-service education institutions do not have HIV content, or HIV content used by pre-service education institutions is out of date (not updated within 3 years)</p> <p><input type="radio"/> B. Pre-service institutions have updated HIV/AIDS content within the last three years (check all that apply):</p> <p><input type="checkbox"/> Updated content reflects national standards of practice for cadres offering HIV/AIDS-related services</p> <p><input type="checkbox"/> Institutions maintain process for continuously updating content, including HIV/AIDS content</p> <p><input type="checkbox"/> Updated curricula contain training related to stigma & discrimination of PLWHA</p> <p><input type="checkbox"/> Institutions track student employment after graduation to inform planning</p>	<p>7.4 Score: 0.00</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	
<p>7.5 In-service Training: To what extent does the host country government (through public, private, and/or voluntary sectors) plan and implement HIV/AIDS in-service training necessary to equip health workers for sustained epidemic control?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p>Check all that apply among A, B, C, D:</p> <p><input checked="" type="checkbox"/> A. The host country government provides the following support for in-service training in the country (check ONE):</p> <p><input type="checkbox"/> Host country government implements no (0%) HIV/AIDS related in-service training</p> <p><input checked="" type="checkbox"/> Host country government implements minimal (approx. 1-9%) HIV/AIDS related in-service training</p> <p><input type="checkbox"/> Host country government implements some (approx. 10-49%) HIV/AIDS in-service training</p> <p><input type="checkbox"/> Host country government implements most (approx. 50-89%) HIV/AIDS in-service training</p> <p><input type="checkbox"/> Host country government implements all or almost all (approx. 90%+) HIV/AIDS in-service training</p> <p><input type="checkbox"/> B. The host country government has a national plan for institutionalizing (establishing capacity within local institutions to deliver) donor-supported in-service training in HIV/AIDS</p> <p><input type="checkbox"/> C. The host country government requires continuing professional development, a form of in-service training, for re-licensure for key clinicians</p> <p><input type="checkbox"/> D. The host country government maintains a database to track training for HIV/AIDS, and allocates training based on need (e.g. focusing on high burden areas)</p>	<p>7.5 Score: 0.08</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	

<p>7.6 HR Data Collection and Use: Does the country systematically collect health workforce data, such as through a Human Resource Information Systems (HRIS), for HIV/AIDS services and/or health workforce planning and management?</p>	<p><input checked="" type="radio"/> A. There is no HRIS in country and data on the health workforce is not collected systematically for planning and management</p> <p><input type="radio"/> B. There is no HRIS in country, but some data is collected for planning and management</p> <p><input type="checkbox"/> Registration and re-licensure data for key professionals is collected and used for planning and management</p> <p><input type="checkbox"/> MOH health worker employee data (number, cadre, and location of employment) is collected and used</p> <p><input type="checkbox"/> Routine assessments are conducted regarding health worker staffing at health facility and/or community sites</p> <p><input type="radio"/> C. There is an HRIS (an interoperable system that captures at least regulatory and deployment data on health workers) in country:</p> <p><input type="checkbox"/> The HRIS is primarily financed and managed by host country institutions</p> <p><input type="checkbox"/> There is a national strategy or approach to interoperability for HRIS</p> <p><input type="checkbox"/> The government produces HR data from the system at least annually</p> <p><input type="checkbox"/> Host country institutions use HR data from the system for planning and management (e.g. health worker deployment)</p>	<p>7.6 Score: 0.00</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	
Human Resources for Health Score		4.75		
<p>8. Commodity Security and Supply Chain: The National HIV/AIDS response ensures a secure, reliable and adequate supply and distribution of quality products, including drugs, lab and medical supplies, health items, and equipment required for effective and efficient HIV/AIDS prevention, diagnosis and treatment. Host country efficiently manages product selection, forecasting and supply planning, procurement, warehousing and inventory management, transportation, dispensing and waste management reducing costs while maintaining quality.</p>		Data Source	Notes/Comments	
<p>8.1 ARV Domestic Financing: What is the estimated percentage of ARV procurement funded by domestic sources? (Domestic sources includes public sector and private sector but excludes donor and out-of-pocket funds)</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. This information is not known.</p> <p><input checked="" type="radio"/> B. No (0%) funding from domestic sources</p> <p><input type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources</p> <p><input type="radio"/> D. Some (approx. 10-49%) funded from domestic sources</p> <p><input type="radio"/> E. Most (approx. 50 – 89%) funded from domestic sources</p> <p><input type="radio"/> F. All or almost all (approx. 90%+) funded from domestic sources</p>	<p>8.1 Score: 0.00</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	
<p>8.2 Test Kit Domestic Financing: What is the estimated percentage of HIV Rapid Test Kit procurement funded by domestic sources? (Domestic sources includes public sector and private sector but excludes donor and out-of-pocket funds)</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. This information is not known</p> <p><input checked="" type="radio"/> B. No (0%) funding from domestic sources</p> <p><input type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources</p> <p><input type="radio"/> D. Some (approx. 10-49%) funded from domestic sources</p> <p><input type="radio"/> E. Most (approx. 50-89%) funded from domestic sources</p> <p><input type="radio"/> F. All or almost all (approx. 90%+) funded from domestic sources</p>	<p>8.2 Score: 0.00</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	

<p>8.3 Condom Domestic Financing: What is the estimated percentage of condom procurement funded by domestic (not donor) sources? <i>Note:</i> The denominator should be the supply of free or subsidized condoms provided to public or private sector health facilities or community based programs.</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. This information is not known</p> <p><input checked="" type="radio"/> B. No (0%) funding from domestic sources</p> <p><input type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources</p> <p><input type="radio"/> D. Some (approx. 10-49%) funded from domestic sources</p> <p><input type="radio"/> E. Most (approx. 50-89%) funded from domestic sources</p> <p><input type="radio"/> F. All or almost all (approx. 90%+) funded from domestic sources</p>	<p>8.3 Score: 0.00</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	
<p>8.4 Supply Chain Plan: Does the country have an agreed-upon national supply chain plan that guides investments in the supply chain?</p>	<p><input type="radio"/> A. There is no plan or thoroughly annually reviewed supply chain standard operating procedure (SOP).</p> <p><input checked="" type="radio"/> B. There is a plan/SOP that includes the following components (check all that apply):</p> <p><input checked="" type="checkbox"/> Human resources</p> <p><input checked="" type="checkbox"/> Training</p> <p><input checked="" type="checkbox"/> Warehousing</p> <p><input checked="" type="checkbox"/> Distribution</p> <p><input checked="" type="checkbox"/> Reverse Logistics</p> <p><input checked="" type="checkbox"/> Waste management</p> <p><input checked="" type="checkbox"/> Information system</p> <p><input checked="" type="checkbox"/> Procurement</p> <p><input checked="" type="checkbox"/> Forecasting</p> <p><input checked="" type="checkbox"/> Supply planning and supervision</p> <p><input checked="" type="checkbox"/> Site supervision</p>	<p>8.4 Score: 2.22</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	
<p>8.5 Supply Chain Plan Financing: What is the estimated percentage of financing for the supply chain plan that is provided by domestic sources (i.e. excluding donor funds)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. This information is not available.</p> <p><input type="radio"/> B. No (0%) funding from domestic sources.</p> <p><input checked="" type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources.</p> <p><input type="radio"/> D. Some (approx. 10-49%) funding from domestic sources.</p> <p><input type="radio"/> E. Most (approx. 50-89%) funding from domestic sources.</p> <p><input type="radio"/> F. All or almost all (approx. 90%+) funding from domestic sources.</p>	<p>8.5 Score: 0.21</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	<p>Hospitals/ARV sites often subsidize, partially, the consumables/medical bills for poor patients specifically OI drugs and other blood tests. However, it is speculated that this unlikely to exceed 5%.</p>

<p>8.6 Stock: Does the host country government manage processes and systems that ensure appropriate ARV stock levels?</p>	<p>Check all that apply:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> The group making re-supply decisions for ARVs, have timely visibility into the ARV stock on hand at facilities <input checked="" type="checkbox"/> Facilities are stocked with ARVs according to plan (above the minimum and below the maximum stock level) 90% of the time <input checked="" type="checkbox"/> MOH or other host government personnel make re-supply decisions with minimal external assistance: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Decision makers are not seconded or implementing partner staff <input checked="" type="checkbox"/> Supply chain data are maintained within the Ministry of Health and not solely stored by donor-funded projects <input checked="" type="checkbox"/> Team that conducts analysis of facility data is at least 50% host government 	<p>8.6 Score: 2.22</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	
<p>8.7 Assessment: Was an overall score of above 80% achieved on the SCMS National Supply Chain Assessment or top quartile for an equivalent assessment conducted within the last three years?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<ul style="list-style-type: none"> <input type="radio"/> A. A comprehensive assessment has not been done <input checked="" type="radio"/> B. A comprehensive assessment has been done but the score was lower than 80% (for NSCA) or in the bottom three quartiles for the global average of other equivalent assessments <input type="radio"/> C. A comprehensive assessment has been done and the score was higher than 80% (for NSCA) or in the top quartile for the assessment 	<p>8.7 Score: 1.11</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	
<p>Commodity Security and Supply Chain Score: 5.76</p>				
<p>9. Quality Management: Host country has institutionalized quality management systems, plans, workforce capacities and other key inputs to ensure that modern quality improvement methodologies are applied to managing and providing HIV/AIDS services</p>			<p>Data Source</p>	<p>Notes/Comments</p>
<p>9.1 Existence of a Quality Management (QM) System: Does the host country government support appropriate QM structures to support continuous quality improvement (QI) at national, sub-national and site levels?</p>	<ul style="list-style-type: none"> <input type="radio"/> A. The host country government does not have structures or resources to support site-level continuous quality improvement <input checked="" type="radio"/> B. The host country government: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Has a budget line item for the QM program <input type="checkbox"/> Supports a knowledge management platform (e.g., web site) and/or peer learning opportunities available to site QI participants to gain insights from other sites and interventions 	<p>9.1 Score: 0.67</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	

<p>9.2 Quality Management/Quality Improvement (QM/QI) Plan: Is there a current (updated within the last 2 years) QM/QI plan? (The plan may be HIV program-specific or include HIV program-specific elements in a national health sector QM/QI plan.)</p>	<p><input checked="" type="radio"/> A. There is no HIV/AIDS-related QM/QI strategy</p> <p><input type="radio"/> B. There is a QM/QI strategy that includes HIV/AIDS, but it is not current (updated within the last 2 years)</p> <p><input type="radio"/> C. There is a current QM/QI strategy that includes HIV/AIDS program specific elements</p> <p><input type="radio"/> D. There is a current HIV/AIDS program specific QM/QI strategy</p>	<p>9.2 Score: 0.00</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	
<p>9.3 Performance Data Collection and Use for Improvement: Are HIV program performance measurement data systematically collected and analyzed to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting?</p>	<p><input type="radio"/> A. HIV program performance measurement data are not used to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting.</p> <p><input checked="" type="radio"/> B. HIV program performance measurement data are used to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting (check all that apply):</p> <p><input checked="" type="checkbox"/> The national quality structure has a clinical data collection system from which local performance measurement data on prioritized measures are being collected, aggregated nationally, and analyzed for local and national improvement</p> <p><input checked="" type="checkbox"/> There is a system for sharing data at the national, SNU, and local level, with evidence that data is used to identify quality gaps and initiate QI activities</p> <p><input type="checkbox"/> There is documentation of results of QI activities and demonstration of national HIV program improvement</p>	<p>9.3 Score: 1.33</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	<p>In spite of care and treatment team collect, analyse and use data for making decision pertinent to patient care and program tracting; the aspect of data quality: completeness and timeliness is pressing challenges that need attention for improvement.</p>
<p>9.4 Health worker capacity for QM/QI: Does the host country government ensure that the health workforce has capacities to apply modern quality improvement methods to HIV/AIDS care and services?</p>	<p><input type="radio"/> A. There is no training or recognition offered to build health workforce competency in QI.</p> <p><input checked="" type="radio"/> B. There is health workforce competency-building in QI, including:</p> <p><input checked="" type="checkbox"/> Pre-service institutions incorporate modern quality improvement methods in curricula</p> <p><input checked="" type="checkbox"/> National in-service training (IST) curricula integrate quality improvement training for members of the health workforce (including managers) who provide or support HIV/AIDS services</p>	<p>9.4 Score: 2.00</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	<p>QM/QI has been included in postgraduate Public Health training program but not specified on HIV/AIDS; There is also QM/QI training materials for in-service trainings for care and treatment team at ARV sites.</p>

<p>9.5 Existence of QI Implementation: Does the host country government QM system use proven systematic approaches for QI?</p>	<p>The national-level QM structure:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provides oversight to ensure continuous quality improvement in HIV/AIDS care and services <input type="checkbox"/> Regularly convenes meetings that includes health services consumers <input checked="" type="checkbox"/> Routinely reviews national, sub-national and clinical outcome data to identify and prioritize areas for improvement <p>Sub-national QM structures:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Provide coordination and support to ensure continuous quality improvement in HIV/AIDS care and services <input type="checkbox"/> Regularly convene meetings that includes health services consumers <input type="checkbox"/> Routinely review national, sub-national and clinical outcome data to identify and prioritize areas for improvement <p>Site-level QM structures:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Undertake continuous quality improvement in HIV/AIDS care and services to identify and prioritize areas for improvement 	<p>9.5 Score: 0.86</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	<p>Despite the Quality Improvement structure under the Department of Health Care, Ministry of Health; the oversight/ investment/implementation of HIV/AIDS related QI/QM activities (HTC and ARV patients care) at site level requires extensive technical assistance and budgetary support.</p>
Quality Management Score:		4.86		
<p>10. Laboratory: The host country ensures adequate funds, policies, and regulations to ensure laboratory capacity (workforce, equipment, reagents, quality) matches the services required for PLHIV.</p>			Data Source	Notes/Comments
<p>10.1 Strategic Plan: Does the host country have a national laboratory strategic plan?</p>	<ul style="list-style-type: none"> <input type="radio"/> A. There is no national laboratory strategic plan <input type="radio"/> B. National laboratory strategic plan is under development <input type="radio"/> C. National laboratory strategic plan has been developed, but not approved <input checked="" type="radio"/> D. National laboratory strategic plan has been developed and approved <input type="radio"/> E. National laboratory plan has been developed, approved, and costed 	<p>8.1 Score: 1.25</p>	<p>National Strategic Plan for Health Laboratories 2013-2020</p>	
<p>10.2 Regulations to Monitor Quality of Laboratories and Point of Care Testing (POCT) Sites: To what extent does the host country have regulations in place to monitor the quality of its laboratories and POCT sites? (if exact or approximate percentage known, please note in Comments column)</p>	<ul style="list-style-type: none"> <input checked="" type="radio"/> A. Regulations do not exist to monitor minimum quality of laboratories in the country. <input type="radio"/> B. Regulations exist, but are not implemented (0% of laboratories and POCT sites regulated). <input type="radio"/> C. Regulations exist, but are minimally implemented (approx. 1-9% of laboratories and POCT sites regulated). <input type="radio"/> D. Regulations exist, but are partially implemented (approx. 10-49% of laboratories and POCT sites regulated). <input type="radio"/> E. Regulations exist and are mostly implemented (approx. 50-89% of laboratories and POCT sites regulated). <input type="radio"/> F. Regulations exist and are fully or almost fully implemented (approx. 90%+ of laboratories and POCT sites regulated). 	<p>8.2 Score: 0.00</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	<p>Eventhough there is a National HIV Testing quideline being implemented, the Natinal Quality Standard of health laboratories (undertandably equal to regulations), including HIV/AIDS related, is in progress development. WHO is providing technical and budgetary support to National Center of Laboratory and Epidemiology to develope such regulations.</p>

<p>10.3 Capacity of Laboratory Workforce: Does the host country have an adequate number of qualified laboratory personnel (human resources [HR]) in the public sector, to sustain key functions to meet the needs of PLHIV for diagnosis, monitoring treatment and viral load suppression?</p>	<p><input type="radio"/> A. There are not adequate qualified laboratory personnel to achieve sustained epidemic control</p> <p><input checked="" type="radio"/> B. There are adequate qualified laboratory personnel to perform the following key functions:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> HIV diagnosis in laboratories and point-of-care settings <input checked="" type="checkbox"/> TB diagnosis in laboratories and point-of-care settings <input checked="" type="checkbox"/> CD4 testing in laboratories and point-of-care settings <input checked="" type="checkbox"/> Viral load testing in laboratories and point-of-care settings <input checked="" type="checkbox"/> Early Infant Diagnosis in laboratories <input checked="" type="checkbox"/> Malaria infections in laboratories and point-of-care settings <input checked="" type="checkbox"/> Microbiology in laboratories and point-of-care settings <input type="checkbox"/> Blood banking in laboratories and point-of-care settings <input checked="" type="checkbox"/> Opportunistic infections including Cryptococcal antigen in laboratories and point-of-care settings 	<p>8.3 Score: 1.48</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	<p>There are certain points of care/ARV sites that can not perform CD4 test, hence, send the specimen to referral hospitals/ARV sites.</p> <p>Viroload and PCR are currently performed by Christophe Merieux Center, which is operated under the Ministry of Health, which so far is providing smooth and timely services for all ARV sites nationwide.</p>
<p>10.4 Viral Load Infrastructure: Does the host country have sufficient infrastructure to test for viral load to reach sustained epidemic control?</p>	<p><input type="radio"/> A. There is not sufficient infrastructure to test for viral load.</p> <p><input checked="" type="radio"/> B. There is sufficient infrastructure to test for viral load, including:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Sufficient viral load instruments and reagents <input checked="" type="checkbox"/> Appropriate maintenance agreements for instruments <input checked="" type="checkbox"/> Adequate specimen transport system and timely return of results 	<p>8.4 Score: 1.67</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	<p>Viroload and PCR are currently performed by Christophe Merieux Center, which is operated under the Ministry of Health, which so far is providing smooth and timely services for all ARV sites nationwide.</p>
<p>10.5 Domestic Funds for Laboratories: To what extent are laboratory services financed by domestic public or private resources (i.e. excluding external donor funding)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input checked="" type="radio"/> A. No (0%) laboratory services are financed by domestic resources.</p> <p><input type="radio"/> B. Minimal (approx. 1-9%) laboratory services are financed by domestic resources.</p> <p><input type="radio"/> C. Some (approx. 10-49%) laboratory services are financed by domestic resources.</p> <p><input type="radio"/> D. Most (approx. 50-89%) laboratory services are financed by domestic resources.</p> <p><input type="radio"/> E. All or almost all (approx. 90%+) laboratory services are financed by domestic resources.</p>	<p>8.5 Score: 0.00</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	<p>The government cover the running costs and lab personnel cost while the HIV/AIDS related laboratory commodities: test kits, reagents are supported by external sources.</p>
Laboratory Score:		4.40		

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN B

Domain C. Strategic Investments, Efficiency, and Sustainable Financing

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

	Data Source	Notes/Comments
<p>11. Domestic Resource Mobilization: The partner country budgets for its HIV/AIDS response and makes adequate resource commitments and expenditures to achieve national HIV/AIDS goals for epidemic control in line with its financial ability.</p>		
<p>11.1 Domestic Budget: To what extent does the national budget explicitly account for the national HIV/AIDS response?</p>	<p> <input type="radio"/> A. There is no explicit funding for HIV/AIDS in the national budget. <input checked="" type="radio"/> B. There is explicit HIV/AIDS funding within the national budget. <input type="checkbox"/> The HIV/AIDS budget is program-based across ministries <input checked="" type="checkbox"/> The budget includes or references indicators of progress toward national HIV/AIDS strategy goals <input checked="" type="checkbox"/> The budget includes specific HIV/AIDS service delivery targets <input type="checkbox"/> National budget reflects all sources of funding for HIV, including from external donors </p>	<p>11.1 Score: 1.67</p> <p>Most of public domestic resource allocation is on running cost and staff salaries of ARV and HTC facilities.</p>
<p>11.2 Annual Targets: Did the most recent budget as executed achieve stated annual HIV/AIDS goals? (if exact or approximate percentage known, please note in Comments column)</p>	<p> <input type="radio"/> A. There are no HIV/AIDS goals/targets articulated in the national budget <input type="radio"/> B. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, but none (0%) were attained. <input type="radio"/> C. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, but very few (approx. 1-9%) were attained. <input checked="" type="radio"/> D. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, and some (approx. 10-49%) were reached. <input type="radio"/> E. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, and most (approx. 50-89%) were reached. <input type="radio"/> F. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, and all or almost all (approx. 90%+) were reached. </p>	<p>11.2 Score: 1.11</p> <p>NASA report 2014</p>

<p>11.3 Budget Execution: For the previous three years, what was the average execution rate for budgeted domestic HIV/AIDS resources (i.e. excluding any donor funds) at both the national and subnational level?</p> <p>(If subnational data does not exist or is not available, answer the question for the national level. Note level covered in the comments column)</p>	<p><input type="radio"/> A. Information is not available</p> <p><input type="radio"/> B. There is no national HIV/AIDS budget, or the execution rate was 0%.</p> <p><input checked="" type="radio"/> C. 1-9%</p> <p><input type="radio"/> D. 10-49%</p> <p><input type="radio"/> E. 50-89%</p> <p><input type="radio"/> F. 90% or greater</p>	<p>11.3 Score: 0.56</p>	<p>NASA report 2014</p>	
<p>11.4 PLACEHOLDER for future indicator measuring country's financial ability to pay for its HIV response (will not be included in SID for COP 16)</p>				
<p>11.5 Domestic Spending: What percent of the annual national HIV response is financed with domestic public and domestic private sector HIV funding (excluding out-of-pocket and donor resources)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. None (0%) is financed with domestic funding.</p> <p><input type="radio"/> B. Very little (approx. 1-9%) is financed with domestic funding.</p> <p><input checked="" type="radio"/> C. Some (approx. 10-49%) is financed with domestic funding.</p> <p><input type="radio"/> D. Most (approx. 50-89%) is financed with domestic funding.</p> <p><input type="radio"/> E. All or almost all (approx. 90%+) is financed with domestic funding.</p>	<p>11.6 Score: 1.67</p>	<p>GARP Report 2015 http://www.unaids.org/sites/default/files/country/documents/LAO_narrative_report_2015.pdf</p>	<p>This is the only public domestic fund with about 20% share of total investment, private sector not yet engaged in.</p>
<p>Domestic Resource Mobilization Score:</p>		<p>5.00</p>		

12. Technical and Allocative Efficiencies: The host country analyzes and uses relevant HIV/AIDS epidemiological, health, health workforce, and economic data to inform HIV/AIDS investment decisions. For maximizing impact, data are used to choose which high impact program services and interventions are to be implemented, where resources should be allocated, and what populations demonstrate the highest need and should be targeted (i.e. the right thing at the right place and at the right time). Unit costs are tracked and steps are taken to improve HIV/AIDS outcomes within the available resource envelope (or achieves comparable outcomes with fewer resources).			
	Data Source		Notes/Comments
<p>12.1 Resource Allocation Process: Does the partner country government utilize a recognized data-driven model to inform the allocation of domestic (i.e. non-donor) public HIV resources?</p> <p>(note: full score achieved by selecting one checkbox)</p>	<p><input type="radio"/> A. The host country government does not use one of the mechanisms listed below to inform the allocation of their resources.</p> <p><input checked="" type="radio"/> B. The host country government does use the following mechanisms to inform the allocation of their resources (check all that apply):</p> <p><input type="checkbox"/> Optima</p> <p><input checked="" type="checkbox"/> Spectrum (including EPP and Goals)</p> <p><input checked="" type="checkbox"/> AIDS Epidemic Model (AEM)</p> <p><input type="checkbox"/> Modes of Transmission (MOT) Model</p> <p><input type="checkbox"/> Other recognized process or model (specify in notes column)</p>	<p>12.1 Score: 1.43</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>
<p>12.2 High Impact Interventions: What percentage of site-level point of service HIV domestic public sector resources (excluding any donor funds) are being allocated to the following set of interventions: provision of ART, VMMC, PMTCT, HTC, condoms, and targeted prevention for key and priority populations?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. Information not available</p> <p><input type="radio"/> B. No (0%) site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions.</p> <p><input type="radio"/> C. Minimal (approx. 1-9%) of site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions.</p> <p><input type="radio"/> D. Some (approx. 10-49%) of site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions.</p> <p><input checked="" type="radio"/> E. Most (approx. 50-89%) of site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions.</p> <p><input type="radio"/> F. All or almost all (approx. 90%+) of site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions.</p>	<p>12.2 Score: 1.07</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>

<p>12.3 Geographic Allocation: Of central government HIV-specific resources (excluding any donor funds) allocated to geographic subunits in the most recent year available, what percentage is being allocated in the highest burden geographic areas (i.e. districts that cumulatively account for 80% of PLHIV)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. Information not available.</p> <p><input type="radio"/> B. No resources (0%) are targeting the highest burden geographic areas.</p> <p><input checked="" type="radio"/> C. Minimal resources (approx. 1-9%) are targeting the highest burden geographic areas.</p> <p><input type="radio"/> D. Some resources (approx. 10-49%) are targeting the highest burden geographic areas.</p> <p><input type="radio"/> E. Most resources (approx. 50-89%) are targeting the highest burden geographic areas.</p> <p><input type="radio"/> F. All or almost all resources (approx. 90%+) are targeting the highest burden geographic areas.</p>	<p>12.3 Score: 0.36</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	
<p>12.4 Data-Driven Reprogramming: Do host country government policies/systems allow for reprogramming domestic investments based on new or updated program data during the government funding cycle?</p>	<p><input checked="" type="radio"/> A. There is no system for funding cycle reprogramming</p> <p><input type="radio"/> B. There is a policy/system that allows for funding cycle reprogramming, but it is seldom used.</p> <p><input type="radio"/> C. There is a system that allows for funding cycle reprogramming and reprogramming is done as per the policy but not based on data</p> <p><input type="radio"/> D. There is a policy/system that allows for funding cycle reprogramming and reprogramming is done as per the policy and is based on data</p>	<p>Q3 Score: 0.00</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	
<p>12.5 Unit Costs: Does the host country government use recent expenditure data or cost analysis (i.e. data from within the last three years) to estimate unit costs of HIV/AIDS services for budgeting or planning purposes?</p> <p>(note: full score can be achieved without checking all disaggregate boxes).</p>	<p><input type="radio"/> A. The host country government does not use recent expenditure data or cost analysis to estimate unit costs</p> <p><input checked="" type="radio"/> B. The host country government uses recent expenditure data or cost analysis to estimate unit costs for (check all that apply):</p> <p><input checked="" type="checkbox"/> HIV Testing</p> <p><input checked="" type="checkbox"/> Care and Support</p> <p><input checked="" type="checkbox"/> ART</p> <p><input checked="" type="checkbox"/> PMTCT</p> <p><input type="checkbox"/> VMMC</p> <p><input type="checkbox"/> OVC Service Package</p> <p><input checked="" type="checkbox"/> Key population Interventions</p>	<p>12.5 Score: 1.43</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	

<p>12.6 Improving Efficiency: Has the partner country achieved any of the following efficiency improvements through actions taken within the last three years?</p>	<p>Check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Improved operations or interventions based on the findings of cost-effectiveness or efficiency studies <input type="checkbox"/> Reduced overhead costs by streamlining management <input checked="" type="checkbox"/> Lowered unit costs by reducing fragmentation, i.e. pooled procurement, resource pooling, etc. <input checked="" type="checkbox"/> Improved procurement competition <input type="checkbox"/> Integrated HIV/AIDS into national or subnational insurance schemes (private or public -- need not be within last three years) <input type="checkbox"/> Integrated HIV into primary care services with linkages to specialist care (need not be within last three years) <input checked="" type="checkbox"/> Integrated TB and HIV services, including ART initiation in TB treatment settings and TB screening and treatment in HIV care settings (need not be within last three years) <input checked="" type="checkbox"/> Integrated HIV and MCH services, including ART initiated and maintained in eligible pregnant and postpartum women and in infants at maternal and child health care settings (need not be within last three years) <input checked="" type="checkbox"/> Developed and implemented other new and more efficient models of HIV service delivery (specify in comments) 	<p>12.6 Score: 0.79</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	
<p>12.7 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.)</p>	<ul style="list-style-type: none"> <input checked="" type="radio"/> A. Partner government did not pay for any ARVs using domestic resources in the previous year. <input type="radio"/> B. Average price paid for ARVs by the partner government in the previous year was more than 50% greater than the international benchmark price for that regimen. <input type="radio"/> C. Average price paid for ARVs by the partner government in the previous year was 10-50% greater than the international benchmark price for that regimen. <input type="radio"/> D. Average price paid for ARVs by the partner government in the previous year was 1-10% greater than the international benchmark price for that regimen. <input type="radio"/> E. Average price paid for ARVs by the partner government in the previous year was below or equal to the international benchmark price for that regimen. 	<p>12.7 Score: 0.00</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	
<p>Technical and Allocative Efficiencies Score:</p>		<p>5.08</p>		

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN C

Domain D: Strategic Information

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

			Data Source	Notes/Comments
<p>13. 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.</p>				
<p>13.1 Who Leads General Population Surveys & Surveillance: To what extent does the host country government lead and manage planning and implementation of the HIV/AIDS portfolio of general population epidemiological surveys and/or surveillance activities (population-based household surveys, case reporting/clinical surveillance, drug resistance surveillance, etc.)?</p>	<ul style="list-style-type: none"> <input type="radio"/> A. No HIV/AIDS general population surveys or surveillance activities have been conducted within the past 5 years <input type="radio"/> B. Surveys & surveillance activities are primarily planned and implemented by external agencies, organizations or institutions <input type="radio"/> C. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with substantial technical assistance from external agencies <input checked="" type="radio"/> D. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with some technical assistance from external agencies <input type="radio"/> E. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with minimal or no technical assistance from external agencies 	<p>13.1 Score: 0.71</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	
<p>13.2 Who Leads Key Population Surveys & Surveillance: To what extent does the host country government lead & manage planning and implementation of the HIV/AIDS portfolio of key population epidemiological surveys and/or behavioral surveillance activities (IBBS, size estimation studies, etc.)?</p>	<ul style="list-style-type: none"> <input type="radio"/> A. No HIV/AIDS key population surveys or surveillance activities have been conducted within the past 5 years <input type="radio"/> B. Surveys & surveillance activities are primarily planned and implemented by external agencies, organizations or institutions <input type="radio"/> C. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with substantial technical assistance from external agencies <input checked="" type="radio"/> D. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with some technical assistance from external agencies <input type="radio"/> E. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, without minimal or no technical assistance from external agencies 	<p>13.2 Score: 0.71</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	<p>2014 FSW IBBS was conducted by Center of HIV/AIDS and NCLE without technical assistance from donor agencies (protocol development, data collection, analysis, reporting and finding dissemination). Only MSM IBBS received technical assistance from external technical agencies.</p>
<p>13.3 Who Finances General Population Surveys & Surveillance: To what extent does the host country government fund the HIV/AIDS portfolio of general population epidemiological surveys and/or surveillance activities (e.g., protocol development, printing of paper-based tools, salaries and transportation for data collection, etc.)? (if exact or approximate percentage known, please note in Comments column)</p>	<ul style="list-style-type: none"> <input type="radio"/> A. No HIV/AIDS general population surveys or surveillance activities have been conducted within the past 5 years <input type="radio"/> B. No financing (0%) is provided by the host country government <input checked="" type="radio"/> C. Minimal financing (approx. 1-9%) is provided by the host country government <input type="radio"/> D. Some financing (approx. 10-49%) is provided by the host country government <input type="radio"/> E. Most financing (approx. 50-89%) is provided by the host country government <input type="radio"/> F. All or almost all financing (90%+) is provided by the host country government 	<p>13.3 Score: 0.42</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	

<p>13.4 Who Finances Key Populations Surveys & Surveillance: To what extent does the host country government fund the HIV/AIDS portfolio of key population epidemiological surveys and/or behavioral surveillance activities (e.g., protocol development, printing of paper-based tools, salaries and transportation for data collection, etc.)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. No HIV/AIDS key population surveys or surveillance activities have been conducted within the past 5 years</p> <p><input type="radio"/> B. No financing (0%) is provided by the host country government</p> <p><input checked="" type="radio"/> C. Minimal financing (approx. 1-9%) is provided by the host country government</p> <p><input type="radio"/> D. Some financing (approx. 10-49%) is provided by the host country government</p> <p><input type="radio"/> E. Most financing (approx. 50-89%) is provided by the host country government</p> <p><input type="radio"/> F. All or almost all financing (approx. 90%+) is provided by the host country government</p>	<p>13.4 Score: 0.42</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	<p>Government contribution to the survey/studies related to key affected populations is accounted for government staff time.</p>
<p>13.5 Comprehensiveness of Prevalence and Incidence Data: To what extent does the host country government collect HIV prevalence and incidence data according to relevant disaggregations, populations and geographic units? (Note: Full score possible without selecting all disaggregates.)</p>	<p>Check ALL boxes that apply below:</p> <p><input checked="" type="checkbox"/> A. The host country government collects at least every 5 years HIV prevalence data disaggregated by:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Sex <input checked="" type="checkbox"/> Key populations (FSW, PWID, MSM/transgender) <input type="checkbox"/> Priority populations (e.g., military, prisoners, young women & girls, etc.) <input checked="" type="checkbox"/> Sub-national units <p><input type="checkbox"/> B. The host country government collects at least every 5 years sub-national HIV incidence disaggregated by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Age <input type="checkbox"/> Sex <input type="checkbox"/> Key populations (FSW, PWID, MSM/transgender) <input type="checkbox"/> Priority populations (e.g., military, prisoners, young women & girls, etc.) <input type="checkbox"/> Sub-national units 	<p>13.5 Score: 0.48</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	

<p>13.6 Comprehensiveness of Viral Load Data: To what extent does the host country government collect/report viral load data according to relevant disaggregations and across all PLHIV?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. The host country government does not collect/report viral load data or does not conduct viral load monitoring</p> <p><input checked="" type="radio"/> B. The host country government collects/reports viral load data (answer both subsections below):</p> <p>According to the following disaggregates (check ALL that apply):</p> <p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Sex</p> <p><input checked="" type="checkbox"/> Key populations (FSW, PWID, MSM/transgender)</p> <p><input type="checkbox"/> Priority populations (e.g., military, prisoners, young women & girls, etc.)</p> <p>For what proportion of PLHIV (select ONE of the following):</p> <p><input type="checkbox"/> Less than 25%</p> <p><input type="checkbox"/> 25-50%</p> <p><input type="checkbox"/> 50-75%</p> <p><input checked="" type="checkbox"/> More than 75%</p>	<p>13.6 Score: 0.83</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	
<p>13.7 Comprehensiveness of Key and Priority Populations Data: To what extent does the host country government conduct IBBS and/or size estimation studies for key and priority populations? (Note: Full score possible without selecting all disaggregates.)</p>	<p><input type="radio"/> A. The host country government does not conduct IBBS or size estimation studies for key populations (FSW, PWID, MSM) or priority populations (Military, etc.).</p> <p><input checked="" type="radio"/> B. The host country government conducts (answer both subsections below):</p> <p>IBBS for (check ALL that apply):</p> <p><input checked="" type="checkbox"/> Female sex workers (FSW)</p> <p><input checked="" type="checkbox"/> Men who have sex with men (MSM)/transgender</p> <p><input checked="" type="checkbox"/> People who inject drugs (PWID)</p> <p><input type="checkbox"/> Priority populations (e.g., military, prisoners, young women & girls, etc.)</p> <p>Size estimation studies for (check ALL that apply):</p> <p><input type="checkbox"/> Female sex workers (FSW)</p> <p><input type="checkbox"/> Men who have sex with men (MSM)/transgender</p> <p><input type="checkbox"/> People who inject drugs (PWID)</p> <p><input type="checkbox"/> Priority populations (e.g., military, prisoners, young women & girls, etc.)</p>	<p>13.7 Score: 0.48</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	<p>IBBS for PWID conducted in 2 out of 18 provinces in 2010.</p> <p>IBBS among military was conducted in 2014 but until now the final report is not yet made available</p>
<p>13.8 Timeliness of Epi and Surveillance Data: To what extent is a timeline for the collection of epidemiologic and surveillance data outlined in a national HIV/AIDS surveillance and survey strategy (or a national surveillance and survey strategy with specifics for HIV)?</p>	<p><input type="radio"/> A. There is no national HIV surveillance and surveys strategy, or a national surveillance and surveys strategy exists but does not include specifics for HIV surveillance and surveys</p> <p><input type="radio"/> B. A national HIV surveillance and surveys strategy exists (or a national surveillance and surveys strategy exists and includes specifics for HIV), but the strategy does not outline a timeline for data collection for all relevant population groups</p> <p><input checked="" type="radio"/> C. A national HIV surveillance and surveys strategy exists (or a national surveillance and surveys strategy exists and includes specifics for HIV), and outlines a timeline for data collection for all relevant population groups</p>	<p>13.8 Score: 0.95</p>	<p>HIV AIDS M&E Plan 2013-2015</p>	<p>IBBS for PWID conducted in 2 out of 18 provinces in 2010.</p> <p>IBBS is scheduled for every 3 year documented in HIV AIDS M&E Plan 2013-2015</p>

<p>13.9 Quality of Surveillance and Survey Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS surveillance and survey data?</p>	<p><input type="radio"/> A. No governance structures, procedures or policies designed to assure surveys & surveillance data quality exist/could be documented.</p> <p><input checked="" type="radio"/> B. The following structures, procedures or policies exist to assure quality of surveys & surveillance data (check all that apply):</p> <p><input checked="" type="checkbox"/> A national surveillance unit or other entity is responsible for assuring the quality of surveys & surveillance data</p> <p><input checked="" type="checkbox"/> A national, approved surveys & surveillance strategy is in place, which outlines standards, policies and procedures for data quality assurance</p> <p><input checked="" type="checkbox"/> Standard national procedures & protocols exist for reviewing surveys & surveillance data for quality and sharing feedback with appropriate staff responsible for data collection</p> <p><input type="checkbox"/> An in-country internal review board (IRB) exists and reviews reviews all protocols.</p>	<p>13.9 Score: 0.71</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	
Epidemiological and Health Data Score:		5.71		
<p>14. Financial/Expenditure data: Government collects, tracks and analyzes and makes available financial data related to HIV/AIDS, including the financing and spending on HIV/AIDS expenditures from all financing sources, costing, and economic evaluation, efficiency and market demand analyses for cost-effectiveness.</p>	Data Source	Notes/Comments		
<p>14.1 Who Leads Collection of Expenditure Data: To what extent does the host country government lead & manage a national expenditure tracking system to collect HIV/AIDS expenditure data?</p>	<p><input type="radio"/> A. No tracking of public HIV/AIDS expenditures has occurred within the past 5 years</p> <p><input type="radio"/> B. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA), but planning and implementation is primarily led by external agencies, organizations, or institutions</p> <p><input checked="" type="radio"/> C. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA) and planning and implementation is led by the host country government, with substantial external technical assistance</p> <p><input type="radio"/> D. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA) and planning and implementation is led by the host country government, with some external technical assistance</p> <p><input type="radio"/> E. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA), and planning and implementation is led by the host country government, with minimal or no external technical assistance</p>	<p>14.1 Score: 0.83</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	
<p>14.2 Who Finances Collection of Expenditure Data: To what extent does the host country government finance the collection of HIV/AIDS expenditure data (e.g., printing of paper-based tools, salaries and transportation for data collection, etc.)? (if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. No HIV/AIDS expenditure tracking has occurred within the past 5 years</p> <p><input type="radio"/> B. No financing (0%) is provided by the host country government</p> <p><input type="radio"/> C. Minimal financing (approx. 1-9%) is provided by the host country government</p> <p><input checked="" type="radio"/> D. Some financing (approx. 10-49%) is provided by the host country government</p> <p><input type="radio"/> E. Most financing (approx. 50-89%) is provided by the host country government</p> <p><input type="radio"/> F. All or almost all financing (90%+) is provided by the host country government</p>	<p>14.2 Score: 1.67</p>	<p>GARP Report 2015 http://www.unaids.org/sites/default/files/country/documents/LAO_narrative_report_2015.pdf</p>	

<p>14.3 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?</p>	<p><input type="radio"/> A. No HIV/AIDS expenditure tracking has occurred within the past 5 years</p> <p><input checked="" type="radio"/> B. HIV/AIDS expenditure data are collected (check all that apply):</p> <p><input checked="" type="checkbox"/> By source of financing, such as domestic public, domestic private, out-of-pocket, Global Fund, PEPFAR, others</p> <p><input checked="" type="checkbox"/> By expenditures per program area, such as prevention, care, treatment, health systems strengthening</p> <p><input checked="" type="checkbox"/> By type of expenditure, such as training, overhead, vehicles, supplies, commodities/reagents, personnel</p> <p><input checked="" type="checkbox"/> Sub-nationally</p>	<p>14.3 Score: 1.67</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	<p>There is no tracking of out of pocket expenditure nor private sector's.</p>
<p>14.4 Timeliness of Expenditure Data: To what extent are expenditure data collected in a timely way to inform program planning and budgeting decisions?</p>	<p><input type="radio"/> A. No HIV/AIDS expenditure data are collected</p> <p><input type="radio"/> B. HIV/AIDS expenditure data are collected irregularly, and more than 3 years ago</p> <p><input type="radio"/> C. HIV/AIDS expenditure data were collected at least once in the past 3 years</p> <p><input type="radio"/> D. HIV/AIDS expenditure data are collected annually but represent more than one year of expenditures</p> <p><input checked="" type="radio"/> E. HIV/AIDS expenditure data are collected annually and represent only one year of expenditures</p>	<p>14.4 Score: 1.67</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	
<p>14.5 Economic Studies: Does the host country government conduct health economic studies or analyses for HIV/AIDS?</p>	<p><input checked="" type="radio"/> A. The host country government does not conduct health economic studies or analyses for HIV/AIDS</p> <p><input type="radio"/> B. The host country government conducts (check all that apply):</p> <p><input type="checkbox"/> Costing</p> <p><input type="checkbox"/> Economic evaluation (e.g., cost-effectiveness analysis and cost-benefit analysis)</p> <p><input type="checkbox"/> Efficiency analysis (e.g., efficiency of service delivery by public and private sector, resource allocation)</p> <p><input type="checkbox"/> Market demand analysis</p>	<p>14.5 Score: 0.00</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	<p>There was previously the cost effective analysis of PMTCT implementation whose results applied to prioritize 4 major provinces to pilot PMTCT activities.</p>
<p>Financial/Expenditure Data Score: 5.83</p>				
<p>15. Performance data: Government routinely collects, analyzes and makes available HIV/AIDS service delivery data. Service delivery data are analyzed to track program performance, i.e. coverage of key interventions, results against targets, and the continuum of care and treatment cascade, including linkage to care, adherence and retention.</p>			<p>Data Source</p>	<p>Notes/Comments</p>
<p>15.1 Who Leads Collection of Service Delivery Data: To what extent is the routine collection of HIV/AIDS service delivery data institutionalized in an information system and managed and operated by the host country government?</p>	<p><input type="radio"/> A. No system exists for routine collection of HIV/AIDS service delivery data</p> <p><input type="radio"/> B. Multiple unharmonized or parallel information systems exist that are managed and operated separately by various government entities, local institutions and/or external agencies/institutions</p> <p><input type="radio"/> C. One information system, or a harmonized set of complementary information systems, exists and is primarily managed and operated by an external agency/institution</p> <p><input type="radio"/> D. One information system, or a harmonized set of complementary information systems, exists and is managed and operated by the host country government with technical assistance from external agency/institution</p> <p><input checked="" type="radio"/> E. One information system, or a harmonized set of complementary information systems, exists and is managed and operated by the host country government</p>	<p>15.1 Score: 1.00</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	

<p>15.2 Who Finances Collection of Service Delivery Data: To what extent does the host country government finance the routine collection of HIV/AIDS service delivery data (e.g., salaries of data clerks/M&E staff, printing & distribution of paper-based tools, electronic reporting system maintenance, data quality supervision, etc.)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. No routine collection of HIV/AIDS service delivery data exists</p> <p><input type="radio"/> B. No financing (0%) is provided by the host country government</p> <p><input checked="" type="radio"/> C. Minimal financing (approx. 1-9%) is provided by the host country government</p> <p><input type="radio"/> D. Some financing (approx. 10-49%) is provided by the host country government</p> <p><input type="radio"/> E. Most financing (approx. 50-89%) is provided by the host country government</p> <p><input type="radio"/> F. All or almost all financing (90%+) is provided by the host country government</p>	<p>15.2 Score: 0.83</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	
<p>15.3 Comprehensiveness of Service Delivery Data: To what extent does the host country government collect HIV/AIDS service delivery data by population, program and geographic area? (Note: Full score possible without selecting all disaggregates.)</p>	<p>Check ALL boxes that apply below:</p> <p><input checked="" type="checkbox"/> A. The host country government routinely collects & reports service delivery data for:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> HIV Testing <input checked="" type="checkbox"/> PMTCT <input checked="" type="checkbox"/> Adult Care and Support <input checked="" type="checkbox"/> Adult Treatment <input checked="" type="checkbox"/> Pediatric Care and Support <input type="checkbox"/> Orphans and Vulnerable Children <input type="checkbox"/> Voluntary Medical Male Circumcision <input checked="" type="checkbox"/> HIV Prevention <input checked="" type="checkbox"/> AIDS-related mortality <p><input checked="" type="checkbox"/> B. Service delivery data are being collected:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> By key population (FSW, PWID, MSM/transgender) <input checked="" type="checkbox"/> By priority population (e.g., military, prisoners, young women & girls, etc.) <input checked="" type="checkbox"/> By age & sex <input checked="" type="checkbox"/> From all facility sites (public, private, faith-based, etc.) <input checked="" type="checkbox"/> From all community sites (public, private, faith-based, etc.) 	<p>15.3 Score: 1.33</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	<p>4 priority provinces for PMTCT</p> <p>HTC report among military is routinely collected from military and police hospitals, however, once referred to ART, data among this population is not monitored.</p>

<p>15.4 Timeliness of Service Delivery Data: To what extent are HIV/AIDS service delivery data collected in a timely way to inform analysis of program performance?</p>	<p><input type="radio"/> A. The host country government does not routinely collect/report HIV/AIDS service delivery data</p> <p><input checked="" type="radio"/> B. The host country government collects & reports service delivery data annually</p> <p><input type="radio"/> C. The host country government collects & reports service delivery data semi-annually</p> <p><input type="radio"/> D. The host country government collects & reports service delivery data at least quarterly</p>	<p>15.4 Score: 0.44</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	<p>Service delivery data is analyzed and reported in annual basis to MOH. However, the CHAS M&E Unit update and report certain indicators in semi annual basis i.e. Number of patients on ARV, Lost follow up patients. At the site level, it is quite a challenge to have all updated patients' data entered into the data base in a timely manner due to shortage of staff in addition to overloaded multiple responsibilities- often leading to missing data / poor data quality.</p>
<p>15.5 Analysis of Service Delivery Data: To what extent does the host country government routinely analyze service delivery data to measure program performance (i.e., continuum of care cascade, coverage, retention, AIDS-related mortality rates)?</p>	<p><input type="radio"/> A. The host country government does not routinely analyze service delivery data to measure program performance</p> <p><input checked="" type="radio"/> B. Service delivery data are being analyzed to measure program performance in the following ways (check all that apply):</p> <p><input type="checkbox"/> Continuum of care cascade for each identified priority population (e.g., military, prisoners, young women & girls, etc.), including HIV testing, linkage to care, treatment, adherence and retention</p> <p><input checked="" type="checkbox"/> Continuum of care cascade for each relevant key population (FSW, PWID, MSM/transgender), including HIV testing, linkage to care, treatment, adherence and retention</p> <p><input checked="" type="checkbox"/> Results against targets</p> <p><input checked="" type="checkbox"/> Coverage of key treatment & prevention services (ART, PMTCT, VMMC, etc.)</p> <p><input checked="" type="checkbox"/> Site-specific yield for HIV testing (HTC and PMTCT)</p> <p><input checked="" type="checkbox"/> AIDS-related mortality rates</p> <p><input checked="" type="checkbox"/> Variations in performance by sub-national unit</p> <p><input type="checkbox"/> Creation of maps to facilitate geographic analysis</p>	<p>15.5 Score: 1.00</p>	<p>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</p>	<p>Data analysis capacity does require technical support in order to assist national M&E team master the skill to perform the clinical continuum of care cascade</p>

<p>15.6 Quality of Service Delivery Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS service delivery data?</p>	<p><input type="radio"/> A. No governance structures, procedures or policies designed to assure service delivery data quality exist/could be documented.</p> <p><input checked="" type="radio"/> B. The following structures, procedures or policies exist to assure quality of service delivery data (check all that apply):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A national, approved data quality strategy is in place, which outlines standards, policies and procedures for HIV/AIDS data quality assurance <input type="checkbox"/> A national protocol exists for routine (at least annual) Data Quality Audits/Assessments of key HIV program indicators, which are led and implemented by the host country government <input checked="" type="checkbox"/> Standard national procedures & protocols exist for routine data quality checks at the point of data entry <input checked="" type="checkbox"/> Data quality reports are published and shared with relevant ministries/government entities & partner organizations <input type="checkbox"/> The host country government leads routine (at least annual) data review meetings at national & subnational levels to review data quality issues and outline improvement plans 	<p>15.6 Score: 0.80</p>	<p>HIV/AIDS M&E strategic plan 2012-2015.</p>	<p>The national program collects, analyses, and disseminates HIV/AIDS reports to ministries and partner agencies. However, the quality of the data needs to be further improved.</p>
<p>Performance Data Score:</p>		<p>5.41</p>		

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN D