

## 2016 Sustainability Index and Dashboard: El Salvador

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 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.

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

The SID exercise was taken place over two separate sessions in San Salvador. The first meeting was held on February 1, 2016, where a small group of senior experts was consulted and the SID tool was initially filled out. During that meeting, the evidence from over one hundred documents was analyzed. On February 11, a validation workshop was held with the participation of 65 representatives from government, civil society, academic institutions and NGOs.

The country showed important advances in areas such Planning and Coordination and Access to Information (9-9.7). The areas that followed were Civil Society Participation, Laboratory, and the **Strategic Investment, Efficiency and Sustainable Financing** areas, where the scores ranged from 7 to 7.94.

Most of the other areas ranked between 4.72 to 6.7, which shows that there still exist areas for improvement, but also demonstrated that overall the country has strengths. There is still a need for technical assistance, especially to sustain the advances to date and to decrease the dependency on the external support. The area with the lowest score was private sector participation.

# Sustainability Analysis for Epidemic Control: El Salvador

Epidemic Type: Concentrated

Income Level: Lower-middle income

PEPFAR Categorization: Targeted Assistance (Cent. America Regional)

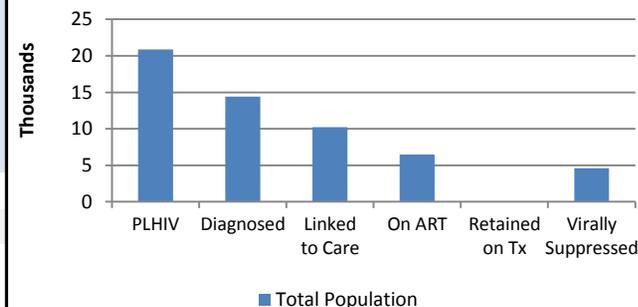
PEPFAR COP 16 Planning Level: \$21,614,000

SUSTAINABILITY DOMAINS and ELEMENTS

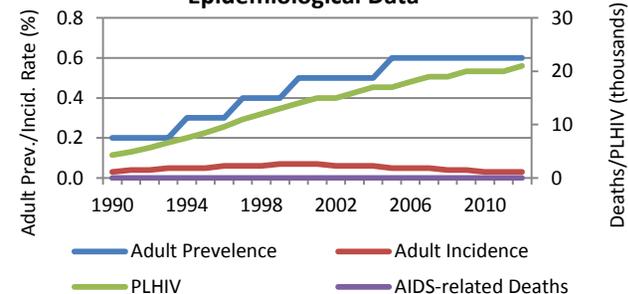
	2016	2017	2018	2019
<b>Governance, Leadership, and Accountability</b>				
1. Planning and Coordination	9.20			
2. Policies and Governance	6.67			
3. Civil Society Engagement	7.00			
4. Private Sector Engagement	2.01			
5. Public Access to Information	9.00			
<b>National Health System and Service Delivery</b>				
6. Service Delivery	6.71			
7. Human Resources for Health	5.92			
8. Commodity Security and Supply Chain	6.72			
9. Quality Management	5.24			
10. Laboratory	7.92			
<b>Strategic Investments, Efficiency, and Sustainable Financing</b>				
11. Domestic Resource Mobilization	4.72			
12. Technical and Allocative Efficiencies	7.94			
<b>Strategic Information</b>				
13. Epidemiological and Health Data	5.95			
14. Financial/Expenditure Data	8.75			
15. Performance Data	6.76			

## CONTEXTUAL DATA

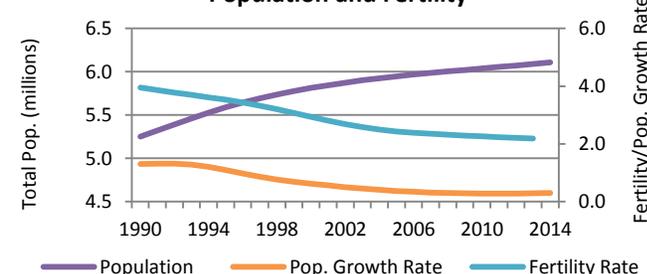
### National Clinical Cascade



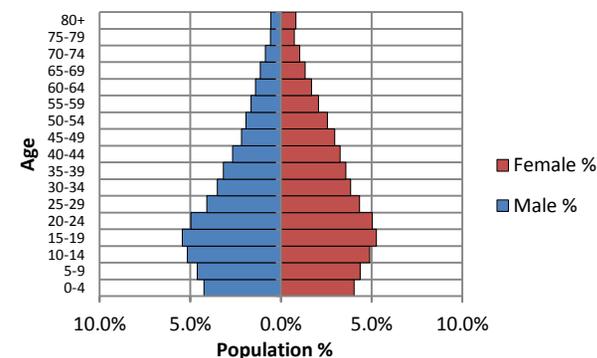
### Epidemiological Data



### Population and Fertility

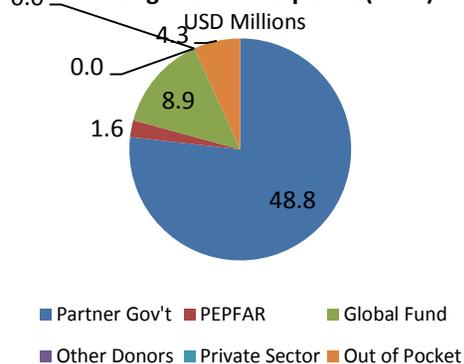


### Population Pyramid (2015)

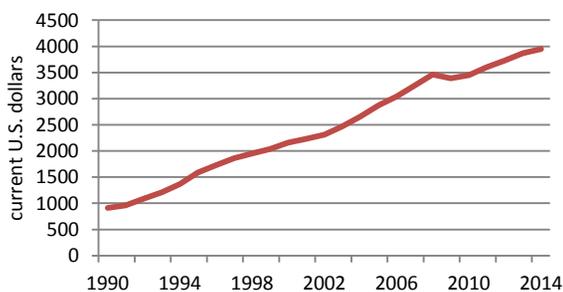


CONTEXTUAL DATA

### Financing the HIV Response (2014)



### GNI Per Capita (Atlas Method)



## 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. <b>Planning and Coordination:</b> 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><b>1.1 Content of National Strategy:</b> Does the country have a multi-year, costed national strategy to respond to HIV?</p> <p><input type="radio"/> A. There is no national strategy for HIV/AIDS</p> <p><input checked="" type="radio"/> B. There is a multiyear national strategy. Check all that apply:</p> <p><input checked="" type="checkbox"/> It is costed</p> <p><input checked="" type="checkbox"/> It is updated at least every five years</p> <p>Strategy includes all crucial response components for prevention and treatment (HIV testing, treatment and care [including children and adolescents], PMTCT, transition from 'catchup' to sustainable VMMC if country performs VMMCs, scale-up of viral load, EID, and other key metrics)</p> <p><input checked="" type="checkbox"/> Strategy includes explicit plans and activities to address the needs of key populations.</p> <p><input type="checkbox"/> Strategy includes all crucial response components to mitigate the impact of HIV on vulnerable children</p>	<p>1.1 Score: 2.20</p> <p>National Multisectorial Strategic Plan for HIV/AIDS/STI 2011-2015 (NSP)</p>	<p>The National Strategic Plan has very few actions geared towards children, although work is being done with the National Council for Children and Adolescents (CONNA, in Spanish)</p> <p>Multiple sectors were represented during the elaboration of the NSP. More ideal institutions still need to be identified.</p>
<p><b>1.2 Participation in National Strategy Development:</b> Who actively participates in development of the country's national HIV/AIDS strategy?</p> <p><input type="radio"/> A. There is no national strategy for HIV/AIDS</p> <p><input checked="" type="radio"/> B. The national strategy is developed with participation from the following stakeholders (check all that apply):</p> <p><input checked="" type="checkbox"/> Its development was led by the host country government</p> <p><input checked="" type="checkbox"/> Civil society actively participated in the development of the strategy</p> <p><input type="checkbox"/> Private health sector providers, facilities, and training institutions, actively participated in the development of the strategy</p> <p><input checked="" type="checkbox"/> Businesses and the corporate sector actively participated in the development of the strategy including workplace development and corporate social responsibility (CSR)</p> <p><input checked="" type="checkbox"/> External agencies (i.e. donors, other multilateral orgs., etc.) supporting HIV services in-country participated in the development of the strategy</p>	<p>1.2 Score: 2.00</p> <p>National Multisectorial Strategic Plan for HIV/AIDS/STI 2011-2015 (NSP) JANS Evaluation.</p>	<p>Private clinics and laboratories did not participate in the elaboration of the NSP.</p> <p>Private sector did participate (National Association of Private Enterprises, ANEP; Association of Administrators of Human Resources, AARHES). This work has promoted HIV actions at the Corporate Clinics at the Social Security Institute (ISSS).</p> <p>Implementation of HIV policies in the corporate sector has advanced.</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>1.3 Score: 2.50</p> <p>HIV Law (Art. 12, National Council for the Prevention and Control of HIV, CONASIDA) Rules and Regulations of the Country Coordinating Mechanism (CCM - MCP in Spanish)</p> <p>MEGAS Reports. Transparency and Anticorruption Bureau.</p>	<p>1.3 There is a list of institutions and organizations that work with HIV, but there is not an official map including all of the actors. Networks are mapped and updated as of December 2015.</p> <p>The MEGAS report (Measurement of Expenditure on HIV/AIDS) monitors the investment of the private sector (laboratories), civil society and donors.</p> <p>Routine surveillance is limited to the private sector.</p> <p>There is a process of accountability in civil society</p>

<p><b>1.3 Coordination of National HIV Implementation:</b> 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>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> civil society organizations</li> <li><input checked="" type="checkbox"/> private sector</li> <li><input checked="" type="checkbox"/> donors</li> </ul> <p>The host country government leads a mechanism or process (i.e. committee, working group, etc.) that routinely convenes key internal and external stakeholders and implementers of the national response for planning and coordination purposes.</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Joint operational plans are developed that include key activities of implementing organizations.</li> <li><input checked="" type="checkbox"/> Duplications and gaps among various government, CSO, private sector, and donor activities are systematically identified and addressed.</li> </ul>			<p>There is a process of accountability in civil society organizations.</p> <p>The different sectors have held meetings to analyze actions, identify duplications and make decisions.</p> <p>In regard to the proposal by the Global Fund, the actions of the different sectors were first identified in order to coordinate more efficiently.</p>
<p><b>1.4 Sub-national Unit Accountability:</b> 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>	<ul style="list-style-type: none"> <li><input type="radio"/> A. There is no formal link between the national plan and sub-national service delivery.</li> <li><input checked="" type="radio"/> B. Sub-national units have performance targets that contribute to aggregate national goals or targets.</li> <li><input type="radio"/> C. The central government is responsible for service delivery at the sub-national level.</li> </ul>	<p>1.4 Score: 2.50</p>	<p>Annual Operative Plan (AOP) of the National Plan for Aids (NPA)</p>	<p>In the health area, the different structures of the Ministry of Health (MoH) have HIV objectives, but there are gaps in other government agencies.</p>
<p><b>Planning and Coordination Score:</b></p>		<p>9.20</p>		

<b>2. Policies and Governance:</b> 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.		<b>Data Source</b>	<b>Notes/Comments</b>
<b>2.1 WHO Guidelines for ART Initiation:</b> Does current national HIV/AIDS technical practice follow current or recent WHO guidelines for initiation of ART?	<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 (&gt;19 years)</p> <p><input type="checkbox"/> Test and START (current WHO Guideline)</p> <p><input checked="" type="checkbox"/> CD4 &lt;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 type="checkbox"/> Test and START (current WHO Guideline)</p> <p><input checked="" type="checkbox"/> CD4&lt;500</p> <p>D. Children (&lt;10 years)</p> <p><input type="checkbox"/> Test and START (current WHO Guideline)</p> <p><input checked="" type="checkbox"/> CD4&lt;500 or clinical eligibility</p>	2.1 Score: 0.89	Technical Guide of Integral Healthcare for Persons Living with HIV. 2014.
<b>2.2 Enabling Policies and Legislation:</b> 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>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 checked="" type="checkbox"/> Policies that permit patients stable on ART to have reduced clinical visits (i.e. every 6-12 months)</p> <p><input type="checkbox"/> Policies that permit patients stable on ART to have reduced ARV pickups (i.e. every 3-6 months)</p> <p><input type="checkbox"/> Policies that permit streamlined ART initiation, such as same day initiation of ART for those who are ready</p>	2.2 Score: 0.61	HIV Law and Regulations. Clinical Healthcare Guide for persons living with HIV, page 15 (reduce appointments if patient is stable). Law for the Integral Protection of Children and Adolescents (LEPINA, in Spanish)  Teenagers face limitations of access to healthcare services and need parental consent if they are under the age of 18 years. Ages 12 to 18 are not seen in Hospital Bloom; however, they are treated as adults in other hospitals. There is no defined process of transition. Initial ARV treatment right after positive diagnosis is only available for prevention of mother-child transmission

	<input checked="" type="checkbox"/> Legislation to ensure the well-being and protection of children, including those orphaned and made vulnerable by HIV/AIDS			
<p><b>2.3 Non-discrimination Protections:</b> 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> <p><input type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is fully implemented</p> <p>Adults living with HIV (men):</p> <p><input type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is fully implemented</p> <p>Children living with HIV:</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input checked="" type="checkbox"/> Law/policy is fully implemented</p> <p>Gay men and other men who have sex with men (MSM):</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is fully implemented</p> <p>Migrants:</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input checked="" type="checkbox"/> Law/policy is fully implemented</p> <p>People who inject drugs (PWID):</p> <p><input type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is fully implemented</p>	<p>2.3 Score: 0.79</p>	<p>This question aligns with the revised UNAIDS NCPi (2015). If your country has completed the new NCPi, you may use it as a data source to answer this question. HIV Law and Regulations; decrees 252 and 56, Guidelines LGBTI, Penal Law, Law on Immigration, (review), Labor Code, Law for Equal Opportunities. LEPINA. Guidelines for the attention to migrant populations. Guidelines for the attention of prisoners. Law for the Equal Opportunitites for disabled persons. Healthcare guide for female sex workers. Integral Law for women to live without violence (LEIV in Spanish), Law of Equality, Belem do Pará Convention</p>	<p>Although regulation for FSW do exist, these are not implemented. Some other existing regulations violate the rights of FSW.</p>

	<p>People with disabilities:</p> <p><input type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is fully implemented</p> <p>Prisoners:</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input checked="" type="checkbox"/> Law/policy is fully implemented</p> <p>Sex workers:</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is fully implemented</p> <p>Transgender people:</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is fully implemented</p> <p>Women and girls:</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is fully implemented</p>			
<p><b>2.4 Structural Obstacles:</b> 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)</p>	<p>Check all that apply:</p> <p>Criminalization of sexual orientation and gender identity:</p> <p><input type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is enforced</p> <p>Criminalization of cross-dressing:</p> <p><input type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is enforced</p> <p>Criminalization of drug use:</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input checked="" type="checkbox"/> Law/policy is enforced</p> <p>Criminalization of sex work:</p>	<p>2.4 Score: 1.15</p>	<p>This question aligns with the revised UNAIDS NCPI (2015). If your country has completed the new NCPI, you may use it as a data source to answer this question. HIV Law and Regulations, decrees 252 and 56, Guidelines LGBTI, Penal Law Municipal regulations HIV Law (Youth)</p>	<p>This question aligns with the revised UNAIDS NCPI (2015). If your country has completed the new NCPI, you may use it as a data source to answer this question.</p>

Law/policy exists

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><b>2.5 Rights to Access Services:</b> Recognizing the right to nondiscriminatory access to HIV services and support, does the government have efforts in place to educate and ensure the rights of PLHIV, key populations, and those who may access HIV services about these rights?</p>	<p>There are host country government efforts in place as follows (check all that apply):</p> <p><input checked="" type="checkbox"/> To educate PLHIV about their legal rights in terms of access to HIV services</p> <p><input type="checkbox"/> To educate key populations about their legal rights in terms of access to HIV services</p> <p><input checked="" type="checkbox"/> National law exists regarding health care privacy and confidentiality protections</p> <p><input checked="" 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>HIV Law and Regulations. LGBTI Guidelines</p>	<p>Education of persons with HIV is done through government funded NGOs. The Office of the Attorney General of the Republic provides legal services. In <i>Ciudad Mujer</i> women may obtain legal services.</p>
<p><b>2.6 Audit:</b> 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 of the Internal Audit of the National Program for AIDS</p>	<p>The internal audit of the NPA is annual. The General Comptroller of the Republic performs one every three years.</p>
<p><b>2.7 Audit Action:</b> 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>		
<b>Policies and Governance Score: 6.67</b>				
<p><b>3. Civil Society Engagement:</b> 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>			<b>Data Source</b>	<b>Notes/Comments</b>
<p><b>3.1 Civil Society and Accountability for HIV/AIDS:</b> 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>3.1 Score: 1.67</p>		<p>Very few organizations play an active oversight role.</p>

<p>Role in the HIV/AIDS response:</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><b>3.2 Government Channels and Opportunities for Civil Society Engagement:</b> 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>JANS Evaluation, PENM Evaluation, Minutes of different NGO meetings with the NPA. Minutes of subcommission meetings.</p>	<p>There are spaces where civil society may engage in accounting and financial oversight, but they are seldom used.</p>

<p><b>3.3 Impact of Civil Society Engagement:</b> Does civil society engagement substantively impact policy and budget decisions related to HIV/AIDS?</p>	<p>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 type="radio"/></p> <p>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>National Policy of Situational Rooms and Gender Equality Law</p>	<p>The trans population has advocated for a disaggregated registry of the trans population. The National Council for the Prevention and Control of AIDS (CONASIDA) encourages participation of the civil society. No incidence in the nation's general budget, and no participation in budget decisions.</p>
<p><b>3.4 Domestic Funding of Civil Society:</b> To what extent are HIV/AIDS related Civil Society Organizations funded domestically (either from government, private sector, or self generated funds)?</p> <p>(if exact or approximate overall percentage known, or the percentages from the various domestic sources, please note in Comments column)</p>	<p>A. No funding (0%) for HIV/AIDS related civil society organizations comes from domestic sources.</p> <p><input type="radio"/></p> <p>B. Minimal funding (approx. 1-9%) for HIV/AIDS related civil society organizations comes from domestic sources.</p> <p><input checked="" type="radio"/></p> <p>C. Some funding (approx. 10-49%) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients).</p> <p><input type="radio"/></p> <p>D. Most funding (approx. 50-89%) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients).</p> <p><input type="radio"/></p> <p>E. All or almost all funding (approx. 90%+) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants).</p> <p><input type="radio"/></p>	<p>3.4 Score: 0.83</p>	<p>Congress-approved National Budget for 2016, NASA</p>	<p>Seven NGOs receive government funding; most function with international funding.</p>
<p><b>3.5 Civil Society Enabling Environment:</b> 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>A. The legislative and regulatory framework is not conducive for engagement in HIV service provision or health advocacy</p> <p><input type="radio"/></p> <p>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 checked="" type="checkbox"/> Significant tax deductions for business or individual contributions to not-for-profit CSOs</p> <p><input checked="" type="checkbox"/> Significant tax exemptions for not-for-profit CSOs</p> <p><input checked="" 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 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: 1.50</p>	<p>Law of non profit associations.</p>	<p>NGO's are exempt from income tax, but not from the value added tax. The Vicepresidency of the Republic has made efforts to establish private-public alliances, but HIV is not in the agenda. There's space for participation of the civil society in the NPA.</p>
<p><b>Civil Society Engagement Score:</b></p>		<p><b>7.00</b></p>		

<p><b>4. Private Sector Engagement:</b> 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 style="text-align: center;"><b>Data Source</b></p>	<p style="text-align: center;"><b>Notes/Comments</b></p>
<p><b>4.1 Government Channels and Opportunities for Private Sector Engagement:</b> 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  <input 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  <input checked="" type="radio"/> C. There are functional formal channels and opportunities for private sector engagement and feedback. Check all that apply:         </p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Corporate contributions, private philanthropy and giving</li> <li><input type="checkbox"/> Joint (i.e. public-private) supervision and quality oversight of private facilities</li> <li><input type="checkbox"/> Collection of service delivery and client satisfaction data from private providers</li> <li><input checked="" type="checkbox"/> Tracking of private training institution HRH graduates and placements</li> <li><input type="checkbox"/> Contributing to develop innovative solutions, both technology and systems innovation</li> <li><input type="checkbox"/> For technical advisory on best practices and delivery solutions</li> </ul>	<p>4.1 Score: 0.56</p>	<p>Some NGOs receive funds from the private sector. Private businesses participated in the Aerobic Race 2015. MEGAS reports describe contributions of private businesses. Alliances with the private sector need to be formalized, and it is necessary to promote support for HIV prevention and control.</p> <p>The Medical Association has norms to monitor doctors, and this monitoring extends to most health professions.</p>

<p><b>4.2 Private Sector Partnership:</b> 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"> <li><input type="checkbox"/> In patient advocacy and human rights</li> <li><input type="checkbox"/> In programmatic decision making</li> <li><input type="checkbox"/> In technical decision making</li> <li><input type="checkbox"/> In service delivery for both public and private providers</li> <li><input type="checkbox"/> In HIV/AIDS basket or national health financing decisions</li> <li><input type="checkbox"/> In advancing innovative sustainable financing models</li> <li><input type="checkbox"/> In HRH development, placement, and retention strategies</li> <li><input type="checkbox"/> In building capacity of private training institutions</li> <li><input type="checkbox"/> In supply chain management of essential supplies and drugs</li> </ul>	<p>4.2 Score: 0.00</p>	<p>Corporate Clinics Law (NAC) HIV</p>	
<p><b>4.3 Legal Framework for Private Health Sector:</b> 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"> <li><input type="checkbox"/> Systems are in place for service provision and/or research reporting by private sector facilities to the government.</li> <li><input type="checkbox"/> Mechanisms exist to ensure that private providers receive, understand and adhere to national guidelines/protocols for ART.</li> <li><input type="checkbox"/> Tax deductions for private health providers.</li> <li><input type="checkbox"/> Tax deductions for private training institutions training health workers.</li> <li><input checked="" type="checkbox"/> Open competition for private health providers to compete for government services.</li> <li><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.</li> <li><input checked="" type="checkbox"/> Freedom of private providers to advocate for policy, legal, and regulatory frameworks.</li> <li><input checked="" type="checkbox"/> Standardized processes for developing public-private partnerships (PPP) and memorandums of understanding (MOUs) between public and private providers.</li> </ul>	<p>4.3 Score: 0.63</p>	<p>Decree 955 of the Health Code, 28-04-1988</p>	<p>There is a regulatory framework, but it is in process of implementation. ISSS providers subcontracts private services. The public-private alliances in the TB Program have permitted a greater offer of testing supplies.</p>

<p><b>4.4 Legal Framework for Private Businesses:</b> 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> <p>4.4 Score: 0.83</p> <p><input type="checkbox"/> Tax deductions for health-related private businesses (i.e. pharmacists, supply chain, etc.).</p> <p><input type="checkbox"/> Systematic and timely process for private company registration and/or testing of new health products; drugs, diagnostics kits, medical devices.</p> <p><input type="checkbox"/> Standardized processes for developing public-private partnerships (PPP) and memorandums of understanding (MOUs) between local government and private business.</p> <p><input checked="" type="checkbox"/> Corporate Social Responsibility (CSR) tax policies (compulsory or optional) contributing private corporate resources to the HIV/AIDS response.</p> <p><input checked="" type="checkbox"/> Workplace policies support HIV-related services and/or benefits for employees.</p> <p><input checked="" type="checkbox"/> Existing forums between business community and government to engage in dialogue to support HIV/AIDS and public health programs.</p>		<p>Many private businesses have not adhered to HIV policies yet. HIV forums with private enterprises have been organized and good practices have been certified. The Country Coordinating Mechanism (CCM) and NAC provide a space for participation and discussion with the private business sector.</p>
<p><b>4.5 Private Health Sector Supply:</b> Does the host country government enable private health service provision for lower and middle-income HIV patients?</p>	<p>4.5 Score: 0.00</p> <p><input checked="" type="radio"/> A. There are no enablers for private health service provision for lower and middle-income HIV patients.</p> <p><input 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 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>There are specific or special cases in which services are hired through the Social Security system.</p>
<p><b>4.6 Private Health Sector Demand:</b> 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>4.6 Score: 0.00</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>		

HIV drugs are not subject to higher pharmaceutical mark-ups than other drugs in the market.

**Private Sector Engagement Score:** 2.01

**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><b>5.1 Surveillance and Survey Transparency:</b> 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>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"/></p> <p>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 type="radio"/></p> <p>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><input checked="" type="radio"/></p>	<p>5.1 Score: 2.00</p>	<p>NAC webpage. Law of Access to Information</p>	<p>Reports are published as programmed.</p>
<p><b>5.2 Expenditure Transparency:</b> 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>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"/></p> <p>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"/></p> <p>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><input type="radio"/></p>	<p>5.2 Score: 1.00</p>	<p>NASA</p>	
<p><b>5.3 Performance and Service Delivery Transparency:</b> 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>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"/></p> <p>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 type="radio"/></p> <p>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><input checked="" type="radio"/></p>	<p>5.3 Score: 2.00</p>	<p>Reports to CONASIDA, etc.</p>	
<p><b>5.4 Procurement Transparency:</b> Does the host country government make government HIV/AIDS procurements public in a timely way?</p>	<p>A. Host country government does not make any HIV/AIDS procurements.</p> <p><input type="radio"/></p> <p>B. Host country government makes HIV/AIDS procurements, but neither procurement tender nor award details are publicly available.</p> <p><input type="radio"/></p> <p>C. Host country government makes HIV/AIDS procurements, and tender, but not award, details are publicly available.</p> <p><input type="radio"/></p>	<p>5.4 Score: 2.00</p>	<p>COMPRASAL (Electronic System for Public Adquisitons)</p>	<p>Procurement and acquisitions are done through COMPRASAL, the electronic system for public adquisitons in El Salvador.</p>

	<input checked="" type="radio"/> D. Host Country government makes HIV/AIDS procurements, and both tender and award details available.			
<b>5.5 Institutionalized Education System:</b> Is there a government agency that is explicitly responsible for educating the public about HIV?	<input type="radio"/> A. There is no government institution that is responsible for this function and no other groups provide education.  <input type="radio"/> B. There is no government institution that is responsible for this function but at least one of the following provides education:  <input type="checkbox"/> Civil society  <input type="checkbox"/> Media  <input type="checkbox"/> Private sector  <input checked="" type="radio"/> C. There is a government institution that is responsible for, and is providing, scientifically accurate information on HIV/AIDS.	5.5 Score: 2.00	Program <i>Hablemos de VIHDA</i> , Ministry of Public Health	They take place through the program <i>Hablemos de VIHDA</i> ( <i>Lets' talk about Life with HIV</i> )
<b>Public Access to Information Score: 9.00</b>				

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN A

## Domain B. National Health System and Service Delivery

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

			Data Source	Notes/Comments
<p><b>6. Service Delivery:</b> The host country government at national, sub-national and facility levels facilitates planning and management of, access to and linkages between facility- and community-based HIV services.</p>				
<p><b>6.1 Responsiveness of facility-based services to demand for HIV services:</b> Do public facilities respond to and generate demand for HIV services to meet local needs? (Check all that apply.)</p>	<p><input checked="" type="checkbox"/> Public facilities are able to tailor services to accommodate demand (e.g., modify or add hours/days of operations; add/second additional staff during periods of high patient influx; customize scope of HIV services offered; adapt organization/model of service deliver to patient flow)</p> <p><input checked="" type="checkbox"/> Public facilities are able to situate services in proximity to high-HIV burden locations or populations (e.g., mobile clinics)</p> <p><input checked="" type="checkbox"/> There is evidence that public facilities in high burden areas and/or serving high-burden populations generate demand for HIV services</p>	<p>6.1 Score: 1.11</p>	<p>Reports on Production of Mobile Units (Information systems: SEPS and SUMEVE).</p> <p>Strategy of Sentinel Vigilance: VICITS Reports (Information systems: SIAP VICITS)</p>	
<p><b>6.2 Responsiveness of community-based HIV/AIDS services:</b> 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 checked="" type="checkbox"/> Formalized mechanisms of participation by communities, high-burden populations and/or civil society engagement in delivery or oversight of services</p> <p><input checked="" type="checkbox"/> National guidelines detailing how to operationalize HIV 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 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: 0.93</p>	<p>National Health Policy</p> <p>Records of human resources at local and central levels.</p> <p>VICITS (Strategy of sentinel Surveillance)</p> <p>Reference documents among establishments of the Health Network.</p> <p>Certification by PASMO and CAPACITY. Records of the Capacity-building Unit of Human Resources.</p> <p>Military Healthcare also certifies skilled human resources.</p> <p>Strengthening of community services for treatment adherence is also certified by MoH.</p> <p>Study programs in M&amp;E performed with the support of PASCA were certified by University, the GF and the MoH.</p>	<p>The national health policy establishes the obligation to summon civil society to participate in the different areas of healthcare service delivery. The National Council for the Prevention and Control of AIDS (CONASIDA) engages civil society.</p> <p>Internal registry of multidisciplinary teams at establishments, centralized in the National Program for AIDS (NPA). At a local level this information is also available.</p> <p>As part of the VICITS strategy, public financial resources, donor funds and human and logistic resources are assigned. Documentation of standard operation procedures is in process (Technical healthcare guidelines in clinics).</p> <p>In practice, the process of patient referrals needs to be monitored in order to avoid losses and for efficient follow up in healthcare network. Role of the Integrated Health Networks in Health (RISS) needs to be strengthened.</p>
<p><b>6.3 Domestic Financing of Service Delivery:</b> 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 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 checked="" 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: 1.25</p>	<p>Ministry of Health, NASA 2014. Chart No. 10.</p>	<p>Government and private sector contributed with \$48.9 million, from a total of \$63.6 million (77%).</p>

<p><b>6.4 Domestic Provision of Service Delivery:</b> 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>UCP Financial Report (Global Fund). Report on Human Resources of the MoH</p>	<p>Support from PEPFAR for community work (VICITS).</p>
<p><b>6.5 Domestic Financing of Service Delivery for Key Populations:</b> 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>Ministry of Health, NASA 2014.</p>	<p>Government and private sector contributed with \$1 million from a total of \$7.7 million (13%). This indicator does not include government investment in human resources for key populations (for example, resources VICITS)</p>
<p><b>6.6 Domestic Provision of Service Delivery for Key Populations:</b> 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>MoH records, NASA 2014, and UCP financial reports (WF Plan and MoH) and PEPFAR (PASMO)</p>	<p>There is support for community work.</p>
<p><b>6.7 National Service Delivery Capacity:</b> 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> <p><input checked="" type="checkbox"/> Translates national policies/strategies into sub-national level HIV/AIDS strategic plan and response activities.</p> <p><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.</p> <p><input checked="" type="checkbox"/> Assesses current and future staffing needs based on HIV/AIDS program goals and budget realities for high burden locations.</p> <p><input type="checkbox"/> Develops sub-national level budgets that allocate resources to high burden service delivery locations.</p> <p><input checked="" type="checkbox"/> Effectively engages with civil society in program planning and evaluation of services .</p> <p><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>	<p>6.7 Score: 0.74</p>	<p>MNSP (Multisectoral National Strategic Plan) and AOP (Operative Annual Plan). Reports of the Monitoring and Evaluation Subcommittee (Evaluation of REDCA services and ratings of healthcare staff shows positive results)</p>	<p>There are plans for training and capacity building for clinical and technical personnel, but there's no formal management of human resource performance.</p> <p>Subnational budgets are formulated but approval is national. However, the government does not allocate sufficient or specific resources for HIV, and the NPA is instructed to seek funding from cooperation agencies. On the other hand, the country absorbs all resources provided by the GF.</p> <p>Development of human resources: There is training but it's not integrated to a plan with specific resources. Annual Operative Plans should include training workshops at the local level.</p> <p>The National Program for AIDS has an assigned budget for capacity building and training of staff, but it is not specific. There are still gaps in supplies and other requirements. Advocacy with the Ministry of Public Finance is required to obtain more resources for professional and technical training programs.</p>

<p><b>6.8 Sub-national Service Delivery Capacity:</b> 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"> <li><input checked="" type="checkbox"/> Translate national policies/strategies into sub-national level HIV/AIDS strategic plan and response activities.</li> <li><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.</li> <li><input type="checkbox"/> Assess current and future staffing needs based on HIV/AIDS program goals and budget realities for high burden locations.</li> <li><input type="checkbox"/> Develop sub-national level budgets that allocate resources to high burden service delivery locations.</li> <li><input type="checkbox"/> Effectively engage with civil society in program planning and evaluation of services.</li> <li><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.</li> </ul>	<p>6.8 Score: 0.37</p>	<p>Annual Operative Plan, at level of SIBASI, regional and local.</p> <p>Results of Evaluations by Region</p>	<p>Programmatic evaluations at regional level are performed but they don't impact the budget or the allocation of resources.</p> <p>There are capacity building plans intended for clinical and technical personnel, but there's no formal management of human resource performance.</p>
<b>Service Delivery Score</b>		<b>6.71</b>		
<p><b>7. Human Resources for Health:</b> 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.</p>			<b>Data Source</b>	<b>Notes/Comments</b>
<p><b>7.1 HRH Supply:</b> 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> <ul style="list-style-type: none"> <li><input type="checkbox"/> The country's pre-service education institutions are producing an adequate supply and skills mix of health care providers</li> <li><input type="checkbox"/> The country's health workers are adequately deployed to, or distributed within, facilities and communities with high HIV burden</li> <li><input type="checkbox"/> The country has developed retention schemes that address health worker vacancy or attrition in high HIV burden areas</li> <li><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</li> </ul>	<p>7.1 Score: 0.00</p>	<p>Curricula of health professions and careers</p> <p>Report on Human Resources of the MoH.</p>	<p>Curricula needs adaptations to guarantee HIV skills and adequate chain of health supplies.</p> <p>Resources are concentrated in municipal capitals but not necessarily in areas with a higher HIV burden</p> <p>There is a role for universities but it is incipient.</p>
<p><b>7.2 HRH transition:</b> What is the status of transitioning PEPFAR and other donor supported HIV/AIDS health worker salaries to local financing/compensation?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> A. There is no inventory or plan for transition of donor-supported health workers</li> <li><input type="radio"/> B. There is an inventory of donor-supported health workers, but no official plan to transition these staff to local support</li> <li><input type="radio"/> C. There is an inventory and plan for transition of donor-supported workers, but it has not yet been implemented</li> <li><input checked="" 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</li> <li><input type="radio"/> E. No plan is necessary because all HIV/AIDS health worker salaries are already locally financed/compensated</li> </ul>	<p>7.2 Score: 1.00</p>	<p>UCP agreements regarding work positions (Global Fund)</p>	

<p><b>7.3 Domestic funding for HRH:</b> 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>	<p>7.3 Score: 3.33</p>	<p>National Government Budget NASA</p>	<p>Government is supporting job positions since 2011.</p> <p>SID tool should include laboratory personnel.</p>
<p><b>7.4 Pre-service:</b> 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 &amp; 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>Curricula have been recently updated with HIV issues in some of the universities: Universidad de El Salvador, IEPROES and UNASA. Three years ago there was a curricular review at Universidad José Matías Delgado but changes were not implemented.</p> <p>HIV is part of the curricula of Preventive Medicine.</p> <p>Review the role of the Public Health High Council. Ministry of Education, together with the MoH are discussing more in depth the role of the universities.</p> <p>Professional surveillance from professional associations.</p>
<p><b>7.5 In-service Training:</b> 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 checked="" 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</p>	<p>7.5 Score: 0.42</p>	<p>MoH, NASA 2014. Table No. 24.</p>	<p>Government has allocated \$52 K from a total of \$1.1 million assigned to Formation and Training (4%).</p> <p>The main donor for formation and training in HIV is the Global Fund.</p> <p>It is relevant that the Social Security Institute (SSI) is included in the MEGAS measurements.</p> <p>The Social Security Institute -ISSS has training programs for its personnel and for corporate clinics.</p>

<p><b>7.6 HR Data Collection and Use:</b> 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 type="radio"/> A. There is no HRIS in country and data on the health workforce is not collected systematically for planning and management</p> <p><input type="radio"/> B. There is no HRIS in country, but some data is collected for planning and management</p> <p><input type="checkbox"/> Registration and re-licensure data for key professionals is collected and used for planning and management</p> <p><input type="checkbox"/> MOH health worker employee data (number, cadre, and location of employment) is collected and used</p> <p><input type="checkbox"/> Routine assessments are conducted regarding health worker staffing at health facility and/or community sites</p> <p><input checked="" type="radio"/> C. There is an HRIS (an interoperable system that captures at least regulatory and deployment data on health workers) in country:</p> <p><input checked="" type="checkbox"/> The HRIS is primarily financed and managed by host country institutions</p> <p><input type="checkbox"/> There is a national strategy or approach to interoperability for HRIS</p> <p><input checked="" type="checkbox"/> The government produces HR data from the system at least annually</p> <p><input checked="" type="checkbox"/> Host country institutions use HR data from the system for planning and management (e.g. health worker deployment)</p>	<p>7.6 Score: 1.17</p>	<p>National and Regional Observatory of Human Resources. Head Office of Human Resources of the MoH and the ISS.</p>	<p>Efforts to implement the HRIS were unsuccessful due to software incompatibility.</p>
<p><b>Human Resources for Health Score</b></p>		<p><b>5.92</b></p>		
<p><b>8. Commodity Security and Supply Chain:</b> 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>			<p><b>Data Source</b></p>	<p><b>Notes/Comments</b></p>
<p><b>8.1 ARV Domestic Financing:</b> What is the estimated percentage of ARV procurement funded by domestic sources? (Domestic sources includes public sector and private sector but excludes donor and out-of-pocket funds)</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. This information is not known.</p> <p><input type="radio"/> B. No (0%) funding from domestic sources</p> <p><input type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources</p> <p><input 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 checked="" type="radio"/> F. All or almost all (approx. 90%+) funded from domestic sources</p>	<p>8.1 Score: 0.83</p>	<p>MoH, NASA 2014. Table No. 18.</p>	<p>The government has contributed with 98.5%.</p>
<p><b>8.2 Test Kit Domestic Financing:</b> What is the estimated percentage of HIV Rapid Test Kit procurement funded by domestic sources? (Domestic sources includes public sector and private sector but excludes donor and out-of-pocket funds)</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. This information is not known</p> <p><input type="radio"/> B. No (0%) funding from domestic sources</p> <p><input type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources</p> <p><input checked="" type="radio"/> D. Some (approx. 10-49%) funded from domestic sources</p> <p><input type="radio"/> E. Most (approx. 50-89%) funded from domestic sources</p> <p><input type="radio"/> F. All or almost all (approx. 90%+) funded from domestic sources</p>	<p>8.2 Score: 0.42</p>	<p>MoH, NASA 2014.</p>	<p>The government has contributed with \$68.7 million from a total of \$404 million (17%).</p>

<p><b>8.3 Condom Domestic Financing:</b> 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 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 checked="" type="radio"/> F. All or almost all (approx. 90%+) funded from domestic sources</p>	<p>8.3 Score: 0.83</p>	<p>MoH, NASA 2014. Table No. 8.</p>	<p>Public sources 12.71%, and private sources 86.74%</p>
<p><b>8.4 Supply Chain Plan:</b> 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 type="checkbox"/> Human resources</p> <p><input type="checkbox"/> Training</p> <p><input checked="" type="checkbox"/> Warehousing</p> <p><input checked="" type="checkbox"/> Distribution</p> <p><input type="checkbox"/> Reverse Logistics</p> <p><input type="checkbox"/> Waste management</p> <p><input checked="" type="checkbox"/> Information system</p> <p><input checked="" type="checkbox"/> Procurement</p> <p><input type="checkbox"/> Forecasting</p> <p><input checked="" type="checkbox"/> Supply planning and supervision</p> <p><input type="checkbox"/> Site supervision</p>	<p>8.4 Score: 1.01</p>	<p>MoH, Guidelines for Good Practices in Storage and Warehouse Management, 2015.</p> <p>MoH, Estimation of Needs, Procurement Unit, 2012.</p> <p>National Procurement System for the MoH; SAFISS for the ISSS.</p> <p>Only short-term projections.</p> <p>No formal process of site supervision, except for audits.</p>	<p>An update of procedures in the Procurement Unit is required (in process).</p> <p>No consensual plan exists in respect to human resources. The MoH and ISSS manage things independently. There is no planning in supply chain.</p> <p>Reverse Logistics. Packaging, recycling and waste management, not defined.</p> <p>No real consensus on waste management so waste gets accumulated. Waste disposal is costly in comparison to cost of medication.</p> <p>Waste disposal at the ISSS is handled better.</p>
<p><b>8.5 Supply Chain Plan Financing:</b> What is the estimated percentage of financing for the supply chain plan that is provided by domestic sources (i.e. excluding donor funds)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. This information is not available.</p> <p><input type="radio"/> B. No (0%) funding from domestic sources.</p> <p><input type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources.</p> <p><input checked="" type="radio"/> D. Some (approx. 10-49%) funding from domestic sources.</p> <p><input type="radio"/> E. Most (approx. 50-89%) funding from domestic sources.</p> <p><input type="radio"/> F. All or almost all (approx. 90%+) funding from domestic sources.</p>	<p>8.5 Score: 0.42</p>	<p>MoH, NASA 2014. Table No. 23.</p>	<p>The government contributed with \$63 K from a total of \$175 K (36%). The mechanism to elaborate plans and reach agreements is established with the help of cooperation agencies.</p>

<p><b>8.6 Stock:</b> Does the host country government manage processes and systems that ensure appropriate ARV stock levels?</p>	<p>Check all that apply:</p> <p><input checked="" type="checkbox"/> The group making re-supply decisions for ARVs, have timely visibility into the ARV stock on hand at facilities</p> <p><input type="checkbox"/> Facilities are stocked with ARVs according to plan (above the minimum and below the maximum stock level) 90% of the time</p> <p><input checked="" type="checkbox"/> MOH or other host government personnel make re-supply decisions with minimal external assistance:</p> <p><input type="checkbox"/> Decision makers are not seconded or implementing partner staff</p> <p><input type="checkbox"/> Supply chain data are maintained within the Ministry of Health and not solely stored by donor-funded projects</p> <p><input checked="" type="checkbox"/> Team that conducts analysis of facility data is at least 50% host government</p>	<p>8.6 Score: 0.99</p>	<p>Report on Inventories, National Procurement System SINAB GARPR Report, 2014 (Indicator 55% Shortage)</p>	<p>The National Procurement System (SINAB) allows visibility of inventories at the central warehouse of the MoH and hospitals; there is also a monthly report at pharmacy level.</p> <p>The National Program for HIV periodically (every 2-3 months) tracks inventories and acquisitions.</p>
<p><b>8.7 Assessment:</b> 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>	<p><input type="radio"/> A. A comprehensive assessment has not been done</p> <p><input 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</p> <p><input checked="" 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>	<p>8.7 Score: 2.22</p>	<p>Assessment of Compliance with Good Warehouse practices at a central level (2013) and at regional and hospital level (2014).</p> <p>Project indicators (2014 and 2015) SCMS. 39% compliance at the central level and 41% at regional and hospital level.</p>	<p>The Institute of Social Security was evaluated but data is qualitative. Report on Supply Chain Situation. 2015. SCMS and ISS</p>
<p><b>Commodity Security and Supply Chain Score: 6.72</b></p>				
<p><b>9. Quality Management:</b> 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><b>Data Source</b></p>	<p><b>Notes/Comments</b></p>	
<p><b>9.1 Existence of a Quality Management (QM) System:</b> Does the host country government support appropriate QM structures to support continuous quality improvement (QI) at national, sub-national and site levels?</p>	<p><input type="radio"/> A. The host country government does not have structures or resources to support site-level continuous quality improvement</p> <p><input checked="" type="radio"/> B. The host country government:</p> <p><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</p> <p><input type="checkbox"/> Has a budget line item for the QM program</p> <p><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>	<p>9.1 Score: 0.67</p>	<p>National Policy on Quality. Quality Management Strategy in Hospital Services and Guidelines of QM in SS hospitals. 2012.</p>	<p>The structure does not include HIV per se.</p>

<p><b>9.2 Quality Management/Quality Improvement (QM/QI) Plan:</b> Is there a current (updated within the last 2 years) QM/QI plan? (The plan may be HIV program-specific or include HIV program-specific elements in a national health sector QM/QI plan.)</p>	<p><input type="radio"/> A. There is no HIV/AIDS-related QM/QI strategy</p> <p><input checked="" 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: 0.67</p>		<p>Efforts were made to incorporate indicators of quality associated to HIV in the management plan of the MoH, but it has not been achieved yet.</p> <p>The ISSS also has a plan but it is not updated.</p>
<p><b>9.3 Performance Data Collection and Use for Improvement:</b> 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</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>A database is being created with that objective, the instruments are now available.</p> <p>The NPA has participated since 2009 in measurement processes, but the methodology has now been restructured.</p> <p>Evaluations on integral care have been done in all services. There are quality standards that measure HIV clinics and the results are used to improve HIV services. The ISSS, with the help of the MoH, has begun the certification of quality processes.</p>
<p><b>9.4 Health worker capacity for QM/QI:</b> 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>Institutions that train health professionals were strengthened by incorporating HIV/AIDS to its curricula (for MDs at Universidad Matías Delgado, UES, UNASA and for nurses in the nursing school (IEPROES). Quality has also been incorporated to health professionals' curricula.</p>

<p><b>9.5 Existence of QI Implementation:</b> 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"> <li><input checked="" type="checkbox"/> Provides oversight to ensure continuous quality improvement in HIV/AIDS care and services</li> <li><input type="checkbox"/> Regularly convenes meetings that includes health services consumers</li> <li><input checked="" type="checkbox"/> Routinely reviews national, sub-national and clinical outcome data to identify and prioritize areas for improvement</li> </ul> <p>Sub-national QM structures:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Provide coordination and support to ensure continuous quality improvement in HIV/AIDS care and services</li> <li><input type="checkbox"/> Regularly convene meetings that includes health services consumers</li> <li><input type="checkbox"/> Routinely review national, sub-national and clinical outcome data to identify and prioritize areas for improvement</li> </ul> <p>Site-level QM structures:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Undertake continuous quality improvement in HIV/AIDS care and services to identify and prioritize areas for improvement</li> </ul>	<p>9.5 Score: 0.57</p>		<p>The strategy of quality focused on HIV is now in process of implementation at the subnational level.</p> <p>Involvement of social society and users in the assessment of quality issues is not formally done yet. There are spaces for co-participation in the NPA and in civil society groups, where general and specific issues are discussed, but not particularly related to quality.</p> <p>The ISSS is organizing quality assurance committees known as CODECAS, which are made up of patients, physicians and other relevant persons.</p> <p>National hospitals have social committees. Health facilities have a specific mailbox for customer complaints. There are also legal-technical instruments that have been developed with participation of social society. Health Rights Unit.</p> <p>The NPA holds monthly meetings with organizations.</p>
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<b>Quality Management Score:</b>		<b>5.24</b>		
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<p><b>10. Laboratory:</b> The host country ensures adequate funds, policies, and regulations to ensure laboratory capacity (workforce, equipment, reagents, quality) matches the services required for PLHIV.</p>	<b>Data Source</b>	<b>Notes/Comments</b>
<p><b>10.1 Strategic Plan:</b> Does the host country have a national laboratory strategic plan?</p> <ul style="list-style-type: none"> <li><input type="radio"/> A. There is no national laboratory strategic plan</li> <li><input type="radio"/> B. National laboratory strategic plan is under development</li> <li><input type="radio"/> C. National laboratory strategic plan has been developed, but not approved</li> <li><input checked="" type="radio"/> D. National laboratory strategic plan has been developed and approved</li> <li><input type="radio"/> E. National laboratory plan has been developed, approved, and costed</li> </ul>	<p>8.1 Score: 1.25</p>	<p>National Strategic Plan of the National Health Institute (NHI), which includes laboratories. National Reference Lab, dependence of the NHI.</p> <p>National Network of Laboratories. Physicians at the Viceministry of Health facilities.</p>
<p><b>10.2 Regulations to Monitor Quality of Laboratories and Point of Care Testing (POCT) Sites:</b> To what extent does the host country have regulations in place to monitor the quality of its laboratories and POCT sites?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p> <ul style="list-style-type: none"> <li><input type="radio"/> A. Regulations do not exist to monitor minimum quality of laboratories in the country.</li> <li><input type="radio"/> B. Regulations exist, but are not implemented (0% of laboratories and POCT sites regulated).</li> <li><input type="radio"/> C. Regulations exist, but are minimally implemented (approx. 1-9% of laboratories and POCT sites regulated).</li> <li><input type="radio"/> D. Regulations exist, but are partially implemented (approx. 10-49% of laboratories and POCT sites regulated).</li> <li><input type="radio"/> E. Regulations exist and are mostly implemented (approx. 50-89% of laboratories and POCT sites regulated).</li> </ul>	<p>8.2 Score: 1.67</p>	<p>MoH. Control Guide for ITS/VIH Immunoserological Testing. 2015.</p>

	<input checked="" type="radio"/> F. Regulations exist and are fully or almost fully implemented (approx. 90%+ of laboratories and POCT sites regulated).			
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<p><b>10.3 Capacity of Laboratory Workforce:</b> 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"> <li><input checked="" type="checkbox"/> HIV diagnosis in laboratories and point-of-care settings</li> <li><input checked="" type="checkbox"/> TB diagnosis in laboratories and point-of-care settings</li> <li><input checked="" type="checkbox"/> CD4 testing in laboratories and point-of-care settings</li> <li><input checked="" type="checkbox"/> Viral load testing in laboratories and point-of-care settings</li> <li><input checked="" type="checkbox"/> Early Infant Diagnosis in laboratories</li> <li><input checked="" type="checkbox"/> Malaria infections in laboratories and point-of-care settings</li> <li><input checked="" type="checkbox"/> Microbiology in laboratories and point-of-care settings</li> <li><input checked="" type="checkbox"/> Blood banking in laboratories and point-of-care settings</li> <li><input checked="" type="checkbox"/> Opportunistic infections including Cryptococcal antigen in laboratories and point-of-care settings</li> </ul>	<p>8.3 Score: 1.67</p>	<p>Laboratory production reports</p> <p>The Social Security Institute hospitals (ISSS) have laboratories with qualified and sufficient staff.</p> <p>Samples are taken on site and are sent to central laboratories for processing.</p>	<p>CD4, Viral load, Proviral ADN and other specialized tests are performed only at central level</p> <p>There is an ongoing discussion if decentralization of CD4 and Viral Load testing is cost efficient in El Salvador given the small size of the country.</p> <p>There is qualified personnel to perform CD4 tests, but it is insufficient to enable extension of services to other areas.</p> <p>Availability of testing instruments and reagents must also be considered. Stock outs delay delivery of test results.</p>
<p><b>10.4 Viral Load Infrastructure:</b> 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"> <li><input checked="" type="checkbox"/> Sufficient viral load instruments and reagents</li> <li><input checked="" type="checkbox"/> Appropriate maintenance agreements for instruments</li> <li><input checked="" type="checkbox"/> Adequate specimen transport system and timely return of results</li> </ul>	<p>8.4 Score: 1.67</p>		<p>Presently only the Regional National Laboratory (LNR) and Hospital de San Miguel are available, with limited resources. Restrictions in specimen transportation prevents prompt results.</p>
<p><b>10.5 Domestic Funds for Laboratories:</b> To what extent are laboratory services financed by domestic public or private resources (i.e. excluding external donor funding)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. No (0%) laboratory services are financed by domestic resources.</p> <p><input type="radio"/> B. Minimal (approx. 1-9%) laboratory services are financed by domestic resources.</p> <p><input checked="" 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: 1.67</p>	<p>MoH, NASA 2014.</p> <p>Only for HIV. GF covers 65%</p> <p>It is estimated that private labs contribute little to viral load and CD4 testing. HIV testing is not representative.</p>	<p>Few private labs report to MEGAS.</p>
<p><b>Laboratory Score: 7.92</b></p>				

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN B

## Domain C. Strategic Investments, Efficiency, and Sustainable Financing

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

			<b>Data Source</b>	<b>Notes/Comments</b>
<p><b>11. Domestic Resource Mobilization:</b> 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><input checked="" type="radio"/> A. There is no explicit funding for HIV/AIDS in the</p> <p><input type="radio"/> B. There is explicit HIV/AIDS funding within the</p> <p style="margin-left: 40px;"><input type="checkbox"/> The HIV/AIDS budget is</p> <p style="margin-left: 40px;"><input type="checkbox"/> The budget includes or</p> <p style="margin-left: 40px;"><input type="checkbox"/> The budget includes specific</p> <p style="margin-left: 40px;"><input type="checkbox"/> National budget reflects all</p>	<p>11.1 Score: 0.00</p>	<p>General National Budget: specific line on antiretrovirals.</p>	<p>The MoH budget includes a budget for HIV and TB programs.</p>
<p><b>11.1 Domestic Budget:</b> To what extent does the national budget explicitly account for the national HIV/AIDS response?</p>	<p><input checked="" type="radio"/> A. There are no HIV/AIDS goals/targets articulated in</p> <p><input type="radio"/> B. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, but none (0%) were attained.</p> <p><input type="radio"/> C. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, but very few</p> <p><input type="radio"/> D. There are annual HIV/AIDS goals/targets articulated</p> <p><input type="radio"/> E. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, and most (approx.</p> <p><input type="radio"/> F. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, and all or almost all</p>	<p>11.2 Score: 0.00</p>	<p>National General Budget MoH Annual Operative Plan (AOP)</p>	
<p><b>11.2 Annual Targets:</b> Did the most recent budget as executed achieve stated annual HIV/AIDS goals?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>				

<p><b>11.3 Budget Execution:</b> 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 type="radio"/> C. 1-9%</p> <p><input type="radio"/> D. 10-49%</p> <p><input type="radio"/> E. 50-89%</p> <p><input checked="" type="radio"/> F. 90% or greater</p>	<p>11.3 Score: 2.22</p>	<p>Budget execution, MoH</p>	
<p><b>11.4 PLACEHOLDER</b> 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><b>11.5 Domestic Spending:</b> 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</p> <p><input type="radio"/> C. Some (approx. 10-49%) is financed with domestic</p> <p><input checked="" type="radio"/> D. Most (approx. 50-89%) is financed with domestic</p> <p><input type="radio"/> E. All or almost all (approx. 90%+) is financed with</p>	<p>11.6 Score: 2.50</p>	<p>NASA 2014</p>	<p>71%</p>
<p><b>Domestic Resource Mobilization Score:</b></p>		<p><b>4.72</b></p>		

<p><b>12. Technical and Allocative Efficiencies:</b> 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).</p>		Data Source	Notes/Comments
<p><b>12.1 Resource Allocation Process:</b> Does the partner country government utilize a recognized data-driven model to inform the allocation of domestic (i.e. non-donor) public HIV resources?  (note: full score achieved by selecting one checkbox)</p>	<p> <input type="radio"/> A. The host country government does not use one of the following mechanisms to inform the allocation of their resources  <input checked="" type="radio"/> B. The host country government does use the following mechanisms to inform the allocation of their resources         </p> <p> <input type="checkbox"/> Optima  <input checked="" type="checkbox"/> Spectrum (including EPP and Goals)  <input checked="" type="checkbox"/> AIDS Epidemic Model (AEM)  <input checked="" type="checkbox"/> Modes of Transmission (MOT) Model  <input checked="" type="checkbox"/> Other recognized process or model (specify in notes column)         </p>	<p>12.1 Score: 1.43</p>	<p>Study on Case Investment; Modes of Transmission (MoT) and Spectrum</p> <p>The study on Case Investment is being used.</p>
<p><b>12.2 High Impact Interventions:</b> 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?  (if exact or approximate percentage known, please note in Comments column)</p>	<p> <input type="radio"/> A. Information not available  <input type="radio"/> B. No (0%) site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions  <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  <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  <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  <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>NASA</p> <p>Budget is allocated to intervention sites according to number of expected patients, percentage of pregnancies, patients on ARV treatment, multiple treatment patients and key populations.</p>

<p><b>12.3 Geographic Allocation:</b> 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 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 checked="" 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: 1.07</p>	<p>Budget for Hospitals</p>	<p>Budget is allocated to intervention sites according to number of expected patients, percentage of pregnancies, patients on ARV treatment, multiple treatment patients and key populations.</p>
<p><b>12.4 Data-Driven Reprogramming:</b> Do host country government policies/systems allow for reprogramming domestic investments based on new or updated program data during the government funding cycle?</p>	<p><input type="radio"/> A. There is no system for funding cycle reprogramming.</p> <p><input type="radio"/> B. There is a policy/system that allows for funding cycle reprogramming.</p> <p><input type="radio"/> C. There is a system that allows for funding cycle reprogramming and reprogramming is done as per the system.</p> <p><input checked="" type="radio"/> D. There is a policy/system that allows for funding cycle reprogramming and reprogramming is done as per the system.</p>	<p>Q3 Score: 1.43</p>		<p>Resource allocations may change during the year, according to existing needs and new data.</p>
<p><b>12.5 Unit Costs:</b> 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.</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>Case Investment Study; Study on Implications of Logistic: Costs of Key Supplies for 90-90-90 and SCMS Strategy.</p>	

<p><b>12.6 Improving Efficiency:</b> 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"> <li><input type="checkbox"/> Improved operations or interventions based on the</li> <li><input checked="" type="checkbox"/> Reduced overhead costs by streamlining management</li> <li><input checked="" type="checkbox"/> Lowered unit costs by reducing fragmentation, i.e. pooled procurement, resource pooling, etc.</li> <li><input checked="" type="checkbox"/> Improved procurement competition</li> <li><input type="checkbox"/> Integrated HIV/AIDS into national or subnational insurance schemes (private or public -- need not be</li> <li><input type="checkbox"/> Integrated HIV into primary care services with linkages</li> <li><input checked="" type="checkbox"/> Integrated TB and HIV services, including ART initiation</li> <li><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</li> <li><input type="checkbox"/> Developed and implemented other new and more efficient models of HIV service delivery (specify in</li> </ul>	<p>12.6 Score: 0.79</p>		<p>Locations where HIV treatment is provided also offer TB diagnosis. However, ARV treatment is not available at locations that provide TB therapy.</p>
<p><b>12.7 ARV Benchmark prices:</b> How do the costs of ARVs (most common first line regimen) purchased in the previous year by the partner government using domestic resources compare to international benchmark prices for that year?</p> <p>(Use the "factory cost" of purchased commodities, excluding transport costs, distribution costs, etc.)</p>	<ul style="list-style-type: none"> <li><input type="radio"/> A. Partner government did not pay for any ARVs using</li> <li><input type="radio"/> B. Average price paid for ARVs by the partner government in the previous year was more than 50%</li> <li><input checked="" type="radio"/> C. Average price paid for ARVs by the partner government in the previous year was 10-50% greater</li> <li><input type="radio"/> D. Average price paid for ARVs by the partner government in the previous year was 1-10% greater</li> <li><input type="radio"/> E. Average price paid for ARVs by the partner government in the previous year was below or equal to</li> </ul>	<p>12.7 Score: 0.71</p>	<p>itpcglobal.org report (Alma de León). PAHO forwards price listings to the National Program for AIDS, where ARV prices are verified.</p>	
<p><b>Technical and Allocative Efficiencies Score:</b></p>		<p><b>7.94</b></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.

**13. Epidemiological and Health data:** Host Country Government routinely collects, analyzes and makes available data on the HIV/AIDS epidemic and its effects on health outcomes. HIV/AIDS epidemiological and health data include size estimates of key populations, PLHIV, HIV incidence, HIV prevalence, viral load and AIDS-related mortality rates.

		Data Source	Notes/Comments
<p><b>13.1 Who Leads General Population Surveys &amp; Surveillance:</b> To what extent does the host country government lead and manage planning and implementation of the HIV/AIDS portfolio of general population epidemiological surveys and/or surveillance activities (population-based household surveys, case reporting/clinical surveillance, drug resistance surveillance, etc.)?</p>	<p><input type="radio"/> A. No HIV/AIDS general population surveys or surveillance activities have been conducted within the past 5 years</p> <p><input type="radio"/> B. Surveys &amp; surveillance activities are primarily planned and implemented by external agencies, organizations or institutions</p> <p><input type="radio"/> C. Surveys &amp; surveillance activities are planned and implemented by the host country government/other domestic institution, with substantial technical assistance from external agencies</p> <p><input checked="" type="radio"/> D. Surveys &amp; surveillance activities are planned and implemented by the host country government/other domestic institution, with some technical assistance from external agencies</p> <p><input type="radio"/> E. Surveys &amp; surveillance activities are planned and implemented by the host country government/other domestic institution, with minimal or no technical assistance from external agencies</p>	<p>13.1 Score: 0.71</p>	<p>National Health Survey (MICS), 2014.</p> <p>Loan from the Inter American Development Bank (IDB) and contributions by PAHO and UNICEF.</p>
<p><b>13.2 Who Leads Key Population Surveys &amp; Surveillance:</b> To what extent does the host country government lead &amp; manage planning and implementation of the HIV/AIDS portfolio of key population epidemiological surveys and/or behavioral surveillance activities (IBBS, size estimation studies, etc.)?</p>	<p><input type="radio"/> A. No HIV/AIDS key population surveys or surveillance activities have been conducted within the past 5 years</p> <p><input type="radio"/> B. Surveys &amp; surveillance activities are primarily planned and implemented by external agencies, organizations or institutions</p> <p><input checked="" type="radio"/> C. Surveys &amp; surveillance activities are planned and implemented by the host country government/other domestic institution, with substantial technical assistance from external agencies</p> <p><input type="radio"/> D. Surveys &amp; surveillance activities are planned and implemented by the host country government/other domestic institution, with some technical assistance from external agencies</p> <p><input type="radio"/> E. Surveys &amp; surveillance activities are planned and implemented by the host country government/other domestic institution, without minimal or no technical assistance from external agencies</p>	<p>13.2 Score: 0.48</p>	<p>Study of Trans Population Size, PLAN. 2015.</p> <p>Most investment on research studies came from external donors.</p>
<p><b>13.3 Who Finances General Population Surveys &amp; Surveillance:</b> 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.)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. No HIV/AIDS general population surveys or surveillance activities have been conducted within the past 5 years</p> <p><input type="radio"/> B. No financing (0%) is provided by the host country government</p> <p><input type="radio"/> C. Minimal financing (approx. 1-9%) is provided by the host country government</p> <p><input type="radio"/> D. Some financing (approx. 10-49%) is provided by the host country government</p> <p><input checked="" type="radio"/> E. Most financing (approx. 50-89%) is provided by the host country government</p> <p><input type="radio"/> F. All or almost all financing (90%+) is provided by the host country government</p>	<p>13.3 Score: 1.25</p>	<p>External donors 38% ; Government 62%</p>

<p><b>13.4 Who Finances Key Populations Surveys &amp; Surveillance:</b> 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>MoH, NASA 2014. Table No. 27.</p> <p>In the last study about trans population, the MoH financed some of the expenses: staff, mobilization, tests. Pertaining data will be published in MEGAS 2015.</p> <p>90% of the cost of epidemiological surveillance is government-financed.</p>	<p>Government has not invested funds in HIV research.</p>
<p><b>13.5 Comprehensiveness of Prevalence and Incidence Data:</b> 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"> <li><input checked="" type="checkbox"/> Age</li> <li><input checked="" type="checkbox"/> Sex</li> <li><input checked="" type="checkbox"/> Key populations (FSW, PWID, MSM/transgender)</li> <li><input checked="" type="checkbox"/> Priority populations (e.g., military, prisoners, young women &amp; girls, etc.)</li> <li><input checked="" type="checkbox"/> Sub-national units</li> </ul> <p><input checked="" 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"> <li><input checked="" type="checkbox"/> Age</li> <li><input checked="" type="checkbox"/> Sex</li> <li><input checked="" type="checkbox"/> Key populations (FSW, PWID, MSM/transgender)</li> <li><input checked="" type="checkbox"/> Priority populations (e.g., military, prisoners, young women &amp; girls, etc.)</li> <li><input checked="" type="checkbox"/> Sub-national units</li> </ul>	<p>13.5 Score: 0.95</p>	<p>GARPR Reports 2014; Assessment System for Epidemiological Surveillance (SUMEVE), Report on Indicators</p> <p>Dissaggregation of population has been adopted in HIV Form 01 (FVIH 01)</p>	<p>No incidence studies have been done.</p>

<p><b>13.6 Comprehensiveness of Viral Load Data:</b> 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 checked="" type="checkbox"/> Priority populations (e.g., military, prisoners, young women &amp; 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: 0.95</p>	<p>Cascade Study, Assessment System for Epidemiological Surveillance (SUMEVE). GARPR Report 2014. PUDR Global Fund 2014.</p>	<p>SUMEVE keeps registries on priority populations: Prisoners</p>
<p><b>13.7 Comprehensiveness of Key and Priority Populations Data:</b> 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 checked="" 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 type="radio"/> B. The host country government conducts (answer both subsections below):</p> <p>IBBS for (check ALL that apply):</p> <p><input type="checkbox"/> Female sex workers (FSW)</p> <p><input type="checkbox"/> Men who have sex with men (MSM)/transgender</p> <p><input type="checkbox"/> People who inject drugs (PWID)</p> <p><input type="checkbox"/> Priority populations (e.g., military, prisoners, young women &amp; 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 &amp; girls, etc.)</p>	<p>13.7 Score: 0.00</p>	<p>Study of Trans Population Size, PLAN 2015 Spectrum</p>	<p>Population size studies have been implemented by external agencies, not by the government.</p>
<p><b>13.8 Timeliness of Epi and Surveillance Data:</b> To what extent is a timeline for the collection of epidemiologic and surveillance data outlined in a national HIV/AIDS surveillance and survey strategy (or a national surveillance and survey strategy with specifics for HIV)?</p>	<p><input type="radio"/> A. There is no national HIV surveillance and surveys strategy, or a national surveillance and surveys strategy exists but does not include specifics for HIV surveillance and surveys</p> <p><input checked="" type="radio"/> B. A national HIV surveillance and surveys strategy exists (or a national surveillance and surveys strategy exists and includes specifics for HIV), but the strategy does not outline a timeline for data collection for all relevant population groups</p> <p><input type="radio"/> C. A national HIV surveillance and surveys strategy exists (or a national surveillance and surveys strategy exists and includes specifics for HIV), and outlines a timeline for data collection for all relevant population groups</p>	<p>13.8 Score: 0.48</p>	<p>National Agenda of HIV Research, recent update in 2012.</p>	<p>There is a national strategy for HIV surveillance and research, but the strategy does not establish a timetable for data collection on key population groups.</p>

<p><b>13.9 Quality of Surveillance and Survey Data:</b> 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 &amp; 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 &amp; 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 &amp; surveillance data</p> <p><input type="checkbox"/> A national, approved surveys &amp; surveillance strategy is in place, which outlines standards, policies and procedures for data quality assurance</p> <p><input checked="" type="checkbox"/> Standard national procedures &amp; protocols exist for reviewing surveys &amp; surveillance data for quality and sharing feedback with appropriate staff responsible for data collection</p> <p><input checked="" type="checkbox"/> An in-country internal review board (IRB) exists and reviews reviews all protocols.</p>	<p>13.9 Score: 0.71</p>	<p>Assessment System for Epidemiological Surveillance, SUMEVE (<i>Sistema Único de Monitoreo y Evaluación de Vigilancia Epidemiológica in Spanish</i>)</p> <p>The Sanitary Surveillance Office checks data quality before feeding it into the system.</p> <p>The National Ethics Committee follows international protocols and regulations. All studies must pass through this Committee, and in the case of hospitals, also through the Ethics Committee of hospitals.</p>	<p>The SSO (Sanitary Surveillance Office) is in charge of controlling the quality of surveillance data. The National Ethics Committee has to approve research protocols.</p> <p>Studies by international entities are also quality guaranteed.</p> <p>A Monitoring &amp; Evaluation Subcommission is in charge of overseeing all studies, based on established parameters (ASAP) to assess data quality before it enters the NPA data base.</p>
<b>Epidemiological and Health Data Score:</b>		<b>5.95</b>		
<p><b>14. Financial/Expenditure data:</b> 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>			<b>Data Source</b>	<b>Notes/Comments</b>
<p><b>14.1 Who Leads Collection of Expenditure Data:</b> To what extent does the host country government lead &amp; 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 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 checked="" 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: 1.67</p>	<p>Budget for this activity and its attributions are incorporated into NAC</p> <p>NPH resources for Monitoring &amp; Evaluation</p>	
<p><b>14.2 Who Finances Collection of Expenditure Data:</b> 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 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 checked="" type="radio"/> F. All or almost all financing (90%+) is provided by the host country government</p>	<p>14.2 Score: 3.33</p>	<p>Present NAC authorities</p>	

<p><b>14.3 Comprehensiveness of Expenditure Data:</b> 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 type="checkbox"/> Sub-nationally</p>	<p>14.3 Score: 1.25</p>	<p>MoH, NASA 2014.</p>	
<p><b>14.4 Timeliness of Expenditure Data:</b> 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>MoH, MEGAS 2014.</p>	
<p><b>14.5 Economic Studies:</b> Does the host country government conduct health economic studies or analyses for HIV/AIDS?</p>	<p><input type="radio"/> A. The host country government does not conduct health economic studies or analyses for HIV/AIDS</p> <p><input checked="" type="radio"/> B. The host country government conducts (check all that apply):</p> <p><input checked="" type="checkbox"/> Costing</p> <p><input checked="" 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: 0.83</p>	<p>Study on Case Investment</p>	<p>Study implemented by external cooperation.</p>
<p><b>Financial/Expenditure Data Score:</b></p>		<p><b>8.75</b></p>		
<p><b>15. Performance data:</b> 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><b>Data Source</b></p>	<p><b>Notes/Comments</b></p>
<p><b>15.1 Who Leads Collection of Service Delivery Data:</b> 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 checked="" type="radio"/> D. One information system, or a harmonized set of complementary information systems, exists and is managed and operated by the host country government with technical assistance from external agency/institution</p> <p><input type="radio"/> E. One information system, or a harmonized set of complementary information systems, exists and is managed and operated by the host country government</p>	<p>15.1 Score: 1.00</p>	<p>SUMEVE, SIMMOW SINAB and SIAP VICITS (Assessment System for Epidemiological Surveillance; National Procurement System and Sentinel Surveillance Strategy)</p>	

<p><b>15.2 Who Finances Collection of Service Delivery Data:</b> 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&amp;E staff, printing &amp; 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 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 checked="" type="radio"/> F. All or almost all financing (90% +) is provided by the host country government</p>	<p>15.2 Score: 3.33</p>		
<p><b>15.3 Comprehensiveness of Service Delivery Data:</b> 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 &amp; reports service delivery data for:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> HIV Testing</li> <li><input checked="" type="checkbox"/> PMTCT</li> <li><input checked="" type="checkbox"/> Adult Care and Support</li> <li><input checked="" type="checkbox"/> Adult Treatment</li> <li><input checked="" type="checkbox"/> Pediatric Care and Support</li> <li><input type="checkbox"/> Orphans and Vulnerable Children</li> <li><input type="checkbox"/> Voluntary Medical Male Circumcision</li> <li><input checked="" type="checkbox"/> HIV Prevention</li> <li><input checked="" type="checkbox"/> AIDS-related mortality</li> </ul> <p><input checked="" type="checkbox"/> B. Service delivery data are being collected:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> By key population (FSW, PWID, MSM/transgender)</li> <li><input checked="" type="checkbox"/> By priority population (e.g., military, prisoners, young women &amp; girls, etc.)</li> <li><input checked="" type="checkbox"/> By age &amp; sex</li> <li><input type="checkbox"/> From all facility sites (public, private, faith-based, etc.)</li> <li><input type="checkbox"/> From all community sites (public, private, faith-based, etc.)</li> </ul>	<p>15.3 Score: 1.11</p>	<p>GARPR Report, Report on Indicators</p>	<p>Data collection on prisoner population, not on other priority populations groups.</p>
<p><b>15.4 Timeliness of Service Delivery Data:</b> 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 &amp; reports service delivery data annually</p> <p><input type="radio"/> C. The host country government collects &amp; reports service delivery data semi-annually</p> <p><input type="radio"/> D. The host country government collects &amp; reports service delivery data at least quarterly</p>	<p>15.4 Score: 0.44</p>	<p>GARPR Report, Report on Indicators Semester evaluations.</p>	

<p><b>15.5 Analysis of Service Delivery Data:</b> 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 &amp; girls, etc.), including HIV testing, linkage to care, treatment, adherence and retention</p> <p><input type="checkbox"/> Continuum of care cascade for each relevant key population (FSW, PWID, MSM/transgender), including HIV testing, linkage to care, treatment, adherence and retention</p> <p><input type="checkbox"/> Results against targets</p> <p><input checked="" type="checkbox"/> Coverage of key treatment &amp; prevention services (ART, PMTCT, VMMC, etc.)</p> <p><input type="checkbox"/> Site-specific yield for HIV testing (HTC and PMTCT)</p> <p><input checked="" type="checkbox"/> AIDS-related mortality rates</p> <p><input 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: 0.33</p>	<p>National Report on the HIV Situation, 2014</p> <p>Presently a cascade for pregnancies has been performed at a national level. Studies performed by CAPACITY, it is possible now to track and identify HIV cases in pregnancy.</p> <p>It has not been done with key populations.</p>	
<p><b>15.6 Quality of Service Delivery Data:</b> To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS service delivery data?</p>	<p><input type="radio"/> A. No governance structures, procedures or policies designed to assure service delivery data quality exist/could be documented.</p> <p><input checked="" type="radio"/> B. The following structures, procedures or policies exist to assure quality of service delivery data (check all that apply):</p> <p><input type="checkbox"/> A national, approved data quality strategy is in place, which outlines standards, policies and procedures for HIV/AIDS data quality assurance</p> <p><input checked="" type="checkbox"/> A national protocol exists for routine (at least annual) Data Quality Audits/Assessments of key HIV program indicators, which are led and implemented by the host country government</p> <p><input type="checkbox"/> Standard national procedures &amp; protocols exist for routine data quality checks at the point of data entry</p> <p><input type="checkbox"/> Data quality reports are published and shared with relevant ministries/government entities &amp; partner organizations</p> <p><input checked="" type="checkbox"/> The host country government leads routine (at least annual) data review meetings at national &amp; subnational levels to review data quality issues and outline improvement plans</p>	<p>15.6 Score: 0.53</p>		<p>Sanitary Surveillance Office and the Information &amp; Statistics Unit both monitor data quality.</p>
<p><b>Performance Data Score:</b></p>		<p><b>6.76</b></p>		

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN D