

2016 Sustainability Index and Dashboard Summary: Thailand

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

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

Overview: Thailand

Thailand's response to HIV is predominantly funded by the Royal Thai Government (RTG). The RTG funded 92% of the response in 2013. According to the National Operational Plan for Ending AIDS, 2015-2019, total available resources rose from \$283 million in 2012 to \$341 million in 2014, with domestic public resources comprising 89% of all investments in the HIV response. 2015 data are being collected; final data will be available in April 2016.

Available Global Fund resources are expected to drop from \$39 million in 2014 to about \$14 million in 2015-2016, and to phase out entirely by 2016. PEPFAR Asia Regional Program (ARP) resources contributed about 0.8% of the total resources available to the national HIV response in 2013. According to Thailand's National AIDS Spending Assessment, 89% of all expenditures that year were associated with clinical care, treatment, and support. In contrast, only 3.6% of all expenditures were devoted to key population prevention and to HIV testing and counseling, combined. While expenditures on care and treatment were supported almost entirely with domestic public resources, expenditures on key population prevention were dependent predominantly on external resources, with domestic public resources comprising only 14% of total spending in this area.

SID Process: Thailand's SID was prepared through a consultative process with key stakeholders from Bureau of AIDS, Tuberculosis and Sexually-Transmission Infections (BATS), National AIDS Management Centers (NAMC), Bureau of Epidemiology, and a representative from a community-based organization (SWING). A desk survey was also conducted through various government websites to review publically reported national information, and data from national HIV systems. On February 4, 2016, the preliminary results were presented to the

national consultation workshop to prepare a report on Thailand's National AIDS Spending Assessment (NASA). The workshop was attended by 50 multi-sectoral representatives from Ministry of Interior, Ministry of Education, Ministry of Labor, Ministry of Justice, Ministry of Public Health, UNAIDS and civil society organizations, including key population representatives. The workshop chaired by NAMC concluded with a general agreement of the results, the usefulness of the tools and processes in identifying sustainability gaps. Comments were provided to the USG team for improving some questions related to issues concerning involvement of the private sector to improve their relevance. These comments were incorporated into the final report. The final results were presented at the PEPFAR Asia Regional Program Stakeholder Consultation on February 18, 2016.

Of the 15 elements that were evaluated for Thailand, twelve were found to be "sustained" (light or dark green), with the *Planning and Coordination, Commodity Security and Supply Chain and Technical and Allocative Efficiencies* elements considered particularly sustained (dark green).

No elements were determined to be red (unsustained); however, three elements (*Private Sector Engagement, Quality Management and Performance Data*) were found to be yellow. ARP is confident that the yellow score for Quality Management indicates room for improvement and therefore will invest in these areas in ROP 2016.

Contact: For questions or further information about PEPFAR's efforts to support sustainability of the HIV response in Thailand, please contact Thananda Naiwatanakul, hqa5@cdc.gov or Ravipa Vannakit, (RDMA/OPH) Vannakit@usaid.gov

Sustainability Analysis for Epidemic Control: Thailand

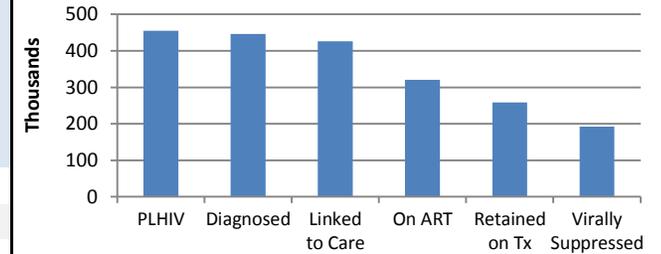
Epidemic Type: Concentrated
 Income Level: Upper-middle Income
 PEPFAR Categorization: Targeted Assistance (Asia Regional)
 PEPFAR COP 16 Planning Level: Please Enter

SUSTAINABILITY DOMAINS AND ELEMENTS

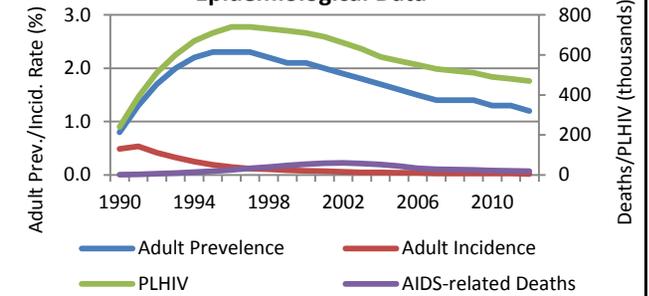
	2016	2017	2018	2019
Governance, Leadership, and Accountability				
1. Planning and Coordination	9.33			
2. Policies and Governance	7.43			
3. Civil Society Engagement	7.50			
4. Private Sector Engagement	4.10			
5. Public Access to Information	7.00			
National Health System and Service Delivery				
6. Service Delivery	7.31			
7. Human Resources for Health	7.58			
8. Commodity Security and Supply Chain	10.00			
9. Quality Management	6.19			
10. Laboratory	9.58			
Strategic Investments, Efficiency, and Sustainable Financing				
11. Domestic Resource Mobilization	8.06			
12. Technical and Allocative Efficiencies	8.65			
Strategic Information				
13. Epidemiological and Health Data	8.45			
14. Financial/Expenditure Data	8.33			
15. Performance Data	6.70			

CONTEXTUAL DATA

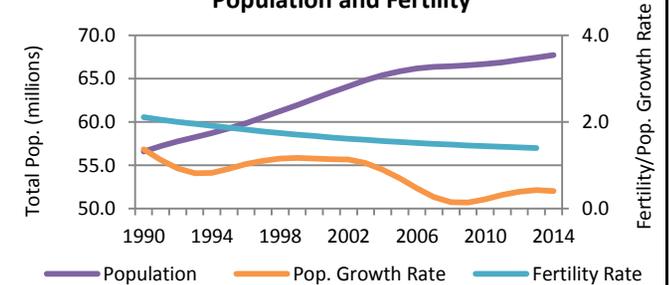
National Clinical Cascade



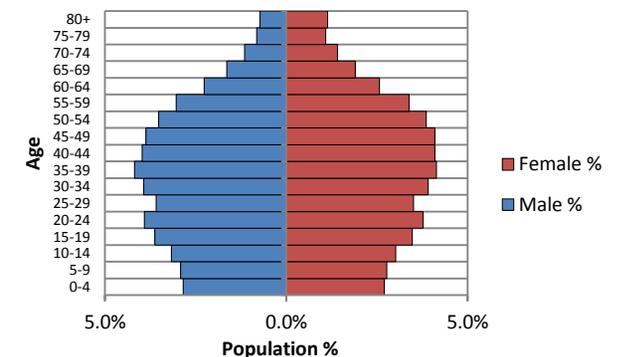
Epidemiological Data



Population and Fertility



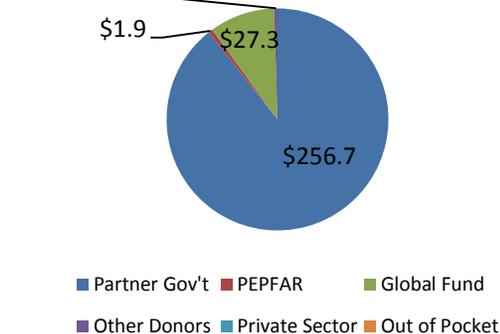
Population Pyramid (2015)



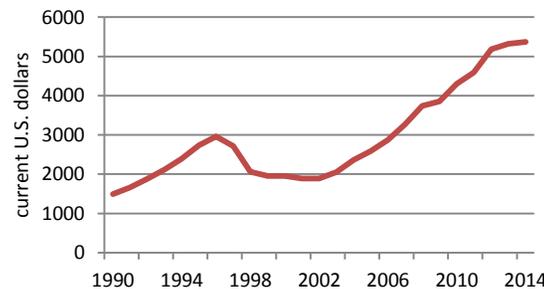
CONTEXTUAL DATA

Financing the HIV Response (2013)

(in USD millions)



GNI Per Capita (Atlas Method)



Domain A. Governance, Leadership, and Accountability

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

1. Planning and Coordination: Host country develops, implements, and oversees a costed multiyear national strategy and serves as the preeminent architect and convener of a coordinated HIV/AIDS response in the country across all levels of government and key stakeholders, civil society and the private sector.	Data Source	Notes/Comments
<p>1.1 Content of National Strategy: Does the country have a multi-year, costed national strategy to respond to HIV?</p>	<p><input type="radio"/> A. There is no national strategy for HIV/AIDS</p> <p><input checked="" type="radio"/> B. There is a multiyear national strategy. Check all that apply:</p> <p><input checked="" type="checkbox"/> It is costed</p> <p><input checked="" type="checkbox"/> It is updated at least every five years</p> <p>Strategy includes all crucial response components for prevention and treatment (HIV testing, treatment and care [including children and <input checked="" type="checkbox"/> adolescents], PMTCT, transition from 'catchup' to sustainable VMMC if country performs VMMCs, scale-up of viral load, EID, and other key metrics)</p> <p><input checked="" type="checkbox"/> Strategy includes explicit plans and activities to address the needs of key populations.</p> <p><input checked="" type="checkbox"/> Strategy includes all crucial response components to mitigate the impact of HIV on vulnerable children</p>	<p>1.1 Score: 2.50</p> <p>http://namc.ddc.moph.go.th/namc/document/documentry/3-Strategy/แผนปฏิบัติการเร่งรัดการยุติปัญหาเอดส์/Aids%20Book%20Eng.pdf</p>
<p>1.2 Participation in National Strategy Development: Who actively participates in development of the country's national HIV/AIDS strategy?</p>	<p><input type="radio"/> A. There is no national strategy for HIV/AIDS</p> <p><input checked="" type="radio"/> B. The national strategy is developed with participation from the following stakeholders (check all that apply):</p> <p><input checked="" type="checkbox"/> Its development was led by the host country government</p> <p><input checked="" type="checkbox"/> Civil society actively participated in the development of the strategy</p> <p><input checked="" type="checkbox"/> Private health sector providers, facilities, and training institutions, actively participated in the development of the strategy</p> <p><input type="checkbox"/> Businesses and the corporate sector actively participated in the development of the strategy including workplace development and corporate social responsibility (CSR)</p> <p><input checked="" type="checkbox"/> External agencies (i.e. donors, other multilateral orgs., etc.) supporting HIV services in-country participated in the development of the strategy</p>	<p>1.2 Score: 2.00</p> <p>Direct participated by USG staff during the national AIDS strategic meetings. Working committee from multistakeholders were officially appointed by the Thai Ministry of Public Health</p> <p>http://www.silomclinic.in.th/file/ThaiAIDSstrategic.pdf (in Thai - describe the components of national AIDS committee from multisectors)</p> <p>There has been some work with business partners and private sectors for HIV prevention particularly among the industry workers. There has not been much development to engage private sector in strategic planning processes. MoPH is planning to engage them more actively particularly as part of the Global Fund Transition plan for FY16.</p>

<p>1.3 Coordination of National HIV Implementation: To what extent does the host country government coordinate all HIV/AIDS implemented activities in the country, including those funded or implemented by CSOs, private sector, and donor implementing partners?</p>	<p>Check all that apply:</p> <p><input checked="" type="checkbox"/> There is an effective mechanism within the host country government for internally coordinating HIV/AIDS activities implemented by various government ministries, institutions, offices, etc.</p> <p><input checked="" type="checkbox"/> The host country government routinely tracks and maps HIV/AIDS activities of:</p> <p><input checked="" type="checkbox"/> civil society organizations</p> <p><input type="checkbox"/> private sector</p> <p><input checked="" type="checkbox"/> donors</p> <p><input checked="" type="checkbox"/> The host country government leads a mechanism or process (i.e. committee, working group, etc.) that routinely convenes key internal and external stakeholders and implementers of the national response for planning and coordination purposes.</p> <p><input checked="" type="checkbox"/> Joint operational plans are developed that include key activities of implementing organizations.</p> <p><input checked="" type="checkbox"/> Duplications and gaps among various government, CSO, private sector, and donor activities are systematically identified and addressed.</p>	<p>1.3 Score: 2.33</p>		<p>There are several national coordinating bodies, involving all stakeholders including civil society organizations. For instance, the National AIDS Committee consists of representatives from all relevant sectors, PLHIV and KPs. The AIDS Fund of the National Health Security Office is chaired by a CSO representative. There is a National M&E Working Group of the Global Fund supported projects. These coordinating bodies serve to take stock of development updates as well as identify gaps and issues to ensure complementary of different activities and avoid duplication. At times, issues faced regarding coordination: meetings are not arranged in a systematic way, and on several occasions, they are on an adhoc basis.</p>
<p>1.4 Sub-national Unit Accountability: Is there a mechanism by which sub-national units are accountable to national HIV/AIDS goals or targets? (note: equal points for B and C)</p>	<p><input type="radio"/> A. There is no formal link between the national plan and sub-national service delivery.</p> <p><input type="radio"/> B. Sub-national units have performance targets that contribute to aggregate national goals or targets.</p> <p><input checked="" type="radio"/> C. The central government is responsible for service delivery at the sub-national level.</p>	<p>1.4 Score: 2.50</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	<p>This is happening in some districts such as Laem Chabang, Chonburi province. It is advised that this effort should be expanded. There is no clear guidance on the possibility of central government financial support to sub-national level. Priorities are geographically-based. In many cases, AIDS is not a priority of the province, impeding implementation of HIV activities at lower level.</p>
<p>Planning and Coordination Score:</p>		<p>9.33</p>		

2. Policies and Governance: Host country develops, implements, and oversees a wide range of policies, laws, and regulations that will achieve coverage of high impact interventions, ensure social and legal protection and equity for those accessing HIV/AIDS services, eliminate stigma and discrimination, and sustain epidemic control within the national HIV/AIDS response.		Data Source	Notes/Comments
<p>2.1 WHO Guidelines for ART Initiation: Does current national HIV/AIDS technical practice follow current or recent WHO guidelines for initiation of ART?</p>	<p>For each category below, check <u>no more than one box</u> that reflects current national policy for ART initiation:</p> <p>A. Adults (>19 years)</p> <p><input checked="" type="checkbox"/> Test and START (current WHO Guideline)</p> <p><input type="checkbox"/> CD4 <500</p> <p>B. Pregnant and Breastfeeding Mothers</p> <p><input checked="" type="checkbox"/> Test and START/Option B+ (current WHO Guideline)</p> <p><input type="checkbox"/> Option B</p> <p>C. Adolescents (10-19 years)</p> <p><input checked="" type="checkbox"/> Test and START (current WHO Guideline)</p> <p><input type="checkbox"/> CD4<500</p> <p>D. Children (<10 years)</p> <p><input checked="" type="checkbox"/> Test and START (current WHO Guideline)</p> <p><input type="checkbox"/> CD4<500 or clinical eligibility</p>	<p>2.1 Score: 1.43</p>	<p>http://www.thaiaidsociety.org/images/PDF/hiv_guideline_2557.pdf</p>
<p>2.2 Enabling Policies and Legislation: Are there policies or legislation that govern HIV/AIDS service delivery or policies and legislation on health care which is inclusive of HIV service delivery?</p>	<p>Check all that apply:</p> <p><input checked="" type="checkbox"/> A national public health services act that includes the control of HIV</p> <p><input type="checkbox"/> A task-shifting policy that allows trained non-physician clinicians, midwives, and nurses to initiate and dispense ART</p> <p><input type="checkbox"/> A task-shifting policy that allows trained and supervised community health workers to dispense ART between regular clinical visits</p> <p><input type="checkbox"/> Policies that permit patients stable on ART to have reduced clinical visits (i.e. every 6-12 months)</p> <p><input type="checkbox"/> Policies that permit patients stable on ART to have reduced ARV pickups (i.e. every 3-6 months)</p>	<p>2.2 Score: 0.61</p>	<p>http://www.ddc.moph.go.th/file/pdr58.pdf</p> <p>updated reference according to newly released Act in 2015. The previous Disease Control Act was announced in 1980. HIV is under infectious control disease that needs control and surveillance.</p>

	<input checked="" type="checkbox"/> Policies that permit streamlined ART initiation, such as same day initiation of ART for those who are ready <input checked="" type="checkbox"/> Legislation to ensure the well-being and protection of children, including those orphaned and made vulnerable by HIV/AIDS			
<p>2.3 Non-discrimination Protections: Does the country have non-discrimination laws or policies that specify protections (not specific to HIV) for specific populations? Are these fully implemented? (Full score possible without checking all boxes.)</p>	<p>Check all that apply:</p> <p>Adults living with HIV (women):</p> <input checked="" type="checkbox"/> Law/policy exists <input type="checkbox"/> Law/policy is fully implemented <p>Adults living with HIV (men):</p> <input checked="" type="checkbox"/> Law/policy exists <input type="checkbox"/> Law/policy is fully implemented <p>Children living with HIV:</p> <input checked="" type="checkbox"/> Law/policy exists <input type="checkbox"/> Law/policy is fully implemented <p>Gay men and other men who have sex with men (MSM):</p> <input type="checkbox"/> Law/policy exists <input type="checkbox"/> Law/policy is fully implemented <p>Migrants:</p> <input type="checkbox"/> Law/policy exists <input type="checkbox"/> Law/policy is fully implemented <p>People who inject drugs (PWID):</p> <input type="checkbox"/> Law/policy exists <input type="checkbox"/> Law/policy is fully implemented <p>People with disabilities:</p> <input checked="" type="checkbox"/> Law/policy exists <input type="checkbox"/> Law/policy is fully implemented	<p>2.3 Score: 0.48</p>	<p>Revised scores using NCPI 2014 report http://www.unaids.org/sites/default/files/en/dataanalysis/knowyourresponse/ncpi/2014countries/Thailand%20NCPI%202013.pdf</p>	<p>There is a 'Human Rights Protection Sub-Committee to oversee human rights violation related to HIV issues. There are mechanisms for reporting and for seeking legal services. There have been cases reported of having been abused/violated. Provision of support and mechanism to provide support is still not sufficient. General knowledge on related laws and policies is still lacking. Implementation and enforcement of rules and policies are not adequate. There are a specific protection rules for children and women. Still lacks KP-specific policies.</p>

	<p>Prisoners:</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is fully implemented</p> <p>Sex workers:</p> <p><input type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is fully implemented</p> <p>Transgender people:</p> <p><input type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is fully implemented</p> <p>Women and girls:</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is fully implemented</p>			
<p>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)</p>	<p>Check all that apply:</p> <p>Criminalization of sexual orientation and gender identity:</p> <p><input type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is enforced</p> <p>Criminalization of cross-dressing:</p> <p><input type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is enforced</p> <p>Criminalization of drug use:</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input checked="" type="checkbox"/> Law/policy is enforced</p> <p>Criminalization of sex work:</p> <p><input checked="" type="checkbox"/> Law/policy exists</p> <p><input checked="" type="checkbox"/> Law/policy is enforced</p>	<p>2.4 Score: 0.99</p>	<p>http://www.unaids.org/sites/default/files/en/dataanalysis/knownyourresponse/ncpi/2014countries/Thailand%20NCPI%202013.pdf</p>	<p>There are policies of mandatory HIV testing for some professionals including monks, judges, nurses considering image issue for judges and transmission issue for nurses.</p> <p>There is no specific law related to criminalization of non-disclosure of HIV and put other people at risk but people and use general criminal law to sue. There is not a specific law on HIV but those rights violated can seek legal support or action based on general criminal law.</p>

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

Law/policy exists

Law/policy is enforced

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

Law/policy exists

Law/policy is enforced

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

Law/policy exists

Law/policy is enforced

Ban or limits on opioid substitution therapy in prison settings:

Law/policy exists

Law/policy is enforced

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

Law/policy exists

Law/policy is enforced

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

Law/policy exists

Law/policy is enforced

Criminalization of HIV non-disclosure, exposure or transmission:

Law/policy exists

Law/policy is enforced

Travel and/or residence restrictions:

Law/policy exists

Law/policy is enforced

	<p>Restrictions on employment for people living with HIV:</p> <p><input type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is enforced</p>			
<p>2.5 Rights to Access Services: Recognizing the right to nondiscriminatory access to HIV services and support, does the government have efforts in place to educate and ensure the rights of PLHIV, key populations, and those who may access HIV services about these rights?</p>	<p>There are host country government efforts in place as follows (check all that apply):</p> <p><input checked="" type="checkbox"/> To educate PLHIV about their legal rights in terms of access to HIV services</p> <p><input checked="" type="checkbox"/> To educate key populations about their legal rights in terms of access to HIV services</p> <p><input checked="" type="checkbox"/> National law exists regarding health care privacy and confidentiality protections</p> <p><input type="checkbox"/> Government provides financial support to enable access to legal services if someone experiences discrimination, including redress where a violation is found</p>	<p>2.5 Score: 1.07</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	
<p>2.6 Audit: Does the host country government conduct a national HIV/AIDS program audit or audit of Ministries that work on HIV/AIDS on a regular basis (excluding audits of donor funding that are through government financial systems)?</p>	<p><input type="radio"/> A. No audit is conducted of the National HIV/AIDS Program or other relevant ministry.</p> <p><input type="radio"/> B. An audit is conducted of the National HIV/AIDS program or other relevant ministries every 4 years or more.</p> <p><input checked="" type="radio"/> C. An audit is conducted of the National HIV/AIDS program or other relevant ministries every 3 years or less.</p>	<p>2.6 Score: 1.43</p>		
<p>2.7 Audit Action: To what extent does the host country government respond to the findings of a HIV/AIDS audit or audit of Ministries that work on HIV/AIDS?</p>	<p><input type="radio"/> A. Host country government does not respond to audit findings, or no audit of the national HIV/AIDS program is conducted.</p> <p><input type="radio"/> B. The host country government does respond to audit findings by implementing changes as a result of the audit.</p> <p><input checked="" type="radio"/> C. The host country government does respond to audit findings by implementing changes which can be tracked by legislature or other bodies that hold government accountable.</p>	<p>2.7 Score: 1.43</p>		
Policies and Governance Score:		7.43		

3. Civil Society Engagement			
<p>3. Civil Society Engagement: Local civil Society is an active partner in the HIV/AIDS response through service delivery provision when appropriate, advocacy efforts as needed, and as a key stakeholder to inform the national HIV/AIDS response. There are mechanisms for civil society to review and provide feedback regarding public programs, services and fiscal management and civil society is able to hold government institutions accountable for the use of HIV/AIDS funds and for the results of their actions.</p>		Data Source	Notes/Comments
<p>3.1 Civil Society and Accountability for HIV/AIDS: Are there any laws or policies that restrict civil society from playing an oversight role in the HIV/AIDS response?</p>	<p><input type="radio"/> A. There exists a law or laws that restrict civil society from playing an oversight role in the HIV/AIDS response.</p> <p><input type="radio"/> B. There are no laws that restrict civil society playing a role in providing oversight of the HIV/AIDS response but in practice, it does not happen.</p> <p><input checked="" type="radio"/> C. There are no laws or policies that prevent civil society from providing an oversight of the HIV/AIDS response and civil society is very actively engaged in providing oversight.</p>	<p>3.1 Score: 1.67</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>
<p>3.2 Government Channels and Opportunities for Civil Society Engagement: Does host country government have formal channels or opportunities for diverse civil society groups to engage and provide feedback on its HIV/AIDS policies, programs, and services (not including Global Fund CCM civil society engagement requirements)?</p>	<p>Check A, B, or C; if C checked, select appropriate disaggregates:</p> <p><input type="radio"/> A. There are no formal channels or opportunities.</p> <p><input type="radio"/> B. There are formal channels or opportunities, but civil society is called upon in an ad hoc manner to provide inputs and feedback.</p> <p><input checked="" type="radio"/> C. There are functional formal channels and opportunities for civil society engagement and feedback. Check all that apply:</p> <p><input checked="" type="checkbox"/> During strategic and annual planning</p> <p><input checked="" type="checkbox"/> In joint annual program reviews</p> <p><input checked="" type="checkbox"/> For policy development</p> <p><input checked="" type="checkbox"/> As members of technical working groups</p> <p><input checked="" type="checkbox"/> Involvement on government HIV/AIDS program evaluation teams</p> <p><input checked="" type="checkbox"/> Involvement in surveys/studies</p> <p><input checked="" type="checkbox"/> Collecting and reporting on client feedback</p>	<p>3.2 Score: 1.67</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>

<p>3.3 Impact of Civil Society Engagement: Does civil society engagement substantively impact policy and budget decisions related to HIV/AIDS?</p>	<p><input type="radio"/> A. Civil society does not actively engage, or civil society engagement does not impact policy and budget decisions related to HIV/AIDS.</p> <p><input checked="" type="radio"/> B. Civil society's engagement impacts HIV/AIDS policy and budget decisions (check all that apply):</p> <p><input checked="" type="checkbox"/> In advocacy</p> <p><input checked="" type="checkbox"/> In programmatic decision making</p> <p><input checked="" type="checkbox"/> In technical decision making</p> <p><input checked="" type="checkbox"/> In service delivery</p> <p><input checked="" type="checkbox"/> In HIV/AIDS basket or national health financing decisions</p>	<p>3.3 Score: 1.67</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	<p>SWING, BATS, NAMc</p>
<p>3.4 Domestic Funding of Civil Society: To what extent are HIV/AIDS related Civil Society Organizations funded domestically (either from government, private sector, or self generated funds)?</p> <p>(if exact or approximate overall percentage known, or the percentages from the various domestic sources, please note in Comments column)</p>	<p><input type="radio"/> A. No funding (0%) for HIV/AIDS related civil society organizations comes from domestic sources.</p> <p><input checked="" type="radio"/> B. Minimal funding (approx. 1-9%) for HIV/AIDS related civil society organizations comes from domestic sources.</p> <p><input type="radio"/> C. Some funding (approx. 10-49%) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients).</p> <p><input type="radio"/> D. Most funding (approx. 50-89%) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients).</p> <p><input type="radio"/> E. All or almost all funding (approx. 90%+) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants).</p>	<p>3.4 Score: 0.83</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	<p>Annual budget for NGOs is around 60 million THB from DDC, but still relatively small comparing to the overall HIV budget. There should be an analysis of financial needs, particularly of NGOs/CSOs.</p>
<p>3.5 Civil Society Enabling Environment: Is the legislative and regulatory framework conducive to Civil Society Organizations (CSOs) or not-for-profit organizations to engage in HIV service provision or health advocacy?</p>	<p><input type="radio"/> A. The legislative and regulatory framework is not conducive for engagement in HIV service provision or health advocacy</p> <p><input checked="" type="radio"/> B. The legislative and regulatory framework is conducive for engagement in HIV service delivery and health advocacy as follows (check all that apply):</p> <p><input checked="" type="checkbox"/> Significant tax deductions for business or individual contributions to not-for-profit CSOs</p> <p><input checked="" type="checkbox"/> Significant tax exemptions for not-for-profit CSOs</p> <p><input checked="" type="checkbox"/> Open competition among CSOs to provide government-funded services</p> <p><input checked="" type="checkbox"/> Freedom for CSOs to advocate for policy, legal and programmatic change</p> <p><input checked="" type="checkbox"/> There is a national public private partnership (PPP) technical working group or desk officer within the government (ministry of health, finance, or president's office) in which CSOs or non-profit organizations participate/engage.</p>	<p>3.5 Score: 1.67</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	<p>Business companies can benefit from tax deductions if they provide funding to registered non-profit foundations. However, criteria for registration is complex. CSOs have to pay tax. To be exempt from the tax, CSOs have to get registered as a charity foundation and pass many criteria for tax exemption which are quite complicated. There were discrepant answers for open competition among CSOs. Even though awards are decided by committee, there were some feelings of personal bias or favoritism to some CSOs. "Fundings always go to the same CSO" said a key informant. However, the discrepancies do not change the overall score of this element.</p>
<p>Civil Society Engagement Score:</p>		<p>7.50</p>		

4. Private Sector Engagement			Data Source	Notes/Comments
<p>4. Private Sector Engagement: Global as well as local private sector (both private health care providers and private business) is an active partner in the HIV/AIDS response through service delivery provision when appropriate, advocacy efforts as needed, innovation, and as a key stakeholder to inform the national HIV/AIDS response. There are supportive policies and mechanisms for the private sector to engage and to review and provide feedback regarding public programs, services and fiscal management of the national HIV/AIDS response. The public uses the private sector for HIV service delivery at a similar level as other health care needs.</p>				
<p>4.1 Government Channels and Opportunities for Private Sector Engagement: Does host country government have formal channels and opportunities for diverse private sector entities to engage and provide feedback on its HIV/AIDS policies, programs, and services?</p>	<p><input type="radio"/> A. There are no formal channels or opportunities</p> <p><input type="radio"/> B. There are formal channels or opportunities, but private sector is called upon in an ad hoc manner to provide inputs and feedback</p> <p><input checked="" type="radio"/> C. There are functional formal channels and opportunities for private sector engagement and feedback. Check all that apply:</p> <p><input checked="" type="checkbox"/> Corporate contributions, private philanthropy and giving</p> <p><input checked="" type="checkbox"/> Joint (i.e. public-private) supervision and quality oversight of private facilities</p> <p><input type="checkbox"/> Collection of service delivery and client satisfaction data from private providers</p> <p><input type="checkbox"/> Tracking of private training institution HRH graduates and placements</p> <p><input checked="" type="checkbox"/> Contributing to develop innovative solutions, both technology and systems innovation</p> <p><input checked="" type="checkbox"/> For technical advisory on best practices and delivery solutions</p>	<p>4.1 Score: 1.11</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	<p>The QA/QC for private hospitals is available for hospitals under universal coverage program but it is still unclear for non-UC, SSS and others. Usually private hospitals are under HAI, ISO or JCI system which may not be specific for HIV.</p> <p>There is Thai Business Coalition on AIDS that is the representative of the business sector.</p>

<p>4.2 Private Sector Partnership: Do private sector partnerships with government result in stronger policy and budget decisions for HIV/AIDS programs?</p>	<p>A. Private sector does not actively engage, or private sector engagement does not influence policy and budget decisions in HIV/AIDS.</p> <p><input checked="" type="radio"/> A. Private sector does not actively engage, or private sector engagement does not influence policy and budget decisions in HIV/AIDS.</p> <p>B. Private sector engagement influences HIV/AIDS policy and budget decisions in the following areas (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> In patient advocacy and human rights <input type="checkbox"/> In programmatic decision making <input type="checkbox"/> In technical decision making <input type="checkbox"/> In service delivery for both public and private providers <input type="checkbox"/> In HIV/AIDS basket or national health financing decisions <input type="checkbox"/> In advancing innovative sustainable financing models <input type="checkbox"/> In HRH development, placement, and retention strategies <input type="checkbox"/> In building capacity of private training institutions <input type="checkbox"/> In supply chain management of essential supplies and drugs 	<p>4.2 Score: 0.00</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	
--	--	------------------------	--	--

<p>4.3 Legal Framework for Private Health Sector: Does the legislative and regulatory framework make provisions for the needs of the private health sector (including hospitals, networks, and insurers)?</p>	<p>The legislative and regulatory framework makes the following provisions (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Systems are in place for service provision and/or research reporting by private sector facilities to the government. <input checked="" type="checkbox"/> Mechanisms exist to ensure that private providers receive, understand and adhere to national guidelines/protocols for ART. <input type="checkbox"/> Tax deductions for private health providers. <input type="checkbox"/> Tax deductions for private training institutions training health workers. <input checked="" type="checkbox"/> Open competition for private health providers to compete for government services. <input checked="" type="checkbox"/> General or HIV/AIDS-specific service agreement frameworks exist between local government authorities/municipalities and private providers at the sub-national unit (e.g. district) levels. <input checked="" type="checkbox"/> Freedom of private providers to advocate for policy, legal, and regulatory frameworks. <input checked="" type="checkbox"/> Standardized processes for developing public-private partnerships (PPP) and memorandums of understanding (MOUs) between public and private providers. 	<p>4.3 Score: 1.04</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	
<p>4.4 Legal Framework for Private Businesses: Does the legislative and regulatory framework make provisions for the needs of private businesses (local or multinational corporations)?</p>	<p>The legislative and regulatory framework makes the following provisions (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tax deductions for health-related private businesses (i.e. pharmacists, supply chain, etc.). <input checked="" type="checkbox"/> Systematic and timely process for private company registration and/or testing of new health products; drugs, diagnostics kits, medical devices. <input checked="" type="checkbox"/> Standardized processes for developing public-private partnerships (PPP) and memorandums of understanding (MOUs) between local government and private business. <input checked="" type="checkbox"/> Corporate Social Responsibility (CSR) tax policies (compulsory or optional) contributing private corporate resources to the HIV/AIDS response. <input checked="" type="checkbox"/> Workplace policies support HIV-related services and/or benefits for employees. <input type="checkbox"/> Existing forums between business community and government to engage in dialogue to support HIV/AIDS and public health programs. 	<p>4.4 Score: 1.11</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	<p>- Systematic but not timely processes for company registration and/or testing of new health products, drugs, diagnostic kits '- there was an attempt to engage private sectors in support of the GF transition plan but this is still ongoing and there is yet a more concrete plan. '- no ongoing forums b/w government and business sector to engage in dialogue to support HIV and public health programs - there are some discrepancy in answers for timely registration of new products. Some key informants thought that it is a very long process. However, the discrepancy does not affect the overall score of this element.</p>

<p>4.5 Private Health Sector Supply: Does the host country government enable private health service provision for lower and middle-income HIV patients?</p>	<p><input type="radio"/> A. There are no enablers for private health service provision for lower and middle-income HIV patients.</p> <p><input checked="" type="radio"/> B. The host country government enables private health service provision for lower and middle-income patients in the following ways (check all that apply):</p> <p><input checked="" type="checkbox"/> Private for-profit providers are eligible to procure HIV and/or ART commodities via public sector procurement channels and/or vertical programs.</p> <p><input type="checkbox"/> The private sector scope of practice for physicians, nurses and midwives serving low and middle-income patients currently includes HIV and/or ART service provision.</p>	<p>4.5 Score: 0.83</p>		<p>Hospitals under the universal coverage scheme are entitled to low priced ARV.</p>
<p>4.6 Private Health Sector Demand: Is the percentage of people accessing HIV treatment services through the private sector similar to (or approaching) the percentage of those seeking other curative services through the private sector?</p>	<p><input checked="" type="radio"/> A. The percentage of people accessing HIV treatment services through the private sector is significantly lower than the percentage seeking other curative services through the private sector.</p> <p><input type="radio"/> B. The percentage of people accessing HIV treatment services through the private sector is similar to (or approaching) the percentage seeking other curative services through the private sector due to the following factors (check all that apply):</p> <p><input type="checkbox"/> HIV-related services/products are covered by national health insurance.</p> <p><input type="checkbox"/> HIV-related services/products are covered by private or other health insurance.</p> <p><input type="checkbox"/> Adequate risk pooling exists for HIV services.</p> <p><input type="checkbox"/> Models currently exist for cost-recovery for ART.</p> <p><input type="checkbox"/> HIV drugs are not subject to higher pharmaceutical mark-ups than other drugs in the market.</p>	<p>4.6 Score: 0.00</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	
<p>Private Sector Engagement Score:</p>		<p>4.10</p>		

5. Public Access to Information: Host government widely disseminates timely and reliable information on the implementation of HIV/AIDS policies and programs, including goals, progress and challenges towards achieving HIV/AIDS targets, as well as fiscal information (public revenues, budgets, expenditures, large contract awards , etc.) related to HIV/AIDS. Program and audit reports are published publically. Efforts are made to ensure public has access to data through print distribution, websites, radio or other methods of disseminating information.				
			Source of Data	Notes/Comments
<p>5.1 Surveillance and Survey Transparency: Does the host country government ensure that HIV/AIDS surveillance and survey data, or at least a summary report of data, and analyses are made available to stakeholders and general public in a timely way?</p>	<p>A. The host country government does not make HIV/AIDS surveillance and survey summary reports available to stakeholders and the general public, or they are made available 3 or more years after the date of collection.</p> <p><input type="radio"/></p> <p>B. The host country government makes HIV/AIDS surveillance and survey summary reports available to stakeholders and the general public within 1-3 years.</p> <p><input checked="" type="radio"/></p> <p>C. The host country government makes HIV/AIDS surveillance and survey summary reports available to stakeholders and the general public within the same year.</p> <p><input type="radio"/></p>	<p>5.1 Score: 1.00</p>	<p>http://www.boe.moph.go.th/report.php?cat=20 http://www.boe.moph.go.th/files/report/20151130_35157006.pdf http://www.gfaidsboe.com/THAI/StatPlanet_IE_security_bypass.html http://www.gfaidsboe.com/Downloads/aids/www_report_aids/index.html</p>	
<p>5.2 Expenditure Transparency: Does the host country government make annual HIV/AIDS expenditure data, or at a minimum at least a summary of it, available to stakeholders and the public in a timely way?</p>	<p>A. The host country government does not make HIV/AIDS expenditure summary reports available to stakeholders and the general public or they are made available 3 or more years after the date of expenditures.</p> <p><input type="radio"/></p> <p>B. The host country government makes HIV/AIDS expenditure summary reports available to stakeholders and the general public or website within 1-3 years after date of expenditures.</p> <p><input checked="" type="radio"/></p> <p>C. The host country government makes HIV/AIDS expenditure summary reports available to stakeholders and the general public within 1 year after expenditures.</p> <p><input type="radio"/></p>	<p>5.2 Score: 1.00</p>	<p>TBD</p>	
<p>5.3 Performance and Service Delivery Transparency: Does the host country government make annual HIV/AIDS program performance and service delivery data (or at a minimum of summary of it) available to stakeholders and the public in a timely way?</p>	<p>A. The host country government does not make HIV/AIDS program performance and service delivery summary reports available to stakeholders and the general public or they are made available 3 or more years after the date of programming.</p> <p><input type="radio"/></p> <p>B. The host country government makes HIV/AIDS program performance and service delivery summary reports available to stakeholders and the general public within 1-3 years after date of programming.</p> <p><input checked="" type="radio"/></p> <p>C. The host country government makes HIV/AIDS program performance and service delivery summary reports available to stakeholders and the general public within 1 year after date of programming .</p> <p><input type="radio"/></p>	<p>5.3 Score: 1.00</p>	<p>http://napdl.nhso.go.th/NAPDownload/report/download_report.jsp</p>	<p>Data are available for national level only. Provincial and facility level are not available.</p>

<p>5.4 Procurement Transparency: Does the host country government make government HIV/AIDS procurements public in a timely way?</p>	<p><input type="radio"/> A. Host country government does not make any HIV/AIDS procurements.</p> <p><input type="radio"/> B. Host country government makes HIV/AIDS procurements, but neither procurement tender nor award details are publicly available.</p> <p><input type="radio"/> C. Host country government makes HIV/AIDS procurements, and tender, but not award, details are publicly available.</p> <p><input checked="" type="radio"/> D. Host Country government makes HIV/AIDS procurements, and both tender and award details available.</p>	<p>5.4 Score: 2.00</p>	<p>e-bidding</p> <p>http://process3.gprocurement.go.th/egg2procmainWeb/jsp/procsearch.sch</p> <p>http://www.thaihospital.org/board/index.php?PHPSESSID=79bdbb5596ed9d1495651f6f6382d616&topic=2886.0;wap2</p>	
<p>5.5 Institutionalized Education System: Is there a government agency that is explicitly responsible for educating the public about HIV?</p>	<p><input type="radio"/> A. There is no government institution that is responsible for this function and no other groups provide education.</p> <p><input type="radio"/> B. There is no government institution that is responsible for this function but at least one of the following provides education:</p> <p><input type="checkbox"/> Civil society</p> <p><input type="checkbox"/> Media</p> <p><input type="checkbox"/> Private sector</p> <p><input checked="" type="radio"/> C. There is a government institution that is responsible for, and is providing, scientifically accurate information on HIV/AIDS.</p>	<p>5.5 Score: 2.00</p>	<p>http://www.thaiail.com/aids/</p>	
<p align="right">Public Access to Information Score: 7.00</p>				

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN A

Domain B. National Health System and Service Delivery

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

6. Service Delivery: The host country government at national, sub-national and facility levels facilitates planning and management of, access to and linkages between facility- and community-based HIV services.		Data Source	Notes/Comments
<p>6.1 Responsiveness of facility-based services to demand for HIV services: Do public facilities respond to and generate demand for HIV services to meet local needs? (Check all that apply.)</p>	<p><input checked="" type="checkbox"/> Public facilities are able to tailor services to accommodate demand (e.g., modify or add hours/days of operations; add/second additional staff during periods of high patient influx; customize scope of HIV services offered; adapt organization/model of service deliver to patient flow)</p> <p><input checked="" type="checkbox"/> Public facilities are able to situate services in proximity to high-HIV burden locations or populations (e.g., mobile clinics)</p> <p><input checked="" type="checkbox"/> There is evidence that public facilities in high burden areas and/or serving high-burden populations generate demand for HIV services</p>	<p>6.1 Score: 1.11</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>
<p>6.2 Responsiveness of community-based HIV/AIDS services: Has the host country standardized the design and implementation of community-based HIV services?</p>	<p>The host country has standardized the following design and implementation components of community-based HIV services through (check all that apply):</p> <p><input checked="" type="checkbox"/> Formalized mechanisms of participation by communities, high-burden populations and/or civil society engagement in delivery or oversight of services</p> <p><input type="checkbox"/> National guidelines detailing how to operationalize HIV services in communities</p> <p><input checked="" type="checkbox"/> Providing official recognition to skilled human resources (e.g. community health workers) working and delivering HIV services in communities</p> <p><input checked="" type="checkbox"/> Providing financial support for community-based services</p> <p><input checked="" type="checkbox"/> Providing supply chain support for community-based services</p> <p><input type="checkbox"/> Supporting linkages between facility- and community-based services through formalized bidirectional referral services (e.g., use of national reporting systems to refer and monitor referrals for completeness)</p>	<p>6.2 Score: 0.74</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p> <p>http://www.thaiaidsociety.org/images/PDF/hiv_guideline_2557.pdf</p> <p>http://namc.ddc.moph.go.th/namc/document/documentry/3-Strategy/แผนปฏิบัติการเร่งรัดการยุติปัญหาเอดส์/Aids%20Book%20Eng.pdf</p> <p>Thailand National AIDS Strategies 2012-2016. National AIDS Management Center, MOPH</p>
<p>6.3 Domestic Financing of Service Delivery: To what extent do host country institutions (public, private, or voluntary sector) finance the delivery of HIV/AIDS services in high burden areas (i.e. excluding any external financial assistance from donors)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. Host country institutions provide no (0%) financing for delivery of HIV/AIDS services in high burden areas</p> <p><input type="radio"/> B. Host country institutions provide minimal (approx. 1-9%) financing for delivery of HIV/AIDS services in high burden areas</p> <p><input type="radio"/> C. Host country institutions provide some (approx. 10-49%) financing for delivery of HIV/AIDS services in high burden areas</p> <p><input checked="" type="radio"/> D. Host country institutions provide most (approx. 50-89%) financing for delivery of HIV/AIDS services in high burden areas</p> <p><input type="radio"/> E. Host country institutions provide all or almost all (approx. 90%+) financing for delivery of HIV/AIDS services in high burden areas</p>	<p>6.3 Score: 1.25</p>	<p>http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/data-and-analysis/tools/nasa/20140707/thailand_2008-2011_en.pdf</p>

<p>6.4 Domestic Provision of Service Delivery: To what extent do host country institutions (public, private, or voluntary sector) deliver HIV/AIDS services in high burden areas without external technical assistance from donors?</p>	<p><input type="radio"/> A. HIV/AIDS services in high burden areas are primarily delivered by external agencies, organizations, or institutions.</p> <p><input type="radio"/> B. Host country institutions deliver HIV/AIDS services in high burden areas but with substantial external technical assistance.</p> <p><input checked="" type="radio"/> C. Host country institutions deliver HIV/AIDS services in high burden areas with some external technical assistance.</p> <p><input type="radio"/> D. Host country institutions deliver HIV/AIDS services in high burden areas with minimal or no external technical assistance.</p>	<p>6.4 Score: 0.74</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p> <p>http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/data-and-analysis/tools/nasa/20140707/thailand_2008-2011_en.pdf</p>	
<p>6.5 Domestic Financing of Service Delivery for Key Populations: To what extent do host country institutions (public, private, or voluntary sector) finance the delivery of HIV/AIDS services to key populations in high burden areas (i.e. without external financial assistance from donors)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. Host country institutions provide no or minimal (0%) financing for delivery of HIV/AIDS services to key populations in high burden areas.</p> <p><input type="radio"/> B. Host country institutions provide minimal (approx. 1-9%) financing for delivery of HIV/AIDS services to key populations in high burden areas.</p> <p><input type="radio"/> C. Host country institutions provide some (approx. 10-49%) financing for delivery of HIV/AIDS services to key populations in high burden areas.</p> <p><input checked="" type="radio"/> D. Host country institutions provide most (approx. 50-89%) financing for delivery of HIV/AIDS services to key populations in high burden areas.</p> <p><input type="radio"/> E. Host country institutions provide all or almost all (approx. 90%+) financing for delivery of HIV/AIDS services to key populations in high burden areas.</p>	<p>6.5 Score: 1.25</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p> <p>http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/data-and-analysis/tools/nasa/20140707/thailand_2008-2011_en.pdf</p>	
<p>6.6 Domestic Provision of Service Delivery for Key Populations: To what extent do host country institutions (public, private, or voluntary sector) deliver HIV/AIDS services to key populations in high burden areas without external technical assistance from donors?</p>	<p><input type="radio"/> A. HIV/AIDS services to key populations are primarily delivered by external agencies, organizations, or institutions.</p> <p><input checked="" type="radio"/> B. Host country institutions deliver HIV/AIDS services to key populations but with substantial external technical assistance.</p> <p><input type="radio"/> C. Host country institutions deliver HIV/AIDS services to key populations with some external technical assistance.</p> <p><input type="radio"/> D. Host country institutions deliver HIV/AIDS services to key populations with minimal or no external technical assistance.</p>	<p>6.6 Score: 0.37</p>	<p>http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/data-and-analysis/tools/nasa/20140707/thailand_2008-2009_en.pdf</p> <p>http://aidszeroportal.org/</p>	
<p>6.7 National Service Delivery Capacity: Do national health authorities have the capacity to effectively plan and manage HIV services in high HIV burden areas?</p>	<p>The national MOH (check all that apply):</p> <p><input checked="" type="checkbox"/> Translates national policies/strategies into sub-national level HIV/AIDS strategic plan and response activities.</p> <p><input checked="" type="checkbox"/> Uses epidemiologic and program data to measure effectiveness of sub-national level programs in delivering needed HIV/AIDS services in right locations.</p> <p><input type="checkbox"/> Assesses current and future staffing needs based on HIV/AIDS program goals and budget realities for high burden locations.</p> <p><input checked="" type="checkbox"/> Develops sub-national level budgets that allocate resources to high burden service delivery locations.</p> <p><input checked="" type="checkbox"/> Effectively engages with civil society in program planning and evaluation of services .</p> <p><input checked="" type="checkbox"/> Designs a staff performance management plan to assure that staff working at high burden sites maintain good clinical and technical skills, such as through training and/or mentorship.</p>	<p>6.7 Score: 0.93</p>	<p>http://www.unaids.org/sites/default/files/en/dataanalysis/knowyourresponse/countryprogressreports/2014countries/THA_narrative_report_2014.pdf</p> <p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	

<p>6.8 Sub-national Service Delivery Capacity: Do sub-national health authorities (i.e., district, provincial) have the capacity to effectively plan and manage HIV services sufficiently to achieve sustainable epidemic control?</p>	<p>Sub-national health authorities (check all that apply):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Translate national policies/strategies into sub-national level HIV/AIDS strategic plan and response activities. <input checked="" type="checkbox"/> Use epidemiologic and program data to measure effectiveness of sub-national level programs in delivering needed HIV/AIDS services in right locations. <input type="checkbox"/> Assess current and future staffing needs based on HIV/AIDS program goals and budget realities for high burden locations. <input checked="" type="checkbox"/> Develop sub-national level budgets that allocate resources to high burden service delivery locations. <input checked="" type="checkbox"/> Effectively engage with civil society in program planning and evaluation of services. <input checked="" type="checkbox"/> Design a staff performance management plan to assure that staff working at high burden sites maintain good clinical and technical skills, such as through training and/or mentorship. 	<p>6.8 Score: 0.93</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting. http://aidszeroportal.org/</p>	
Service Delivery Score		7.31		
<p>7. Human Resources for Health: HRH staffing decisions for those working on HIV/AIDS are based on use of HR data and are aligned with national plans. Host country has sufficient numbers and categories of competent health care workers and volunteers to provide quality HIV/AIDS prevention, care and treatment services in health facilities and in the community. Host country trains, deploys and compensates health workers providing HIV/AIDS services through local public and/or private resources and systems. Host country has a strategy or plan for transitioning staff funded by donors.</p>			Data Source	Notes/Comments
<p>7.1 HRH Supply: To what extent is the health worker supply adequate to enable the volume and quality of HIV/AIDS services needed for sustained epidemic control at the facility and/or comm site level?</p>	<p>Check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The country's pre-service education institutions are producing an adequate supply and skills mix of health care providers <input type="checkbox"/> The country's health workers are adequately deployed to, or distributed within, facilities and communities with high HIV burden <input type="checkbox"/> The country has developed retention schemes that address health worker vacancy or attrition in high HIV burden areas <input type="checkbox"/> The country's pre-service education institutions are producing an adequate supply and appropriate skills mix of social service workers to deliver social services to vulnerable children 	<p>7.1 Score: 0.00</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	<p>Not sufficient human resources/capacity and training in HIV field. The inadequacy of workforce is an issue across the public health care system of the country not only for HIV. There is an Advanced Practical Nurse Program, with the curriculum developed by the Nursing Council. However, there seems to be no longer term plan for professional development in this field.</p>
<p>7.2 HRH transition: What is the status of transitioning PEPFAR and other donor supported HIV/AIDS health worker salaries to local financing/compensation?</p>	<ul style="list-style-type: none"> <input type="radio"/> A. There is no inventory or plan for transition of donor-supported health workers <input type="radio"/> B. There is an inventory of donor-supported health workers, but no official plan to transition these staff to local support <input type="radio"/> C. There is an inventory and plan for transition of donor-supported workers, but it has not yet been implemented <input type="radio"/> D. There is an inventory and plan for donor-supported workers to be transitioned, and staff are being transitioned according to this plan <input checked="" type="radio"/> E. No plan is necessary because all HIV/AIDS health worker salaries are already locally financed/compensated 	<p>7.2 Score: 1.33</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	

<p>7.3 Domestic funding for HRH: What proportion of health worker (doctors, nurses, midwives, and CHW) salaries are supported with domestic public or private resources (i.e. excluding donor resources)?</p>	<p><input type="radio"/> A. Host country institutions provide no (0%) health worker salaries</p> <p><input type="radio"/> B. Host country institutions provide minimal (approx. 1-9%) health worker salaries</p> <p><input type="radio"/> C. Host country institutions provide some (approx. 10-49%) health worker salaries</p> <p><input type="radio"/> D. Host country institutions provide most (approx. 50-89%) health worker salaries</p> <p><input checked="" type="radio"/> E. Host country institutions provide all or almost all (approx. 90%+) health worker salaries</p>	<p>7.3 Score: 3.33</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	
<p>7.4 Pre-service: Do current pre-service education curricula for health workers providing HIV/AIDS services include HIV content that has been updated in last three years?</p>	<p><input type="radio"/> A. Pre-service education institutions do not have HIV content, or HIV content used by pre-service education institutions is out of date (not updated within 3 years)</p> <p><input checked="" type="radio"/> B. Pre-service institutions have updated HIV/AIDS content within the last three years (check all that apply):</p> <p><input checked="" type="checkbox"/> Updated content reflects national standards of practice for cadres offering HIV/AIDS-related services</p> <p><input checked="" type="checkbox"/> Institutions maintain process for continuously updating content, including HIV/AIDS content</p> <p><input type="checkbox"/> Updated curricula contain training related to stigma & discrimination of PLWHA</p> <p><input type="checkbox"/> Institutions track student employment after graduation to inform planning</p>	<p>7.4 Score: 1.00</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	
<p>7.5 In-service Training: To what extent does the host country government (through public, private, and/or voluntary sectors) plan and implement HIV/AIDS in-service training necessary to equip health workers for sustained epidemic control?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p>Check all that apply among A, B, C, D:</p> <p><input checked="" type="checkbox"/> A. The host country government provides the following support for in-service training in the country (check ONE):</p> <p><input type="checkbox"/> Host country government implements no (0%) HIV/AIDS related in-service training</p> <p><input checked="" type="checkbox"/> Host country government implements minimal (approx. 1-9%) HIV/AIDS related in-service training</p> <p><input type="checkbox"/> Host country government implements some (approx. 10-49%) HIV/AIDS in-service training</p> <p><input type="checkbox"/> Host country government implements most (approx. 50-89%) HIV/AIDS in-service training</p> <p><input type="checkbox"/> Host country government implements all or almost all (approx. 90%+) HIV/AIDS in-service training</p> <p><input checked="" type="checkbox"/> B. The host country government has a national plan for institutionalizing (establishing capacity within local institutions to deliver) donor-supported in-service training in HIV/AIDS</p> <p><input checked="" type="checkbox"/> C. The host country government requires continuing professional development, a form of in-service training, for re-licensure for key clinicians</p> <p><input type="checkbox"/> D. The host country government maintains a database to track training for HIV/AIDS, and allocates training based on need (e.g. focusing on high burden</p>	<p>7.5 Score: 0.75</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	

<p>7.6 HR Data Collection and Use: Does the country systematically collect health workforce data, such as through a Human Resource Information Systems (HRIS), for HIV/AIDS services and/or health workforce planning and management?</p>	<p><input type="radio"/> A. There is no HRIS in country and data on the health workforce is not collected systematically for planning and management</p> <p><input type="radio"/> B. There is no HRIS in country, but some data is collected for planning and management</p> <p><input type="checkbox"/> Registration and re-licensure data for key professionals is collected and used for planning and management</p> <p><input type="checkbox"/> MOH health worker employee data (number, cadre, and location of employment) is collected and used</p> <p><input type="checkbox"/> Routine assessments are conducted regarding health worker staffing at health facility and/or community sites</p> <p><input checked="" type="radio"/> C. There is an HRIS (an interoperable system that captures at least regulatory and deployment data on health workers) in country:</p> <p><input checked="" type="checkbox"/> The HRIS is primarily financed and managed by host country institutions</p> <p><input checked="" type="checkbox"/> There is a national strategy or approach to interoperability for HRIS</p> <p><input checked="" type="checkbox"/> The government produces HR data from the system at least annually</p> <p><input type="checkbox"/> Host country institutions use HR data from the system for planning and management (e.g. health worker deployment)</p>	<p>7.6 Score: 1.17</p>	<p>http://bps.moph.go.th/new_bps/health_data</p> <p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	<p>It is a central system of the Ministry of Public Health that covers all health areas.</p>
<p align="center">Human Resources for Health Score</p>		<p align="center">7.58</p>		
<p>8. Commodity Security and Supply Chain: The National HIV/AIDS response ensures a secure, reliable and adequate supply and distribution of quality products, including drugs, lab and medical supplies, health items, and equipment required for effective and efficient HIV/AIDS prevention, diagnosis and treatment. Host country efficiently manages product selection, forecasting and supply planning, procurement, warehousing and inventory management, transportation, dispensing and waste management reducing costs while maintaining quality.</p>			<p align="center">Data Source</p>	<p align="center">Notes/Comments</p>
<p>8.1 ARV Domestic Financing: What is the estimated percentage of ARV procurement funded by domestic sources? (Domestic sources includes public sector and private sector but excludes donor and out-of-pocket funds)</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. This information is not known.</p> <p><input type="radio"/> B. No (0%) funding from domestic sources</p> <p><input type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources</p> <p><input type="radio"/> D. Some (approx. 10-49%) funded from domestic sources</p> <p><input type="radio"/> E. Most (approx. 50 – 89%) funded from domestic sources</p> <p><input checked="" type="radio"/> F. All or almost all (approx. 90%+) funded from domestic sources</p>	<p>8.1 Score: 0.83</p>	<p>http://aidszeroportal.org/</p>	
<p>8.2 Test Kit Domestic Financing: What is the estimated percentage of HIV Rapid Test Kit procurement funded by domestic sources? (Domestic sources includes public sector and private sector but excludes donor and out-of-pocket funds)</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. This information is not known</p> <p><input type="radio"/> B. No (0%) funding from domestic sources</p> <p><input type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources</p> <p><input type="radio"/> D. Some (approx. 10-49%) funded from domestic sources</p> <p><input type="radio"/> E. Most (approx. 50-89%) funded from domestic sources</p> <p><input checked="" type="radio"/> F. All or almost all (approx. 90%+) funded from domestic sources</p>	<p>8.2 Score: 0.83</p>	<p>http://aidszeroportal.org/</p>	

<p>8.3 Condom Domestic Financing: What is the estimated percentage of condom procurement funded by domestic (not donor) sources? <i>Note:</i> The denominator should be the supply of free or subsidized condoms provided to public or private sector health facilities or community based programs.</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. This information is not known</p> <p><input type="radio"/> B. No (0%) funding from domestic sources</p> <p><input type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources</p> <p><input type="radio"/> D. Some (approx. 10-49%) funded from domestic sources</p> <p><input type="radio"/> E. Most (approx. 50-89%) funded from domestic sources</p> <p><input checked="" type="radio"/> F. All or almost all (approx. 90%+) funded from domestic sources</p>	<p>8.3 Score: 0.83</p>	<p>http://aidszeroportal.org/</p>	
<p>8.4 Supply Chain Plan: Does the country have an agreed-upon national supply chain plan that guides investments in the supply chain?</p>	<p><input type="radio"/> A. There is no plan or thoroughly annually reviewed supply chain standard operating procedure (SOP).</p> <p><input checked="" type="radio"/> B. There is a plan/SOP that includes the following components (check all that apply):</p> <p><input checked="" type="checkbox"/> Human resources</p> <p><input checked="" type="checkbox"/> Training</p> <p><input checked="" type="checkbox"/> Warehousing</p> <p><input checked="" type="checkbox"/> Distribution</p> <p><input checked="" type="checkbox"/> Reverse Logistics</p> <p><input checked="" type="checkbox"/> Waste management</p> <p><input checked="" type="checkbox"/> Information system</p> <p><input checked="" type="checkbox"/> Procurement</p> <p><input checked="" type="checkbox"/> Forecasting</p> <p><input checked="" type="checkbox"/> Supply planning and supervision</p> <p><input checked="" type="checkbox"/> Site supervision</p>	<p>8.4 Score: 2.22</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	<p>VMI system has been used and maintained by Government Pharmaceutical Organization</p>
<p>8.5 Supply Chain Plan Financing: What is the estimated percentage of financing for the supply chain plan that is provided by domestic sources (i.e. excluding donor funds)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. This information is not available.</p> <p><input type="radio"/> B. No (0%) funding from domestic sources.</p> <p><input type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources.</p> <p><input type="radio"/> D. Some (approx. 10-49%) funding from domestic sources.</p> <p><input type="radio"/> E. Most (approx. 50-89%) funding from domestic sources.</p> <p><input checked="" type="radio"/> F. All or almost all (approx. 90%+) funding from domestic sources.</p>	<p>8.5 Score: 0.83</p>	<p>Thailand National AIDS Strategies 2012-2016. National AIDS Management Center, MOPH</p>	

<p>8.6 Stock: Does the host country government manage processes and systems that ensure appropriate ARV stock levels?</p>	<p>Check all that apply:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> The group making re-supply decisions for ARVs, have timely visibility into the ARV stock on hand at facilities <input checked="" type="checkbox"/> Facilities are stocked with ARVs according to plan (above the minimum and below the maximum stock level) 90% of the time <input checked="" type="checkbox"/> MOH or other host government personnel make re-supply decisions with minimal external assistance: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Decision makers are not seconded or implementing partner staff <input checked="" type="checkbox"/> Supply chain data are maintained within the Ministry of Health and not solely stored by donor-funded projects <input checked="" type="checkbox"/> Team that conducts analysis of facility data is at least 50% host government 	<p>8.6 Score: 2.22</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	<p>VMI system has been used and maintained by Government Pharmaceutical Organization</p>
<p>8.7 Assessment: Was an overall score of above 80% achieved on the SCMS National Supply Chain Assessment or top quartile for an equivalent assessment conducted within the last three years?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<ul style="list-style-type: none"> <input type="radio"/> A. A comprehensive assessment has not been done <input type="radio"/> B. A comprehensive assessment has been done but the score was lower than 80% (for NSCA) or in the bottom three quartiles for the global average of other equivalent assessments <input checked="" type="radio"/> C. A comprehensive assessment has been done and the score was higher than 80% (for NSCA) or in the top quartile for the assessment 	<p>8.7 Score: 2.22</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p> <p>http://www.unaids.org/sites/default/files/en/dataanalysis/knownyourresponse/countryprogressreports/2014countries/THA_narrative_report_2014.pdf</p>	
<p>Commodity Security and Supply Chain Score: 10.00</p>				
<p>9. Quality Management: Host country has institutionalized quality management systems, plans, workforce capacities and other key inputs to ensure that modern quality improvement methodologies are applied to managing and providing HIV/AIDS services</p>			<p>Data Source</p>	<p>Notes/Comments</p>
<p>9.1 Existence of a Quality Management (QM) System: Does the host country government support appropriate QM structures to support continuous quality improvement (QI) at national, sub-national and site levels?</p>	<ul style="list-style-type: none"> <input type="radio"/> A. The host country government does not have structures or resources to support site-level continuous quality improvement <input checked="" type="radio"/> B. The host country government: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Has structures with dedicated focal points or leaders (e.g., committee, focal person, working groups, teams) at the national level, sub-national level and in a majority of sites where HIV/AIDS care and services are offered that are supporting site-level continuous quality improvement <input checked="" type="checkbox"/> Has a budget line item for the QM program <input checked="" type="checkbox"/> Supports a knowledge management platform (e.g., web site) and/or peer learning opportunities available to site QI participants to gain insights from other sites and interventions 	<p>9.1 Score: 2.00</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p> <p>http://www.cqihiv.com/IndexEn.aspx</p>	

<p>9.2 Quality Management/Quality Improvement (QM/QI) Plan: Is there a current (updated within the last 2 years) QM/QI plan? (The plan may be HIV program-specific or include HIV program-specific elements in a national health sector QM/QI plan.)</p>	<p><input type="radio"/> A. There is no HIV/AIDS-related QM/QI strategy</p> <p><input type="radio"/> B. There is a QM/QI strategy that includes HIV/AIDS, but it is not current (updated within the last 2 years)</p> <p><input type="radio"/> C. There is a current QM/QI strategy that includes HIV/AIDS program specific elements</p> <p><input checked="" type="radio"/> D. There is a current HIV/AIDS program specific QM/QI strategy</p>	<p>9.2 Score: 2.00</p>		<p>BATS</p>
<p>9.3 Performance Data Collection and Use for Improvement: Are HIV program performance measurement data systematically collected and analyzed to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting?</p>	<p><input type="radio"/> A. HIV program performance measurement data are not used to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting.</p> <p><input checked="" type="radio"/> B. HIV program performance measurement data are used to identify areas of patient care and services that can be improved through national decision making, policy, or priority setting (check all that apply):</p> <p><input checked="" type="checkbox"/> The national quality structure has a clinical data collection system from which local performance measurement data on prioritized measures are being collected, aggregated nationally, and analyzed for local and national improvement</p> <p><input checked="" type="checkbox"/> There is a system for sharing data at the national, SNU, and local level, with evidence that data is used to identify quality gaps and initiate QI activities</p> <p><input type="checkbox"/> There is documentation of results of QI activities and demonstration of national HIV program improvement</p>	<p>9.3 Score: 1.33</p>	<p>http://www.cqihiv.com/IndexEn.aspx http://www.cqihiv.com/MenuCasCade.aspx</p>	
<p>9.4 Health worker capacity for QM/QI: Does the host country government ensure that the health workforce has capacities to apply modern quality improvement methods to HIV/AIDS care and services?</p>	<p><input type="radio"/> A. There is no training or recognition offered to build health workforce competency in QI.</p> <p><input checked="" type="radio"/> B. There is health workforce competency-building in QI, including:</p> <p><input type="checkbox"/> Pre-service institutions incorporate modern quality improvement methods in curricula</p> <p><input type="checkbox"/> National in-service training (IST) curricula integrate quality improvement training for members of the health workforce (including managers) who provide or support HIV/AIDS services</p>	<p>9.4 Score: 0.00</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	<p>There have been efforts in training health care workers nationally. However, there is no system and financial investment in follow up or ongoing training. There is limited dedicated institution for in-service training for HIV.</p>

<p>9.5 Existence of QI Implementation: Does the host country government QM system use proven systematic approaches for QI?</p>	<p>The national-level QM structure:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provides oversight to ensure continuous quality improvement in HIV/AIDS care and services <input checked="" type="checkbox"/> Regularly convenes meetings that includes health services consumers <input checked="" type="checkbox"/> Routinely reviews national, sub-national and clinical outcome data to identify and prioritize areas for improvement <p>Sub-national QM structures:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide coordination and support to ensure continuous quality improvement in HIV/AIDS care and services <input type="checkbox"/> Regularly convene meetings that includes health services consumers <input type="checkbox"/> Routinely review national, sub-national and clinical outcome data to identify and prioritize areas for improvement <p>Site-level QM structures:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Undertake continuous quality improvement in HIV/AIDS care and services to identify and prioritize areas for improvement 	<p>9.5 Score: 0.86</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting. http://www.cqihiv.com/IndexEn.aspx</p>	
Quality Management Score:		6.19		
<p>10. Laboratory: The host country ensures adequate funds, policies, and regulations to ensure laboratory capacity (workforce, equipment, reagents, quality) matches the services required for PLHIV.</p>			Data Source	Notes/Comments
<p>10.1 Strategic Plan: Does the host country have a national laboratory strategic plan?</p>	<ul style="list-style-type: none"> <input type="radio"/> A. There is no national laboratory strategic plan <input type="radio"/> B. National laboratory strategic plan is under development <input type="radio"/> C. National laboratory strategic plan has been developed, but not approved <input checked="" type="radio"/> D. National laboratory strategic plan has been developed and approved <input type="radio"/> E. National laboratory plan has been developed, approved, and costed 	<p>10.1 Score: 1.25</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	
<p>10.2 Regulations to Monitor Quality of Laboratories and Point of Care Testing (POCT) Sites: To what extent does the host country have regulations in place to monitor the quality of its laboratories and POCT sites? (if exact or approximate percentage known, please note in Comments column)</p>	<ul style="list-style-type: none"> <input type="radio"/> A. Regulations do not exist to monitor minimum quality of laboratories in the country. <input type="radio"/> B. Regulations exist, but are not implemented (0% of laboratories and POCT sites regulated). <input type="radio"/> C. Regulations exist, but are minimally implemented (approx. 1-9% of laboratories and POCT sites regulated). <input type="radio"/> D. Regulations exist, but are partially implemented (approx. 10-49% of laboratories and POCT sites regulated). <input type="radio"/> E. Regulations exist and are mostly implemented (approx. 50-89% of laboratories and POCT sites regulated). <input checked="" type="radio"/> F. Regulations exist and are fully or almost fully implemented (approx. 90%+ of laboratories and POCT sites regulated). 	<p>10.2 Score: 1.67</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	

<p>10.3 Capacity of Laboratory Workforce: Does the host country have an adequate number of qualified laboratory personnel (human resources [HR]) in the public sector, to sustain key functions to meet the needs of PLHIV for diagnosis, monitoring treatment and viral load suppression?</p>	<p><input type="radio"/> A. There are not adequate qualified laboratory personnel to achieve sustained epidemic control</p> <p><input checked="" type="radio"/> B. There are adequate qualified laboratory personnel to perform the following key functions:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> HIV diagnosis in laboratories and point-of-care settings <input checked="" type="checkbox"/> TB diagnosis in laboratories and point-of-care settings <input checked="" type="checkbox"/> CD4 testing in laboratories and point-of-care settings <input checked="" type="checkbox"/> Viral load testing in laboratories and point-of-care settings <input checked="" type="checkbox"/> Early Infant