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

The HIV/AIDS Sustainability Index and Dashboard (SID) is a tool completed periodically by PEPFAR teams and partner stakeholders to sharpen the understanding of each country’s sustainability landscape and to assist PEPFAR and others in making informed HIV/AIDS investment decisions. Based on responses to 90 questions, the SID assesses the current state of sustainability of national HIV/AIDS responses across 15 critical elements. Scores for these elements are displayed on a color-coded dashboard, together with other contextual charts and information. As the SID is completed over time, it will allow stakeholders to track progress and gaps across these key components of sustainability.

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

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

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

Sustainability Strengths:

- **Public Access to Information (10, dark green):** Though in recent years there have been limited Information Education Communication / Behavioral Change Communication publications to educate the general public about HIV/AIDS prevention and the benefits of ARVs, Lao PDR has made significant strides in its capacity and transparency to make HIV/AIDS program performance data, including surveillance, routine service delivery and financial reports, available and accessible to stakeholders and the public.
Planning and Coordination (7.73, light green): Lao PDR deserves praise for its strong leadership and oversight roles, which have led diverse stakeholders to actively engage in the planning and implementation of a national program response to HIV/AIDS epidemics in a more concerted and innovative manner. However, the detailed costing of the new National Strategy and Action Plan 2016-2020 has not yet been made available. This deficiency may create barriers to mobilizing the resources to support its effective implementation, especially those from the domestic budget, in which the Lao government has not yet allocated a portion of the budget to procure commodities (HIV test kits, ARV drugs, condoms etc.).

Sustainability Vulnerabilities:

Private Sector Engagement (2.43, red): In the past years, Lao PDR has enjoyed sustained economic growth with a continuous increase in Gross National Income (GNI) and has become a lower middle income country. The Government of Laos recognizes private health care providers and private businesses as active partners providing quality health care to its citizens, resulting in an emerging number of private hospitals and private health insurance companies. However, these emerging private establishments have not yet been mobilized to be actively engaged in the national HIV/AIDS response/service delivery. National health financing schemes have not yet included HIV/AIDS related services. Advocacy and mechanisms to initiate both public and private financing schemes covering HIV/AIDS service delivery are worth the effort to invest in to ensure a future sustained response to the HIV/AIDS epidemic in Lao PDR.

Human Resources for Health (4.75, yellow): Lao PDR is among a number of countries facing a persistent shortage of skilled healthcare workers, including those working on HIV/AIDS service delivery. While it is well recognized that the salaries of all physicians, nurses, counsellors and lab technicians working in ARV and HTC settings are covered by the government budget, with expanding number of HTC facilities, substantial numbers of existing counsellors have not received refresher trainings on HTC and PITC. At the same time, the existing pre-service training curriculum being taught in Nursing Faculties and at the University of Health Sciences has not been updated recently. The FEPT program has not yet included an HIV/AIDS element. Addressing these priority gaps will help pave the way to sustained epidemic control in Lao PDR.

Performance Data (5.41, yellow): With technical and budgetary assistance from development partners, the Lao government has made progress in improving its capacity to collect, analyze and report performance data in recent years. However, it still needs further support and guidance to improve the quality of service delivery data and to strengthen the capacity of data analysis and utilization especially at the national and sub-national level, including using data for size estimation. Importantly, technical assistance is pivotal to facilitating the successful linkage of HIV/AIDS data to the mainstream Health Management Information System.

Service Delivery (5.93, yellow): PEPFAR, through NGO and CSO, are critical key stakeholders providing technical and funding support in delivering HIV/AIDS services to key affected populations such as men who have sex with men (MSM) in high burden areas. The innovative linkages approach being piloted to recruit more MSM to HTC with expected high yield of HIV+. To increase access to more key affected populations, including MSM, community based HTC and PrEP among MSM has been advocated. Support from PEPFAR is critical to materialize and advocate for scale-up of these development in Laos.

Quality Management (4.86, yellow): Although progress has been made in the area of QM/QI such as 1) pre-service training institutions introducing general principles to medical-postgraduate students; 2) a
quality improvement unit or focal point under Department of Health Care, Ministry of Health aiming to improve overall quality of health services in the hospitals; and 3) a series of in-service QI training at ARV sites. Nevertheless, for oversight and implementation of QI/QM activities pertinent to HTC and ARV patients, care and treatment at site level still require extensive technical assistance and budgetary support to not only build and sustain HIV/AIDS-related QM/QI skill sets, but also to help streamline the Department of Health Care’s quality improvement initiative/strategy.

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

**Additional Observations:**

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

**Contact:** For questions or further information about PEPFAR’s efforts to support sustainability of the HIV response in Lao PDR, please contact Dr. Douangchanh Xaymounvong at xcf0@cdc.gov
# Sustainability Analysis for Epidemic Control: Laos

**Epidemic Type:** Concentrated  
**Income Level:** Lower-middle income  
**PEPFAR Categorization:** Targeted Assistance (Asia Regional)  
**PEPFAR COP 16 Planning Level:** Please Enter

## Governance, Leadership, and Accountability

<table>
<thead>
<tr>
<th>Element</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Planning and Coordination</td>
<td>7.73</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Policies and Governance</td>
<td>6.97</td>
<td></td>
<td></td>
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<tr>
<td>3. Civil Society Engagement</td>
<td>5.83</td>
<td></td>
<td></td>
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<tr>
<td>4. Private Sector Engagement</td>
<td>2.43</td>
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<td>5. Public Access to Information</td>
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## National Health System and Service Delivery

<table>
<thead>
<tr>
<th>Element</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
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</thead>
<tbody>
<tr>
<td>6. Service Delivery</td>
<td>5.93</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7. Human Resources for Health</td>
<td>4.75</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8. Commodity Security and Supply Chain</td>
<td>5.76</td>
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<tr>
<td>9. Quality Management</td>
<td>4.86</td>
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<tr>
<td>10. Laboratory</td>
<td>4.40</td>
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## Strategic Investments, Efficiency, and Sustainable Financing

<table>
<thead>
<tr>
<th>Element</th>
<th>2016</th>
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<th>2018</th>
<th>2019</th>
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<tr>
<td>11. Domestic Resource Mobilization</td>
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<td></td>
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<tr>
<td>12. Technical and Allocative Efficiencies</td>
<td>5.08</td>
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</table>

## Strategic Information

<table>
<thead>
<tr>
<th>Element</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Epidemiological and Health Data</td>
<td>5.71</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Financial/Expenditure Data</td>
<td>5.83</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>15. Performance Data</td>
<td>5.41</td>
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</tr>
</tbody>
</table>

### Contextual Data

**Epidemiological Data**

- Adult Prevalence
- Adult Incidence
- PLHIV
- AIDS-related Deaths

**Population and Fertility**

- Total Pop. (millions)
- Pop. Growth Rate
- Fertility Rate

**National Clinical Cascade**

- PLHIV Diagnosed
- Linked to Care
- On ART
- Retained on Tx
- Virally Suppressed

**Financing the HIV Response**

- Current U.S. dollars
- USD Millions

**GNI Per Capita (Atlas Method)**

- Current U.S. dollars

**Population Pyramid (2015)**

- Male %
- Female %

**Population %**

- 10.0%
- 5.0%
- 0.0%
- 5.0%
- 10.0%

**Total Pop. (millions)**

- 1990
- 2014

**Deaths/PLHIV (thousands)**

- 1990
- 2014

**GNI Per Capita (Atlas Method)**

- 2013
- 2014

**Population and Fertility**

- 1990
- 2014

**Distribution of Population**

- 0-4
- 5-9
- 10-14
- 15-19
- 20-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45-49
- 50-54
- 55-59
- 60-64
- 65-69
- 70-74
- 75-79
- 80+

**Contextual Data**

- Partner Gov't
- PEPFAR
- Global Fund
- Other Donors
- Private Sector
- Out of Pocket
## 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.

<table>
<thead>
<tr>
<th>1. Planning and Coordination: Host country develops, implements, and oversees a costed multiyear national strategy and serves as the preeminent architect and convener of a coordinated HIV/AIDS response in the country across all levels of government and key stakeholders, civil society and the private sector.</th>
<th>Data Source</th>
<th>Notes/Comments</th>
</tr>
</thead>
</table>

### 1.1 Content of National Strategy: Does the country have a multi-year, costed national strategy to respond to HIV?  

1.1 Score: 1.90

- **A.** There is no national strategy for HIV/AIDS
- **B.** There is a multiyear national strategy. Check all that apply:
  - [ ] It is costed
  - [ ] It is updated at least every five years
  - Strategy includes all crucial response components for prevention and treatment (HIV testing, treatment and care [including children and adolescents], PMTCT, transition from ‘catchup’ to sustainable VMMC if country performs VMMCs, scale-up of viral load, EID, and other key metrics)
  - Strategy includes explicit plans and activities to address the needs of key populations.
  - Strategy includes all crucial response components to mitigate the impact of HIV on vulnerable children

- National HIV and AIDS Strategy and Action Plan 2016-2020  
- Costing of National HIV and AIDS Strategy and Action Plan 2016-2020 remains to be completed.

### 1.2 Participation in National Strategy Development: Who actively participates in development of the country's national HIV/AIDS strategy?  

1.2 Score: 1.50

- **A.** There is no national strategy for HIV/AIDS
- **B.** The national strategy is developed with participation from the following stakeholders (check all that apply):
  - [ ] Its development was led by the host country government
  - [ ] Civil society actively participated in the development of the strategy
  - [ ] Private health sector providers, facilities, and training institutions, actively participated in the development of the strategy
  - Businesses and the corporate sector actively participated in the development of the strategy including workplace development and corporate social responsibility (CSR)
  - External agencies (i.e. donors, other multilateral orgs., etc.) supporting HIV services in-country participated in the development of the strategy

<table>
<thead>
<tr>
<th></th>
<th>Data Source</th>
<th>Notes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>National HIV and AIDS Strategy and Action Plan 2016-2020</td>
<td></td>
</tr>
</tbody>
</table>
### 1.3 Coordination of National HIV Implementation

To what extent does the host country government coordinate all HIV/AIDS implemented activities in the country, including those funded or implemented by CSOs, private sector, and donor implementing partners?

**Check all that apply:**

- There is an effective mechanism within the host country government for internally coordinating HIV/AIDS activities implemented by various government ministries, institutions, offices, etc.
- The host country government routinely tracks and maps HIV/AIDS activities of:
  - Civil society organizations
  - Private sector
  - Donors
- The host country government leads a mechanism or process (i.e. committee, working group, etc.) that routinely convenes key internal and external stakeholders and implementers of the national response for planning and coordination purposes.
- Joint operational plans are developed that include key activities of implementing organizations.
- Duplications and gaps among various government, CSO, private sector, and donor activities are systematically identified and addressed.

**Score:** 1.83

**National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016**

There is formal structure; NCCA, PCCA, TWGs but regularity and effectiveness of coordination remains to be improved especially among government multiple sectors and multiple donor/technical agencies.

### 1.4 Sub-national Unit Accountability

Is there a mechanism by which sub-national units are accountable to national HIV/AIDS goals or targets? (note: equal points for B and C)

- A. There is no formal link between the national plan and sub-national service delivery.
- B. Sub-national units have performance targets that contribute to aggregate national goals or targets.
- C. The central government is responsible for service delivery at the sub-national level.

**Score:** 2.50

**Planning and Coordination Score:** 7.73
### 2. Policies and Governance:
Host country develops, implements, and oversees a wide range of policies, laws, and regulations that will achieve coverage of high impact interventions, ensure social and legal protection and equity for those accessing HIV/AIDS services, eliminate stigma and discrimination, and sustain epidemic control within the national HIV/AIDS response.

<table>
<thead>
<tr>
<th>2.1 WHO Guidelines for ART Initiation:</th>
<th></th>
<th>2.2 Score:</th>
<th>0.61</th>
</tr>
</thead>
<tbody>
<tr>
<td>For each category below, check no more than one box that reflects current national policy for ART initiation:</td>
<td>Data Source</td>
<td>Notes/Comments</td>
<td></td>
</tr>
<tr>
<td>A. Adults (&gt;19 years)</td>
<td>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</td>
<td>Although the current national guideline still recommends CD4 &lt;500, the recent national consultation workshop does recommend starting ART at any CD4 according to WHO's new guideline. Based on reality check with ART sites, while awaiting for the finalization and dissemination of the new national ART guideline, ART sites have started the test and treat/start policy.</td>
<td></td>
</tr>
<tr>
<td>B. Pregnant and Breastfeeding Mothers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Adolescents (10-19 years)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>D. Children (&lt;10 years)</td>
<td></td>
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</tbody>
</table>

#### 2.2 Enabling Policies and Legislation: Are there policies or legislation that govern HIV/AIDS service delivery or policies and legislation on health care which is inclusive of HIV service delivery?

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Notes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lao People’s Democratic Republic Report NCPI</td>
<td></td>
</tr>
<tr>
<td>2.3 Non-discrimination Protections: Does the country have non-discrimination laws or policies that specify protections (not specific to HIV) for specific populations? Are these fully implemented? (Full score possible without checking all boxes.)</td>
<td>Check all that apply:</td>
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<tr>
<td>---</td>
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<tr>
<td>□ Law/policy exists</td>
<td></td>
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<tr>
<td>□ Law/policy is fully implemented</td>
<td></td>
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<tr>
<td>Adults living with HIV (men):</td>
<td>□ Law/policy exists</td>
</tr>
<tr>
<td>□ Law/policy is fully implemented</td>
<td></td>
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<tr>
<td>Children living with HIV:</td>
<td>□ Law/policy exists</td>
</tr>
<tr>
<td>□ Law/policy is fully implemented</td>
<td></td>
</tr>
<tr>
<td>Gay men and other men who have sex with men (MSM):</td>
<td>□ Law/policy exists</td>
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<tr>
<td>□ Law/policy is fully implemented</td>
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<tr>
<td>Migrants:</td>
<td>□ Law/policy exists</td>
</tr>
<tr>
<td>□ Law/policy is fully implemented</td>
<td></td>
</tr>
<tr>
<td>People who inject drugs (PWID):</td>
<td>□ Law/policy exists</td>
</tr>
<tr>
<td>□ Law/policy is fully implemented</td>
<td></td>
</tr>
<tr>
<td>People with disabilities:</td>
<td>□ Law/policy exists</td>
</tr>
</tbody>
</table>
### 2.4 Structural Obstacles: Does the country have laws and/or policies that present barriers to delivery of HIV prevention, testing and treatment services or the accessibility of these services? Are these laws/policies enforced? (Enforced means any instances of enforcement even if periodic)

<table>
<thead>
<tr>
<th>Category</th>
<th>Law/policy exists</th>
<th>Law/policy is fully implemented</th>
<th>Law/policy is enforced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prisoners</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sex workers</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Transgender people</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women and girls</td>
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<td></td>
<td></td>
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</tbody>
</table>

#### 2.4 Score: 1.32

*Criminalization of sexual orientation and gender identity:*
- Law/policy exists
- Law/policy is fully implemented
- Law/policy is enforced

*Criminalization of cross-dressing:*
- Law/policy exists
- Law/policy is fully implemented
- Law/policy is enforced

*Criminalization of drug use:*
- Law/policy exists
- Law/policy is fully implemented
- Law/policy is enforced

*Criminalization of sex work:*
- Law/policy exists

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There is limited pilot harm reduction project distributing clean syringes toPWID in only two provinces (Phongsaly and Huaphanh) next to Dien Bien Phu, Vietnam. There is no law nor policy to ban or limit clean syringe prog, substitution of opioid, needle/syringes in prison. But regulations of prison prohibit clean needles and syringes distribution.
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
### 2.5 Rights to Access Services: Recognizing the right to nondiscriminatory access to HIV services and support, does the government have efforts in place to educate and ensure the rights of PLHIV, key populations, and those who may access HIV services about these rights?

<table>
<thead>
<tr>
<th>Law/policy exists</th>
<th>Law/policy is enforced</th>
</tr>
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</table>

- To educate PLHIV about their legal rights in terms of access to HIV services
- To educate key populations about their legal rights in terms of access to HIV services
- National law exists regarding health care privacy and confidentiality protections
- Government provides financial support to enable access to legal services if someone experiences discrimination, including redress where a violation is found

**2.5 Score:** 1.07

*National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016*

### 2.6 Audit: Does the host country government conduct a national HIV/AIDS program audit or audit of Ministries that work on HIV/AIDS on a regular basis (excluding audits of donor funding that are through government financial systems)?

- A. No audit is conducted of the National HIV/AIDS Program or other relevant ministry.
- B. An audit is conducted of the National HIV/AIDS program or other relevant ministries every 4 years or more.
- C. An audit is conducted of the National HIV/AIDS program or other relevant ministries every 3 years or less.

**2.6 Score:** 1.43

*Report or data source is not accessible by public*

### 2.7 Audit Action: To what extent does the host country government respond to the findings of a HIV/AIDS audit or audit of Ministries that work on HIV/AIDS?

- A. Host country government does not respond to audit findings, or no audit of the national HIV/AIDS program is conducted.
- B. The host country government does respond to audit findings by implementing changes as a result of the audit.
- C. The host country government does respond to audit findings by implementing changes which can be tracked by legislature or other bodies that hold government accountable.

**2.7 Score:** 0.71

*Report or data source is not accessible by public*

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**Policies and Governance Score:** 6.97
3. Civil Society Engagement: Local civil society is an active partner in the HIV/AIDS response through service delivery provision when appropriate, advocacy efforts as needed, and as a key stakeholder to inform the national HIV/AIDS response. There are mechanisms for civil society to review and provide feedback regarding public programs, services and fiscal management and civil society is able to hold government institutions accountable for the use of HIV/AIDS funds and for the results of their actions.

3.1 Civil Society and Accountability for HIV/AIDS: Are there any laws or policies that restrict civil society from playing an oversight role in the HIV/AIDS response?

- A. There exists a law or laws that restrict civil society from playing an oversight role in the HIV/AIDS response.
- B. There are no laws that restrict civil society playing a role in providing oversight of the HIV/AIDS response but in practice, it does not happen.
- C. There are no laws or policies that prevent civil society from providing an oversight of the HIV/AIDS response and civil society is very actively engaged in providing oversight.

Check A, B, or C; if C checked, select appropriate disaggregates:

- A. There are no formal channels or opportunities.
- B. There are formal channels or opportunities, but civil society is called upon in an ad hoc manner to provide inputs and feedback.
- C. There are functional formal channels and opportunities for civil society engagement and feedback. Check all that apply:
  - During strategic and annual planning
  - In joint annual program reviews
  - For policy development
  - As members of technical working groups
  - Involvement on government HIV/AIDS program evaluation teams
  - Involvement in surveys/studies
  - Collecting and reporting on client feedback

3.2 Government Channels and Opportunities for Civil Society Engagement: Does host country government have formal channels or opportunities for diverse civil society groups to engage and provide feedback on its HIV/AIDS policies, programs, and services (not including Global Fund CCM civil society engagement requirements)?

- A. There are no formal channels or opportunities.
- B. There are formal channels or opportunities, but civil society is called upon in an ad hoc manner to provide inputs and feedback.
- C. There are functional formal channels and opportunities for civil society engagement and feedback. Check all that apply:
  - During strategic and annual planning
  - In joint annual program reviews
  - For policy development
  - As members of technical working groups
  - Involvement on government HIV/AIDS program evaluation teams
  - Involvement in surveys/studies
  - Collecting and reporting on client feedback

Data Source: GAPR report 2015

3.1 Score: 1.67
National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016

3.2 Score: 1.67
### 3.3 Impact of Civil Society Engagement: Does civil society engagement substantively impact policy and budget decisions related to HIV/AIDS?

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.33</td>
<td>Civil society does not actively engage, or civil society engagement does not impact policy and budget decisions related to HIV/AIDS.</td>
</tr>
<tr>
<td>0.00</td>
<td>Civil society’s engagement impacts HIV/AIDS policy and budget decisions (check all that apply):</td>
</tr>
<tr>
<td>1.17</td>
<td>In advocacy</td>
</tr>
<tr>
<td></td>
<td>In programmatic decision making</td>
</tr>
<tr>
<td></td>
<td>In technical decision making</td>
</tr>
<tr>
<td></td>
<td>In service delivery</td>
</tr>
<tr>
<td></td>
<td>In HIV/AIDS basket or national health financing decisions</td>
</tr>
</tbody>
</table>

### 3.4 Domestic Funding of Civil Society: To what extent are HIV/AIDS related Civil Society Organizations funded domestically (either from government, private sector, or self generated funds)?

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>No funding (0%) for HIV/AIDS related civil society organizations comes from domestic sources.</td>
</tr>
<tr>
<td>0.00</td>
<td>Minimal funding (approx. 1-9%) for HIV/AIDS related civil society organizations comes from domestic sources.</td>
</tr>
<tr>
<td>0.00</td>
<td>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).</td>
</tr>
<tr>
<td>0.00</td>
<td>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).</td>
</tr>
<tr>
<td>0.00</td>
<td>All or almost all funding (approx. 90%+) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants).</td>
</tr>
</tbody>
</table>

### 3.5 Civil Society Enabling Environment: Is the legislative and regulatory framework conducive to Civil Society Organizations (CSOs) or not-for-profit organizations to engage in HIV service provision or health advocacy?

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.17</td>
<td>The legislative and regulatory framework is not conducive for engagement in HIV service provision or health advocacy.</td>
</tr>
<tr>
<td></td>
<td>The legislative and regulatory framework is conducive for engagement in HIV service delivery and health advocacy as follows (check all that apply):</td>
</tr>
<tr>
<td></td>
<td>Significant tax deductions for business or individual contributions to not-for-profit CSOs</td>
</tr>
<tr>
<td></td>
<td>Significant tax exemptions for not-for-profit CSOs</td>
</tr>
<tr>
<td></td>
<td>Open competition among CSOs to provide government-funded services</td>
</tr>
<tr>
<td></td>
<td>Freedom for CSOs to advocate for policy, legal and programmatic change</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
</tbody>
</table>

Civil Society Engagement Score: 5.83
4. Private Sector Engagement: Global as well as local private sector (both private health care providers and private business) is an active partner in the HIV/AIDS response through service delivery provision when appropriate, advocacy efforts as needed, innovation, and as a key stakeholder to inform the national HIV/AIDS response. There are supportive policies and mechanisms for the private sector to engage and to review and provide feedback regarding public programs, services and fiscal management of the national HIV/AIDS response. The public uses the private sector for HIV service delivery at a similar level as other health care needs.

<table>
<thead>
<tr>
<th>4.1 Government Channels and Opportunities for Private Sector Engagement: Does host country government have formal channels and opportunities for diverse private sector entities to engage and provide feedback on its HIV/AIDS policies, programs, and services?</th>
<th>Data Source</th>
<th>Notes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Score: 0.83</td>
<td>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</td>
<td></td>
</tr>
</tbody>
</table>

- A. There are no formal channels or opportunities
- B. There are formal channels or opportunities, but private sector is called upon in an ad hoc manner to provide inputs and feedback
- C. There are functional formal channels and opportunities for private sector engagement and feedback. Check all that apply:
  - Corporate contributions, private philanthropy and giving
  - Joint (i.e. public-private) supervision and quality oversight of private facilities
  - Collection of service delivery and client satisfaction data from private providers
  - Tracking of private training institution HRH graduates and placements
  - Contributing to develop innovative solutions, both technology and systems innovation
  - For technical advisory on best practices and delivery solutions
4.2 Private Sector Partnership: Do private sector partnerships with government result in stronger policy and budget decisions for HIV/AIDS programs?

A. Private sector does not actively engage, or private sector engagement does not influence policy and budget decisions in HIV/AIDS.

B. Private sector engagement influences HIV/AIDS policy and budget decisions in the following areas (check all that apply):

- In patient advocacy and human rights
- In programmatic decision making
- In technical decision making
- In service delivery for both public and private providers
- In HIV/AIDS basket or national health financing decisions
- In advancing innovative sustainable financing models
- In HRH development, placement, and retention strategies
- In building capacity of private training institutions
- In supply chain management of essential supplies and drugs

4.2 Score: 0.00

National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016

No policy for private sector involved in HIV/AIDS services, so private sector has limitedly engagement in HIV/AIDS service delivery.
<table>
<thead>
<tr>
<th>4.3 Legal Framework for Private Health Sector:</th>
<th>4.4 Legal Framework for Private Businesses:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the legislative and regulatory framework make provisions for the needs of the private health sector (including hospitals, networks, and insurers)?</td>
<td>Does the legislative and regulatory framework make provisions for the needs of private businesses (local or multinational corporations)?</td>
</tr>
</tbody>
</table>

**4.3 Score:** 0.21

National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016

- No policy for private sector involved in HIV/AIDS services, so private sector has limitedly engagement in HIV/AIDS service delivery. Private sector is not involved in procurement, and programatic events in adhoc manner.

**4.4 Score:** 0.56

National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016

- Systems are in place for service provision and/or research reporting by private sector facilities to the government.
- Mechanisms exist to ensure that private providers receive, understand and adhere to national guidelines/protocols for ART.
- Tax deductions for private health providers.
- Tax deductions for private training institutions training health workers.
- Open competition for private health providers to compete for government services.
- 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.
- Freedom of private providers to advocate for policy, legal, and regulatory frameworks.
- Standardized processes for developing public-private partnerships (PPP) and memorandums of understanding (MOUs) between public and private providers.
- Tax deductions for health-related private businesses (i.e. pharmacists, supply chain, etc.).
- Systematic and timely process for private company registration and/or testing of new health products, drugs, diagnostics kits, medical devices.
- Standardized processes for developing public-private partnerships (PPP) and memorandums of understanding (MOUs) between local government and private business.
- Corporate Social Responsibility (CSR) tax policies (compulsory or optional) contributing private corporate resources to the HIV/AIDS response.
- Workplace policies support HIV-related services and/or benefits for employees.
- Existing forums between business community and government to engage in dialogue to support HIV/AIDS and public health programs.
## 4.5 Private Health Sector Supply: Does the host country government enable private health service provision for lower and middle-income HIV patients?

- **Private for-profit providers are eligible to procure HIV and/or ART commodities via public sector procurement channels and/or vertical programs.**
- **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.**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.83</td>
<td>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</td>
</tr>
</tbody>
</table>

## 4.6 Private Health Sector Demand: Is the percentage of people accessing HIV treatment services through the private sector similar to (or approaching) the percentage of those seeking other curative services through the private sector?

- **HIV-related services/products are covered by national health insurance.**
- **HIV-related services/products are covered by private or other health insurance.**
- **Adequate risk pooling exists for HIV services.**
- **Models currently exist for cost-recovery for ART.**
- **HIV drugs are not subject to higher pharmaceutical mark-ups than other drugs in the market.**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>No policy for private sector involved in HIV/AIDS services, so private sector has limitedly engagement in HIV/AIDS service delivery. Private sectors is not involved in procurement, and programatic events in adhoc manner.</td>
</tr>
</tbody>
</table>

**Private Sector Engagement Score:** 2.43
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.

<table>
<thead>
<tr>
<th>Source of Data</th>
<th>Notes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 Score: 2.00</td>
<td>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</td>
</tr>
</tbody>
</table>

5.1 Surveillance and Survey Transparency: Does the host country government ensure that HIV/AIDS surveillance and survey data, or at least a summary report of data, and analyses are made available to stakeholders and general public in a timely way?

- 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.
- B. The host country government makes HIV/AIDS surveillance and survey summary reports available to stakeholders and the general public within 1-3 years.
- C. The host country government makes HIV/AIDS surveillance and survey summary reports available to stakeholders and the general public within the same year.

5.2 Expenditure Transparency: Does the host country government make annual HIV/AIDS expenditure data, or at a minimum at least a summary of it, available to stakeholders and the public in a timely way?

- 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.
- 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.
- C. The host country government makes HIV/AIDS expenditure summary reports available to stakeholders and the general public within 1 year after expenditures.

5.3 Performance and Service Delivery Transparency: Does the host country government make annual HIV/AIDS program performance and service delivery data (or at a minimum of summary of it) available to stakeholders and the public in a timely way?

- 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.
- 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.
- 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.
### 5.4 Procurement Transparency: Does the host country government make government HIV/AIDS procurements public in a timely way?

<table>
<thead>
<tr>
<th>Score</th>
<th>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.00</td>
<td></td>
<td>Although ministry of health has a mechanism and conducts open-competitive procurement processes in which private sector involved, most of the procurement related to the HIV Program conducted through GF and donor agencies.</td>
</tr>
</tbody>
</table>

- A. Host country government does not make any HIV/AIDS procurements.
- B. Host country government makes HIV/AIDS procurements, but neither procurement tender nor award details are publicly available.
- C. Host country government makes HIV/AIDS procurements, and tender, but not award, details are publicly available.
- D. Host Country government makes HIV/AIDS procurements, and both tender and award details available.

### 5.5 Institutionalized Education System: Is there a government agency that is explicitly responsible for educating the public about HIV?

<table>
<thead>
<tr>
<th>Score</th>
<th>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.00</td>
<td></td>
<td>Institutions under MOH: Center of HIV/AIDS and STIs, Center of Information and Education for Health. Lao Women Union, Lao Youth Union, Lao Trade Union, National Assembly, Ministry of Education and Sport. However, there is very limited IEC/BCC materials related to HIV/AIDS disseminating to the public recently due to shortage of funding and human resource capacity.</td>
</tr>
</tbody>
</table>

- A. There is no government institution that is responsible for this function and no other groups provide education.
- B. There is no government institution that is responsible for this function but at least one of the following provides education:
  - Civil society
  - Media
  - Private sector
- C. There is a government institution that is responsible for, and is providing, scientifically accurate information on HIV/AIDS.

Public Access to Information Score: **10.00**

This concludes the set of questions on Domain A.
# Domain B. National Health System and Service Delivery

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

## 6. Service Delivery

The host country government at national, sub-national and facility levels facilitates planning and management of, access to and linkages between facility- and community-based HIV services.

### 6.1 Responsiveness of facility-based services to demand for HIV services

<table>
<thead>
<tr>
<th>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 delivery to patient flow)</th>
<th>6.1 Score: 0.37</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public facilities are able to situate services in proximity to high-HIV burden locations or populations (e.g., mobile clinics)</td>
<td>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</td>
</tr>
<tr>
<td>There is evidence that public facilities in high burden areas and/or serving high-burden populations generate demand for HIV services</td>
<td>Drop in centers, peer led intervention MSM, FSW and self-help group of PLHIV link communities and public facilities</td>
</tr>
</tbody>
</table>

### 6.2 Responsiveness of community-based HIV/AIDS services

The host country has standardized the following design and implementation components of community-based HIV services through (check all that apply):

- Formalized mechanisms of participation by communities, high-burden populations and/or civil society engagement in delivery or oversight of services
- National guidelines detailing how to operationalize HIV services in communities
- Providing official recognition to skilled human resources (e.g. community health workers) working and delivering HIV services in communities
- Providing financial support for community-based services
- Providing supply chain support for community-based services
- Supporting linkages between facility- and community-based services through formalized bidirectional referral services (e.g., use of national reporting systems to refer and monitor referrals for completeness)

### 6.3 Domestic Financing of Service Delivery

To what extent do host country institutions (public, private, or voluntary sector) finance the delivery of HIV/AIDS services in high burden areas (i.e. excluding any external financial assistance from donors)?

<table>
<thead>
<tr>
<th>A. Host country institutions provide no (0%) financing for delivery of HIV/AIDS services in high burden areas</th>
<th>6.3 Score: 0.83</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Host country institutions provide minimal (approx. 1-9%) financing for delivery of HIV/AIDS services in high burden areas</td>
<td></td>
</tr>
<tr>
<td>C. Host country institutions provide some (approx. 10-49%) financing for delivery of HIV/AIDS services in high burden areas</td>
<td></td>
</tr>
<tr>
<td>D. Host country institutions provide most (approx. 50-89%) financing for delivery of HIV/AIDS services in high burden areas</td>
<td></td>
</tr>
<tr>
<td>E. Host country institutions provide all or almost all (approx. 90%+) financing for delivery of HIV/AIDS services in high burden areas</td>
<td></td>
</tr>
</tbody>
</table>

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Data Source

- National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016
- GARP Report 2015
- About 20% of domestic budget contributing to HIV/AIDS response. This is in the form of prorate of salary, running cost... meeting/training/monitoring.
### 6.4 Domestic Provision of Service Delivery
To what extent do host country institutions (public, private, or voluntary sector) deliver HIV/AIDS services in high burden areas without external technical assistance from donors?

- A. HIV/AIDS services in high burden areas are primarily delivered by external agencies, organizations, or institutions.
- B. Host country institutions deliver HIV/AIDS services in high burden areas but with substantial external technical assistance.
- C. Host country institutions deliver HIV/AIDS services in high burden areas with some external technical assistance.
- D. Host country institutions deliver HIV/AIDS services in high burden areas with minimal or no external technical assistance.

<table>
<thead>
<tr>
<th>6.4 Score: 0.74</th>
<th>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</th>
</tr>
</thead>
</table>

### 6.5 Domestic Financing of Service Delivery for Key Populations
To what extent do host country institutions (public, private, or voluntary sector) finance the delivery of HIV/AIDS services for key populations in high burden areas (i.e. without external financial assistance from donors)?

|-----------------|--------------------------------------------------------------------------------------------------------|

About 20% of domestic budget contributing to HIV/AIDS response. This in form of staff of salary, running cost, meeting/training/monitoring.

Global Fund and PEPFAR are critical key stakeholders providing technical and funding support in delivering HIV/AIDS services to key affected population.

### 6.6 Domestic Provision of Service Delivery for Key Populations
To what extent do host country institutions (public, private, or voluntary sector) deliver HIV/AIDS services to key populations in high burden areas without external technical assistance from donors?

- A. HIV/AIDS services to key populations are primarily delivered by external agencies, organizations, or institutions.
- B. Host country institutions deliver HIV/AIDS services to key populations but with substantial external technical assistance.
- C. Host country institutions deliver HIV/AIDS services to key populations with some external technical assistance.
- D. Host country institutions deliver HIV/AIDS services to key populations with minimal or no external technical assistance.

|-----------------|--------------------------------------------------------------------------------------------------------|

About 20% of domestic budget contributing to HIV/AIDS response. This in form of staff of salary, running cost, meeting/training/monitoring.

Global Fund and PEPFAR through INGO and CSO, are critical key stakeholders providing technical and funding support in delivering HIV/AIDS services to key affected population in high burden areas. It is speculated that the capacity and funding gaps from government to serve key affected population are unlikely to be resolved in near future. This is even more critical with the knowledge that Global Fund is about to transition out after 2017.
### 6.7 National Service Delivery Capacity

**Do national health authorities have the capacity to effectively plan and manage HIV services in high HIV burden areas?**

- The national MOH (check all that apply):
  - Translates national policies/strategies into sub-national level HIV/AIDS strategic plan and response activities.
  - Uses epidemiologic and program data to measure effectiveness of sub-national level programs in delivering needed HIV/AIDS services in right locations.
  - Assesses current and future staffing needs based on HIV/AIDS program goals and budget realities for high burden locations.
  - Develops sub-national level budgets that allocate resources to high burden service delivery locations.
  - Effectively engages with civil society in program planning and evaluation of services.
  - 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.

**Score:** 0.93

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### 6.8 Sub-national Service Delivery Capacity

**Do sub-national health authorities (i.e., district, provincial) have the capacity to effectively plan and manage HIV services sufficiently to achieve sustainable epidemic control?**

- The sub-national health authorities (check all that apply):
  - Translates national policies/strategies into sub-national level HIV/AIDS strategic plan and response activities.
  - Uses epidemiologic and program data to measure effectiveness of sub-national level programs in delivering needed HIV/AIDS services in right locations.
  - Assesses current and future staffing needs based on HIV/AIDS program goals and budget realities for high burden locations.
  - Develops sub-national level budgets that allocate resources to high burden service delivery locations.
  - Effectively engages with civil society in program planning and evaluation of services.
  - 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.

**Score:** 0.74

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**Service Delivery Score:** 5.93
### 7. Human Resources for Health

7.1 HRH Supply: To what extent is the health worker supply adequate to enable the volume and quality of HIV/AIDS services needed for sustained epidemic control at the facility and/or comm site level?

Check all that apply:
- The country's pre-service education institutions are producing an adequate supply and skills mix of health care providers.
- The country's health workers are adequately deployed to, or distributed within, facilities and communities with high HIV burden.
- The country has developed retention schemes that address health worker vacancy or attrition in high HIV burden areas.
- The country's pre-service education institutions are producing an adequate supply and appropriate skills mix of social service workers to deliver social services to vulnerable children.

**Data Source:** National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016

**Notes/Comments:**
- 7.1 Score: 0.00

7.2 HRH transition: What is the status of transitioning PEPFAR and other donor supported HIV/AIDS health worker salaries to local financing/compensation?

- A. There is no inventory or plan for transition of donor-supported health workers
- B. There is an inventory of donor-supported health workers, but no official plan to transition these staff to local support
- C. There is an inventory and plan for transition of donor-supported workers, but it has not yet been implemented
- D. There is an inventory and plan for donor-supported workers to be transitioned, and staff are being transitioned according to this plan
- E. No plan is necessary because all HIV/AIDS health worker salaries are already locally financed/compensated

**Data Source:** National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016

**Notes/Comments:**
- 7.2 Score: 1.33

7.3 Domestic funding for HRH: What proportion of health worker (doctors, nurses, midwives, and CHW) salaries are supported with domestic public or private resources (i.e. excluding donor resources)?

- A. Host country institutions provide no (0%) health worker salaries
- B. Host country institutions provide minimal (approx. 1-9%) health worker salaries
- C. Host country institutions provide some (approx. 10-49%) health worker salaries
- D. Host country institutions provide most (approx. 50-89%) health worker salaries
- E. Host country institutions provide all or almost all (approx. 90%+) health worker salaries

**Data Source:** National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016

**Notes/Comments:**
- 7.3 Score: 3.33
### 7.4 Pre-service: Do current pre-service education curricula for health workers providing HIV/AIDS services include HIV content that has been updated in last three years?

- A. Pre-service education institutions do not have HIV content, or HIV content used by pre-service education institutions is out of date (not updated within 3 years)
- B. Pre-service institutions have updated HIV/AIDS content within the last three years (check all that apply):
  - Updated content reflects national standards of practice for cadres offering HIV/AIDS-related services
  - Institutions maintain process for continuously updating content, including HIV/AIDS content
  - Updated curricula contain training related to stigma & discrimination of PLWHA
  - Institutions track student employment after graduation to inform planning

### 7.5 In-service Training: To what extent does the host country government (through public, private, and/or voluntary sectors) plan and implement HIV/AIDS in-service training necessary to equip health workers for sustained epidemic control?

(If exact or approximate percentage known, please note in Comments column)

- A. The host country government provides the following support for in-service training in the country (check ONE):
  - Host country government implements no (0%) HIV/AIDS related in-service training
  - Host country government implements minimal (approx. 1-9%) HIV/AIDS related in-service training
  - Host country government implements some (approx. 10-49%) HIV/AIDS in-service training
  - Host country government implements most (approx. 50-89%) HIV/AIDS in-service training
  - Host country government implements all or almost all (approx. 90%+) HIV/AIDS in-service training

- B. The host country government has a national plan for institutionalizing (establishing capacity within local institutions to deliver) donor-supported in-service training in HIV/AIDS
- C. The host country government requires continuing professional development, a form of in-service training, for re-licensure for key clinicians
- D. The host country government maintains a database to track training for HIV/AIDS, and allocates training based on need (e.g., focusing on high burden areas)
<table>
<thead>
<tr>
<th>7.6 HR Data Collection and Use: Does the country systematically collect health workforce data, such as through a Human Resource Information Systems (HRIS), for HIV/AIDS services and/or health workforce planning and management?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ A. There is no HRIS in country and data on the health workforce is not collected systematically for planning and management</td>
</tr>
<tr>
<td>○ B. There is no HRIS in country, but some data is collected for planning and management</td>
</tr>
<tr>
<td>○ Registration and re-licensure data for key professionals is collected and used for planning and management</td>
</tr>
<tr>
<td>○ MOH health worker employee data (number, cadre, and location of employment) is collected and used</td>
</tr>
<tr>
<td>○ Routine assessments are conducted regarding health worker staffing at health facility and/or community sites</td>
</tr>
<tr>
<td>○ C. There is an HRIS (an interoperable system that captures at least regulatory and deployment data on health workers) in country:</td>
</tr>
<tr>
<td>○ The HRIS is primarily financed and managed by host country institutions</td>
</tr>
<tr>
<td>○ There is a national strategy or approach to interoperability for HRIS</td>
</tr>
<tr>
<td>○ The government produces HR data from the system at least annually</td>
</tr>
<tr>
<td>○ Host country institutions use HR data from the system for planning and management (e.g. health worker deployment)</td>
</tr>
</tbody>
</table>

| Human Resources for Health Score | 4.75 |

<table>
<thead>
<tr>
<th>8. Commodity Security and Supply Chain: The National HIV/AIDS response ensures a secure, reliable and adequate supply and distribution of quality products, including drugs, lab and medical supplies, health items, and equipment required for effective and efficient HIV/AIDS prevention, diagnosis and treatment. Host country efficiently manages product selection, forecasting and supply planning, procurement, warehousing and inventory management, transportation, dispensing and waste management reducing costs while maintaining quality.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>8.1 ARV Domestic Financing: What is the estimated percentage of ARV procurement funded by domestic sources? (Domestic sources includes public sector and private sector but excludes donor and out-of-pocket funds)</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ A. This information is not known.</td>
</tr>
<tr>
<td>○ B. No (0%) funding from domestic sources</td>
</tr>
<tr>
<td>○ C. Minimal (approx. 1-9%) funding from domestic sources</td>
</tr>
<tr>
<td>○ D. Some (approx. 10-49%) funded from domestic sources</td>
</tr>
<tr>
<td>○ E. Most (approx. 50 – 89%) funded from domestic sources</td>
</tr>
<tr>
<td>○ F. All or almost all (approx. 90%+) funded from domestic sources</td>
</tr>
</tbody>
</table>

| 8.1 Score: | 0.00 |
| Data Source | National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016 |

<table>
<thead>
<tr>
<th>8.2 Test Kit Domestic Financing: What is the estimated percentage of HIV Rapid Test Kit procurement funded by domestic sources? (Domestic sources includes public sector and private sector but excludes donor and out-of-pocket funds)</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ A. This information is not known.</td>
</tr>
<tr>
<td>○ B. No (0%) funding from domestic sources</td>
</tr>
<tr>
<td>○ C. Minimal (approx. 1-9%) funding from domestic sources</td>
</tr>
<tr>
<td>○ D. Some (approx. 10-49%) funded from domestic sources</td>
</tr>
<tr>
<td>○ E. Most (approx. 50 – 89%) funded from domestic sources</td>
</tr>
<tr>
<td>○ F. All or almost all (approx. 90%+) funded from domestic sources</td>
</tr>
</tbody>
</table>

| 8.2 Score: | 0.00 |
| Data Source | National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016 |
### 8.3 Condom Domestic Financing:
What is the estimated percentage of condom procurement funded by domestic (not donor) sources?

- A. This information is not known
- B. No (0%) funding from domestic sources
- C. Minimal (approx. 1-9%) funding from domestic sources
- D. Some (approx. 10-49%) funding from domestic sources
- E. Most (approx. 50-89%) funding from domestic sources
- F. All or almost all (approx. 90%+) funding from domestic sources

**Score: 0.00**

### 8.4 Supply Chain Plan: Does the country have an agreed-upon national supply chain plan that guides investments in the supply chain?

- A. There is no plan or thoroughly annually reviewed supply chain standard operating procedure (SOP).
- B. There is a plan/SOP that includes the following components (check all that apply):
  - Human resources
  - Training
  - Warehousing
  - Distribution
  - Reverse Logistics
  - Waste management
  - Information system
  - Procurement
  - Forecasting
  - Supply planning and supervision
  - Site supervision

**Score: 2.22**

### 8.5 Supply Chain Plan Financing:
What is the estimated percentage of financing for the supply chain plan that is provided by domestic sources (i.e. excluding donor funds)?

- A. This information is not available.
- B. No (0%) funding from domestic sources.
- C. Minimal (approx. 1-9%) funding from domestic sources.
- D. Some (approx. 10-49%) funding from domestic sources.
- E. Most (approx. 50-89%) funding from domestic sources.
- F. All or almost all (approx. 90%+) funding from domestic sources.

**Score: 0.21**

### Notes:
- Hospitals/ARV sites often subsidize, partially, the consumables/medical bills for poor patients specifically OI drugs and other blood tests. However, it is speculated that this unlikely to exceed 5%.
### 8.6 Stock: Does the host country government manage processes and systems that ensure appropriate ARV stock levels?

<table>
<thead>
<tr>
<th>8.6 Score</th>
<th>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.22</td>
<td></td>
</tr>
</tbody>
</table>

- The group making re-supply decisions for ARVs have timely visibility into the ARV stock on hand at facilities.
- Facilities are stocked with ARVs according to plan (above the minimum and below the maximum stock level) 90% of the time.
- MOH or other host government personnel make re-supply decisions with minimal external assistance.
- Decision makers are not seconded or implementing partner staff.
- Supply chain data are maintained within the Ministry of Health and not solely stored by donor-funded projects.
- Team that conducts analysis of facility data is at least 50% host government.

### 8.7 Assessment: Was an overall score of above 80% achieved on the SCMS National Supply Chain Assessment or top quartile for an equivalent assessment conducted within the last three years?

- A. A comprehensive assessment has not been done
- 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
- C. A comprehensive assessment has been done and the score was higher than 80% (for NSCA) or in the top quartile for the assessment

**Commodity Security and Supply Chain Score:** 5.76

### 9. Quality Management: Host country has institutionalized quality management systems, plans, workforce capacities and other key inputs to ensure that modern quality improvement methodologies are applied to managing and providing HIV/AIDS services

**Data Source**

<table>
<thead>
<tr>
<th>9.1 Score</th>
<th>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.67</td>
<td></td>
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</tbody>
</table>

#### 9.1 Existence of a Quality Management (QM) System: Does the host country government support appropriate QM structures to support continuous quality improvement (QI) at national, sub-national and site levels?

- A. The host country government does not have structures or resources to support site-level continuous quality improvement.
- B. The host country government:
  - Has structures with dedicated focal points or leaders (e.g., committee, focal person, working groups, teams) at the national level, sub-national level and in a majority of sites where HIV/AIDS care and services are offered that are supporting site-level continuous quality improvement.
  - Has a budget line item for the QM program.
  - Supports a knowledge management platform (e.g., web site) and/or peer learning opportunities available to site QI participants to gain insights from other sites and interventions.
<table>
<thead>
<tr>
<th>9.2 Quality Management/Quality Improvement (QM/QI) Plan: Is there a current (updated within the last 2 years) QM/QI plan? (The plan may be HIV program-specific or include HIV program-specific elements in a national health sector QM/QI plan.)</th>
<th>9.2 Score: 0.00</th>
<th>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. There is no HIV/AIDS-related QM/QI strategy</td>
<td></td>
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<tr>
<td>B. There is a QM/QI strategy that includes HIV/AIDS, but it is not current (updated within the last 2 years)</td>
<td></td>
<td></td>
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<tr>
<td>C. There is a current QM/QI strategy that includes HIV/AIDS program specific elements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. There is a current HIV/AIDS program specific QM/QI strategy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9.3 Performance Data Collection and Use for Improvement: Are HIV program performance measurement data systematically collected and analyzed to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting?</th>
<th>9.3 Score: 1.33</th>
<th>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- The national quality structure has a clinical data collection system from which local performance measurement data on prioritized measures are being collected, aggregated nationally, and analyzed for local and national improvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- There is documentation of results of QI activities and demonstration of national HIV program improvement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9.4 Health worker capacity for QM/QI: Does the host country government ensure that the health workforce has capacities to apply modern quality improvement methods to HIV/AIDS care and services?</th>
<th>9.4 Score: 2.00</th>
<th>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. There is no training or recognition offered to build health workforce competency in QI</td>
<td></td>
<td></td>
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<tr>
<td>B. There is health workforce competency-building in QI, including:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Pre-service institutions incorporate modern quality improvement methods in curricula</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 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</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In spite of care and treatment team collect, analyse and use data for making decision pertinent to patient care and program tracking; the aspect of data quality: completeness and timeliness is pressing challenges that need attention for improvement.

QM/QI has been included in postgraduate Public Health training program but not specified on HIV/AIDS; there is also QM/QI training materials for in-service trainings for care and treatment team at ARV sites.
### 9.5 Existence of QI Implementation: Does the host country government QM system use proven systematic approaches for QI?

- The national-level QM structure:
  - Provides oversight to ensure continuous quality improvement in HIV/AIDS care and services
  - Regularly convenes meetings that includes health services consumers
  - Routinely reviews national, sub-national and clinical outcome data to identify and prioritize areas for improvement

- Sub-national QM structures:
  - Provide coordination and support to ensure continuous quality improvement in HIV/AIDS care and services
  - Regularly convenes meetings that includes health services consumers
  - Routinely review national, sub-national and clinical outcome data to identify and prioritize areas for improvement

- Site-level QM structures:
  - Undertake continuous quality improvement in HIV/AIDS care and services to identify and prioritize areas for improvement

#### Quality Management Score: **4.86**

### 10. Laboratory: The host country ensures adequate funds, policies, and regulations to ensure laboratory capacity (workforce, equipment, reagents, quality) matches the services required for PLHIV.

#### 10.1 Strategic Plan: Does the host country have a national laboratory strategic plan?

- A. There is no national laboratory strategic plan
- B. National laboratory strategic plan is under development
- C. National laboratory strategic plan has been developed, but not approved
- D. National laboratory strategic plan has been developed and approved
- E. National laboratory plan has been developed, approved, and costed

#### Data Source: **National Strategic Plan for Health Laboratories 2013-2020**

#### Notes/Comments

**8.1 Score: 1.25**

**Quality Management Score: 4.86**

### 10.2 Regulations to Monitor Quality of Laboratories and Point of Care Testing (POCT) Sites: To what extent does the host country have regulations in place to monitor the quality of its laboratories and POCT sites?

- A. Regulations do not exist to monitor minimum quality of laboratories in the country.
- B. Regulations exist, but are not implemented (0% of laboratories and POCT sites regulated).
- C. Regulations exist, but are minimally implemented (approx. 1-9% of laboratories and POCT sites regulated).
- D. Regulations exist, but are partially implemented (approx. 10-49% of laboratories and POCT sites regulated).
- E. Regulations exist and are mostly implemented (approx. 50-89% of laboratories and POCT sites regulated).
- F. Regulations exist and are fully or almost fully implemented (approx. 90%+ of laboratories and POCT sites regulated).

#### Data Source: **National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016**

#### Notes/Comments

**8.2 Score: 0.00**

Despite the Quality Improvement structure under the Department of Health Care, Ministry of Health; the oversight/ investment/implementation of HIV/AIDS related QI/QM activities (HTC and ARV patients care) at site level requires extensive technical assistance and budgetary support.
### 10.3 Capacity of Laboratory Workforce:

Does the host country have an adequate number of qualified laboratory personnel (human resources [HR]) in the public sector, to sustain key functions to meet the needs of PLHIV for diagnosis, monitoring treatment and viral load suppression?

<table>
<thead>
<tr>
<th></th>
<th>A. There are not adequate qualified laboratory personnel to achieve sustained epidemic control.</th>
<th>B. There are adequate qualified laboratory personnel to perform the following key functions:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HIV diagnosis in laboratories and point-of-care settings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TB diagnosis in laboratories and point-of-care settings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CD4 testing in laboratories and point-of-care settings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Viral load testing in laboratories and point-of-care settings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Early Infant Diagnosis in laboratories</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Malaria infections in laboratories and point-of-care settings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Microbiology in laboratories and point-of-care settings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Blood banking in laboratories and point-of-care settings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Opportunistic infections including Cryptococcal antigen in laboratories and point-of-care settings</td>
<td></td>
</tr>
</tbody>
</table>

### 10.4 Viral Load Infrastructure:

Does the host country have sufficient infrastructure to test for viral load to reach sustained epidemic control?

<table>
<thead>
<tr>
<th></th>
<th>A. There is not sufficient infrastructure to test for viral load.</th>
<th>B. There is sufficient infrastructure to test for viral load, including:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sufficient viral load instruments and reagents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Appropriate maintenance agreements for instruments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adequate specimen transport system and timely return of results</td>
<td></td>
</tr>
</tbody>
</table>

### 10.5 Domestic Funds for Laboratories:

To what extent are laboratory services financed by domestic public or private resources (i.e. excluding external donor funding)?

<table>
<thead>
<tr>
<th></th>
<th>A. No (0%) laboratory services are financed by domestic resources.</th>
<th>B. Minimal (approx. 1-9%) laboratory services are financed by domestic resources.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C. Some (approx. 10-49%) laboratory services are financed by domestic resources.</td>
<td>D. Most (approx. 50-89%) laboratory services are financed by domestic resources.</td>
</tr>
<tr>
<td></td>
<td>E. All or almost all (approx. 90%+) laboratory services are financed by domestic resources.</td>
<td></td>
</tr>
</tbody>
</table>

**Laboratory Score:** 4.40

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**THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN B**

---

**National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016**

Viroload and PCR are currently performed by Christophe Merieux Center, which is operated under the Ministry of Health, which so far is providing smooth and timely services for all ARV sites nationwide.

The government cover the running costs and lab personnel cost while the HIV/AIDS related laboratory commodities: test kits, reagents are supported by external sources.
### 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.

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>11.1 Domestic Budget:</td>
<td>To what extent does the national budget explicitly account for the national HIV/AIDS response?</td>
<td>11.1 Score: 1.67</td>
<td>Most of public domestic resource allocation is on running cost and staff salaries of ARV and HTC facilities.</td>
</tr>
<tr>
<td>○ A. There is no explicit funding for HIV/AIDS in the national budget.</td>
<td></td>
<td>NASA report 2014</td>
<td></td>
</tr>
<tr>
<td>○ B. There is explicit HIV/AIDS funding within the national budget.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ The HIV/AIDS budget is program-based across ministries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ The budget includes or references indicators of progress toward national HIV/AIDS strategy goals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ The budget includes specific HIV/AIDS service delivery targets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ National budget reflects all sources of funding for HIV, including from external donors</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>11.2 Annual Targets:</td>
<td>Did the most recent budget as executed achieve stated annual HIV/AIDS goals? (If exact or approximate percentage known, please note in Comments column)</td>
<td>11.2 Score: 1.11</td>
<td></td>
</tr>
<tr>
<td>○ A. There are no HIV/AIDS goals/targets articulated in the national budget</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>○ B. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, but none (0%) were attained.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ C. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, but very few (approx. 1-9%) were attained.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ D. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, and some (approx. 10-49%) were reached.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ E. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, and most (approx. 50-89%) were reached.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>○ F. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, and all or almost all (approx. 90%+) were reached.</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
### 11.3 Budget Execution

For the previous three years, what was the average execution rate for budgeted domestic HIV/AIDS resources (i.e. excluding any donor funds) at both the national and subnational level?

(If subnational data does not exist or is not available, answer the question for the national level. Note level covered in the comments column)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>11.3 Score: 0.56</th>
<th>NASA report 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>A. Information is not available</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>B. There was no national HIV/AIDS budget, or the execution rate was 0%</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>C. 1-9%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>D. 10-49%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>E. 50-89%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>F. 90% or greater</td>
<td></td>
</tr>
</tbody>
</table>

### 11.4 Placeholder

For future indicator measuring country’s financial ability to pay for its HIV response (will not be included in SID for COP 16)


### 11.5 Domestic Spending

What percent of the annual national HIV response is financed with domestic public and domestic private sector HIV funding (excluding out-of-pocket and donor resources)?

(if exact or approximate percentage known, please note in Comments column)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>A. None (0%) is financed with domestic funding.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>B. Very little (approx. 1-9%) is financed with domestic funding.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>C. Some (approx. 10-49%) is financed with domestic funding.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>D. Most (approx. 50-89%) is financed with domestic funding.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>E. All or almost all (approx. 90%+) is financed with domestic funding.</td>
<td></td>
</tr>
</tbody>
</table>

**Domestic Resource Mobilization Score:** 5.00

This is the only public domestic fund with about 20% share of total investment, private sector not yet engaged in.
### 12. Technical and Allocative Efficiencies

The host country analyzes and uses relevant HIV/AIDS epidemiological, health, health workforce, and economic data to inform HIV/AIDS investment decisions. For maximizing impact, data are used to choose which high impact program services and interventions are to be implemented, where resources should be allocated, and what populations demonstrate the highest need and should be targeted (i.e., the right thing at the right place and at the right time). Unit costs are tracked and steps are taken to improve HIV/AIDS outcomes within the available resource envelope (or achieves comparable outcomes with fewer resources).

#### 12.1 Resource Allocation Process

Does the partner country government utilize a recognized data-driven model to inform the allocation of domestic (i.e., non-donor) public HIV resources?

(note: full score achieved by selecting one checkbox)

- [ ] Optima
- [ ] Spectrum (including EPP and Goals)
- [ ] AIDS Epidemic Model (AEM)
- [ ] Modes of Transmission (MOT) Model
- [ ] Other recognized process or model (specify in notes column)

12.1 Score: 1.43

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Notes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</td>
<td></td>
</tr>
</tbody>
</table>

#### 12.2 High Impact Interventions

What percentage of site-level point of service HIV domestic public sector resources (excluding any donor funds) are being allocated to the following set of interventions: provision of ART, VMMC, PMTCT, HTC, condoms, and targeted prevention for key and priority populations?

(if exact or approximate percentage known, please note in Comments column)

- [ ] Information not available
- [ ] No (0%) site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions.
- [ ] Minimal (approx. 1-9%) of site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions.
- [ ] Some (approx. 10-49%) of site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions.
- [ ] Most (approx. 50-89%) of site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions.
- [ ] All or almost all (approx. 90%+) of site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions.

12.2 Score: 1.07

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Notes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</td>
<td></td>
</tr>
</tbody>
</table>
### 12.3 Geographic Allocation

Of central government HIV-specific resources (excluding any donor funds) allocated to geographic subunits in the most recent year available, what percentage is being allocated in the highest burden geographic areas (i.e. districts that cumulatively account for 80% of PLHIV)?

(if exact or approximate percentage known, please note in Comments column)

#### Possible responses:
- A. Information not available.
- B. No resources (0%) are targeting the highest burden geographic areas.
- C. Minimal resources (approx. 1-9%) are targeting the highest burden geographic areas.
- D. Some resources (approx. 10-49%) are targeting the highest burden geographic areas.
- E. Most resources (approx. 50-89%) are targeting the highest burden geographic areas.
- F. All or almost all resources (approx. 90%+) are targeting the highest burden geographic areas.

#### Score: 0.36

### 12.4 Data-Driven Reprogramming

Do host country government policies/systems allow for reprogramming domestic investments based on new or updated program data during the government funding cycle?

#### Possible responses:
- A. There is no system for funding cycle reprogramming.
- B. There is a policy/system that allows for funding cycle reprogramming, but it is seldom used.
- C. There is a system that allows for funding cycle reprogramming and reprogramming is done as per the policy but not based on data.
- D. There is a policy/system that allows for funding cycle reprogramming and reprogramming is done as per the policy and is based on data.

#### Score: 0.00

### 12.5 Unit Costs

Does the host country government use recent expenditure data or cost analysis (i.e. data from within the last three years) to estimate unit costs of HIV/AIDS services for budgeting or planning purposes?

(note: full score can be achieved without checking all disaggregate boxes).

#### Possible responses:
- A. The host country government does not use recent expenditure data or cost analysis to estimate unit costs.
- B. The host country government uses recent expenditure data or cost analysis to estimate unit costs for (check all that apply):
  - HIV Testing
  - Care and Support
  - ART
  - PMTCT
  - VMMC
  - OVC Service Package
  - Key population Interventions

#### Score: 1.43
12.6 Improving Efficiency: Has the partner country achieved any of the following efficiency improvements through actions taken within the last three years?

- Improved operations or interventions based on the findings of cost-effectiveness or efficiency studies
- Reduced overhead costs by streamlining management
- Lowered unit costs by reducing fragmentation, i.e. pooled procurement, resource pooling, etc.
- Improved procurement competition
- Integrated HIV/AIDS into national or subnational insurance schemes (private or public -- need not be within last three years)
- Integrated HIV into primary care services with linkages to specialist care (need not be within last three years)
- Integrated TB and HIV services, including ART initiation in TB treatment settings and TB screening and treatment in HIV care settings (need not be within last three years)
- Integrated HIV and MCH services, including ART initiated and maintained in eligible pregnant and postpartum women and in infants at maternal and child health care settings (need not be within last three years)
- Developed and implemented other new and more efficient models of HIV service delivery (specify in comments)

12.7 ARV Benchmark prices: How do the costs of ARVs (most common first line regimen) purchased in the previous year by the partner government using domestic resources compare to international benchmark prices for that year?

(Use the "factory cost" of purchased commodities, excluding transport costs, distribution costs, etc.)

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Partner government did not pay for any ARVs using domestic resources in the previous year.</td>
</tr>
<tr>
<td>B.</td>
<td>Average price paid for ARVs by the partner government in the previous year was more than 50% greater than the international benchmark price for that regimen.</td>
</tr>
<tr>
<td>C.</td>
<td>Average price paid for ARVs by the partner government in the previous year was 10-50% greater than the international benchmark price for that regimen.</td>
</tr>
<tr>
<td>D.</td>
<td>Average price paid for ARVs by the partner government in the previous year was 1-10% greater than the international benchmark price for that regimen.</td>
</tr>
<tr>
<td>E.</td>
<td>Average price paid for ARVs by the partner government in the previous year was below or equal to the international benchmark price for that regimen.</td>
</tr>
</tbody>
</table>

Technical and Allocative Efficiencies Score: 5.08
## Domain D: Strategic Information

### 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.

#### 13.1 Who Leads General Population Surveys & Surveillance: To what extent does the host country government lead and manage planning and implementation of the HIV/AIDS portfolio of general population epidemiological surveys and/or surveillance activities (population-based household surveys, case reporting/clinical surveillance, drug resistance surveillance, etc.)?

- A. No HIV/AIDS general population surveys or surveillance activities have been conducted within the past 5 years
- B. Surveys & surveillance activities are primarily planned and implemented by external agencies, organizations or institutions
- C. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with substantial technical assistance from external agencies
- D. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with some technical assistance from external agencies
- E. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with minimal or no technical assistance from external agencies

<table>
<thead>
<tr>
<th>13.1 Score: 0.71</th>
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<tr>
<td>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</td>
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</table>

#### 13.2 Who Leads Key Population Surveys & Surveillance: To what extent does the host country government lead & manage planning and implementation of the HIV/AIDS portfolio of key population epidemiological surveys and/or behavioral surveillance activities (IBBS, size estimation studies, etc.)?

- A. No HIV/AIDS key population surveys or surveillance activities have been conducted within the past 5 years
- B. Surveys & surveillance activities are primarily planned and implemented by external agencies, organizations or institutions
- C. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with substantial technical assistance from external agencies
- D. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with some technical assistance from external agencies
- E. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, without minimal or no technical assistance from external agencies
- F. All or almost all financing (90% +) is provided by the host country government

<table>
<thead>
<tr>
<th>13.2 Score: 0.71</th>
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<tr>
<td>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</td>
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</tbody>
</table>

#### 13.3 Who Finances General Population Surveys & Surveillance: To what extent does the host country government fund the HIV/AIDS portfolio of general population epidemiological surveys and/or surveillance activities [e.g., protocol development, printing of paper-based tools, salaries and transportation for data collection, etc.]?

- A. No HIV/AIDS general population surveys or surveillance activities have been conducted within the past 5 years
- B. No financing (0%) is provided by the host country government
- C. Minimal financing (approx. 1-9%) is provided by the host country government
- D. Some financing (approx. 10-49%) is provided by the host country government
- E. Most financing (approx. 50-89%) is provided by the host country government
- F. All or almost all financing (90% +) is provided by the host country government

<table>
<thead>
<tr>
<th>13.3 Score: 0.42</th>
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<tr>
<td>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</td>
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</tbody>
</table>

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2014 FSW IBBS was conducted by Center of HIV/AIDS and NCLE without technical assistance from donor agencies (protocol development, data collection, analysis, reporting and finding dissemination). Only MSM IBBS received technical assistance from external technical agencies.
### 13.4 Who Finances Key Populations Surveys & Surveillance

To what extent does the host country government fund the HIV/AIDS portfolio of key population epidemiological surveys and/or behavioral surveillance activities (e.g., protocol development, printing of paper-based tools, salaries and transportation for data collection, etc.)? (If exact or approximate percentage known, please note in Comments column)

- A. No HIV/AIDS key population surveys or surveillance activities have been conducted within the past 5 years
- B. No financing (0%) is provided by the host country government
- C. Minimal financing (approx. 1%-9%) is provided by the host country government
- D. Some financing (approx. 10%-49%) is provided by the host country government
- E. Most financing (approx. 50%-89%) is provided by the host country government
- F. All or almost all financing (approx. 90% +) is provided by the host country government

| 13.4 Score: 0.42 | National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016 | Government contribution to the survey/studies related to key affected populations is accounted for government staff time. |

### 13.5 Comprehensiveness of Prevalence and Incidence Data

To what extent does the host country government collect HIV prevalence and incidence data according to relevant disaggregations, populations and geographic units? (Note: Full score possible without selecting all disaggregates.)

- A. The host country government collects at least every 5 years HIV prevalence data disaggregated by:
  - Age
  - Sex
  - Key populations (FSW, PWID, MSM/transgender)
  - Priority populations (e.g., military, prisoners, young women & girls, etc.)
  - Sub-national units
- B. The host country government collects at least every 5 years sub-national HIV incidence data disaggregated by:
  - Age
  - Sex
  - Key populations (FSW, PWID, MSM/transgender)
  - Priority populations (e.g., military, prisoners, young women & girls, etc.)
  - Sub-national units

| 13.5 Score: 0.48 | National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016 |  |
13.6 Comprehensiveness of Viral Load Data: To what extent does the host country government collect/report viral load data according to relevant disaggregations and across all PLHIV?

(If exact or approximate percentage known, please note in Comments column)

A. The host country government does not collect/report viral load data or does not conduct viral load monitoring

B. The host country government collects/reports viral load data (answer both subsections below):

- According to the following disaggregates (check ALL that apply):
  - Age
  - Sex
  - Key populations (FSW, PWID, MSM/transgender)
  - Priority populations (e.g., military, prisoners, young women & girls, etc.)

- For what proportion of PLHIV (select ONE of the following):
  - Less than 25%
  - 25-50%
  - 50-75%
  - More than 75%

13.6 Score: 0.83

National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016

IBBS for PWID conducted in 2 out of 18 provinces in 2010.

IBBS is scheduled for every 3 year documented in HIV AIDS M&E Plan 2013-2015

13.7 Comprehensiveness of Key and Priority Populations Data: To what extent does the host country government conduct IBBS and/or size estimation studies for key and priority populations? (Note: Full score possible without selecting all disaggregates.)

A. The host country government does not collect/report viral load data or does not conduct IBBS or size estimation studies for key populations (FSW, PWID, MSM) or priority populations (Military, etc.).

B. The host country government conducts (answer both subsections below):

- IBBS for (check ALL that apply):
  - Female sex workers (FSW)
  - Men who have sex with men (MSM)/transgender
  - People who inject drugs (PWID)
  - Priority populations (e.g., military, prisoners, young women & girls, etc.)

- Size estimation studies for (check ALL that apply):
  - Female sex workers (FSW)
  - Men who have sex with men (MSM)/transgender
  - People who inject drugs (PWID)
  - Priority populations (e.g., military, prisoners, young women & girls, etc.)

13.7 Score: 0.48

National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016

IBBS for PWID conducted in 2 out of 18 provinces in 2010.

IBBS among military was conducted in 2014 but until now the final report is not yet made available

13.8 Timeliness of Epi and Surveillance Data: To what extent is a timeline for the collection of epidemiologic and surveillance data outlined in a national HIV/AIDS surveillance and survey strategy (or a national surveillance and survey strategy with specifics for HIV)?

A. There is no national HIV surveillance and surveys strategy, or a national surveillance and surveys strategy exists but does not include specifics for HIV surveillance and surveys

B. A national HIV surveillance and surveys strategy exists (or a national surveillance and surveys strategy exists and includes specifics for HIV), but the strategy does not outline a timeline for data collection for all relevant population groups

C. A national HIV surveillance and surveys strategy exists (or a national surveillance and surveys strategy exists and includes specifics for HIV), and outlines a timeline for data collection for all relevant population groups

13.8 Score: 0.95

HIV AIDS M&E Plan 2013-2015

IBBS for PWID conducted in 2 out of 18 provinces in 2010.

IBBS is scheduled for every 3 year documented in HIV AIDS M&E Plan 2013-2015
### 13.9 Quality of Surveillance and Survey Data

**Score:** 0.71  
Data Source: National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016

**Notes/Comments:**
- A. No governance structures, procedures or policies designed to assure surveys & surveillance data quality exist/could be documented.
- B. The following structures, procedures or policies exist to assure quality of surveys & surveillance data (check all that apply):
  - A national surveillance unit or other entity is responsible for assuring the quality of surveys & surveillance data
  - A national, approved surveys & surveillance strategy is in place, which outlines standards, policies and procedures for data quality assurance
  - Standard national procedures & protocols exist for reviewing surveys & surveillance data for quality and sharing feedback with appropriate staff responsible for data collection
  - An in-country internal review board (IRB) exists and reviews all protocols.

### 14. Financial/Expenditure data

**Score:** 0.83  
National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016

**Data Source:**
- GARP Report 2015

**Notes/Comments:**

#### 14.1 Who Leads Collection of Expenditure Data

To what extent does the host country government lead & manage a national expenditure tracking system to collect HIV/AIDS expenditure data?

<table>
<thead>
<tr>
<th>Score</th>
<th>Notes/Comments</th>
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<tbody>
<tr>
<td>0.83</td>
<td>National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016</td>
</tr>
</tbody>
</table>

**A.** No tracking of public HIV/AIDS expenditures has occurred within the past 5 years

**B.** Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA), but planning and implementation is primarily led by external agencies, organizations, or institutions

**C.** Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA) and planning and implementation is led by the host country government, with substantial external technical assistance

**D.** Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA) and planning and implementation is led by the host country government, with some external technical assistance

**E.** Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA), and planning and implementation is led by the host country government, with minimal or no external technical assistance

#### 14.2 Who Finances Collection of Expenditure Data

To what extent does the host country government finance the collection of HIV/AIDS expenditure data (e.g., printing of paper-based tools, salaries and transportation for data collection, etc.)?

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<tr>
<th>Score</th>
<th>Notes/Comments</th>
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</table>

**A.** No HIV/AIDS expenditure tracking has occurred within the past 5 years

**B.** No financing (0%) is provided by the host country government

**C.** Minimal financing (approx. 1-9%) is provided by the host country government

**D.** Some financing (approx. 10-49%) is provided by the host country government

**E.** Most financing (approx. 50-89%) is provided by the host country government

**F.** All or almost all financing (90% +) is provided by the host country government
14.3 Comprehensiveness of Expenditure Data: To what extent do the host country government collect HIV/AIDS public sector expenditures according to funding source, expenditure type, program and geographic area?

- A. No HIV/AIDS expenditure tracking has occurred within the past 5 years
- B. HIV/AIDS expenditure data are collected (check all that apply):
  - By source of financing, such as domestic public, domestic private, out-of-pocket, Global Fund, PEPFAR, others
  - By expenditures per program area, such as prevention, care, treatment, health systems strengthening
  - By type of expenditure, such as training, overhead, vehicles, supplies, commodities/reagents, personnel
  - Sub-nationally

Financial/Expenditure Data Score: 5.83

14.4 Timeliness of Expenditure Data: To what extent are expenditure data collected in a timely way to inform program planning and budgeting decisions?

- A. No HIV/AIDS expenditure data are collected
- B. HIV/AIDS expenditure data are collected irregularly, and more than 3 years ago
- C. HIV/AIDS expenditure data were collected at least once in the past 3 years
- D. HIV/AIDS expenditure data are collected annually but represent more than one year of expenditures
- E. HIV/AIDS expenditure data are collected annually and represent only one year of expenditures

14.5 Economic Studies: Does the host country government conduct health economic studies or analyses for HIV/AIDS?

- A. The host country government does not conduct health economic studies or analyses for HIV/AIDS
- B. The host country government conducts (check all that apply):
  - Costing
  - Economic evaluation (e.g., cost-effectiveness analysis and cost-benefit analysis)
  - Efficiency analysis (e.g., efficiency of service delivery by public and private sector, resource allocation)
  - Market demand analysis

Data Source | Notes/Comments
--- | ---
National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016 | There is no tracking of out of pocket expenditure nor private sector’s.
National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016 | There was previously the cost effective analysis of PMTCT implementation whose results applied to prioritize 4 major provinces to pilot PMTCT activities.
National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016 |
### 15.2 Who Finances Collection of Service Delivery Data:

To what extent does the host country government finance the routine collection of HIV/AIDS service delivery data (e.g., salaries of data clerks/M&E staff, printing & distribution of paper-based tools, electronic reporting system maintenance, data quality supervision, etc.)?

(if exact or approximate percentage known, please note in Comments column)

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. No routine collection of HIV/AIDS service delivery data exists</td>
<td></td>
</tr>
<tr>
<td>B. No financing (0%) is provided by the host country government</td>
<td></td>
</tr>
<tr>
<td>C. Minimal financing (approx. 1-9%) is provided by the host country government</td>
<td></td>
</tr>
<tr>
<td>D. Some financing (approx. 10-49%) is provided by the host country government</td>
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<tr>
<td>E. Most financing (approx. 50-89%) is provided by the host country government</td>
<td></td>
</tr>
<tr>
<td>F. All or almost all financing (90% +) is provided by the host country government</td>
<td></td>
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</tbody>
</table>

**Score:** 0.83

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### 15.3 Comprehensiveness of Service Delivery Data:

To what extent does the host country government collect HIV/AIDS service delivery data by population, program and geographic area? (Note: Full score possible without selecting all disaggregates.)

Check ALL boxes that apply below:

- A. The host country government routinely collects & reports service delivery data for:
  - HIV Testing
  - PMTCT
  - Adult Care and Support
  - Adult Treatment
  - Pediatric Care and Support
  - Orphans and Vulnerable Children
  - Voluntary Medical Male Circumcision
  - HIV Prevention
  - AIDS-related mortality
- B. Service delivery data are being collected:
  - By key population (FSW, PWID, MSM/transgender)
  - By priority population (e.g., military, prisoners, young women & girls, etc.)
  - By age & sex
  - From all facility sites (public, private, faith-based, etc.)
  - From all community sites (public, private, faith-based, etc.)

**Score:** 1.33

---

4 priority provinces for PMTCT HTC report among military is routinely collected from military and police hospitals, however, once referred to ART, data among this population is not monitored.
15.4 Timeliness of Service Delivery Data:
To what extent are HIV/AIDS service delivery data collected in a timely way to inform analysis of program performance?

- A. The host country government does not routinely collect/report HIV/AIDS service delivery data [ ]
- B. The host country government collects & reports service delivery data annually [ ]
- C. The host country government collects & reports service delivery data semi-annually [ ]
- D. The host country government collects & reports service delivery data at least quarterly [ ]

15.4 Score: 0.44
National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016

Service delivery data is analyzed and reported in annual basis to MOH. However, the CHAS M&E Unit update and report certain indicators in semi annual basis i.e. Number of patients on ARV, Lost follow up patients. At the site level, it is quite a challenge to have all updated patients' data entered into the data base in a timely manner due to shortage of staff in addition to overloaded multiple responsibilities—often leading to missing data / poor data quality.

15.5 Analysis of Service Delivery Data:
To what extent does the host country government routinely analyze service delivery data to measure program performance (i.e., continuum of care cascade, coverage, retention, AIDS-related mortality rates)?

- A. The host country government does not routinely analyze service delivery data to measure program performance [ ]
- B. Service delivery data are being analyzed to measure program performance in the following ways (check all that apply):
  - Continuum of care cascade for each identified priority population (e.g., military, prisoners, young women & girls, etc.), including HIV testing, linkage to care, treatment, adherence and retention [ ]
  - Continuum of care cascade for each relevant key population (FSW, PWID, MSM/transgender), including HIV testing, linkage to care, treatment, adherence and retention [ ]
  - Results against targets [ ]
  - Coverage of key treatment & prevention services (ART, PMTCT, VMMC, etc.) [ ]
  - Site-specific yield for HIV testing (HTC and PMTCT) [ ]
  - AIDS-related mortality rates [ ]
  - Variations in performance by sub-national unit [ ]
  - Creation of maps to facilitate geographic analysis [ ]

15.5 Score: 1.00
National Consultation Meeting on Sustainability Index Dashboard Assessment in Laos, January 27, 2016

Data analysis capacity does require technical support in order to assist national M&E team master the skill to perform the clinical continuum of care cascade
15.6 Quality of Service Delivery Data: To what extent do the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS service delivery data?

- A. No governance structures, procedures or policies designed to assure service delivery data quality exist/could be documented.
- B. The following structures, procedures or policies exist to assure quality of service delivery data (check all that apply):
  - A national, approved data quality strategy is in place, which outlines standards, policies and procedures for HIV/AIDS data quality assurance.
  - A national protocol exists for routine (at least annual) data quality audits/assessments of key HIV program indicators, which are led and implemented by the host country government.
  - Standard national procedures & protocols exist for routine data quality checks at the point of data entry.
  - Data quality reports are published and shared with relevant ministries/government entities & partner organizations.
  - The host country government leads routine (at least annual) data review meetings at national & subnational levels to review data quality issues and outline improvement plans.

Performance Data Score: 5.41

15.6 Score: 0.80


The national program collects, analyses, and disseminates HIV/AIDS reports to ministries and partner agencies. However, the quality of the data needs to be further improved.

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN D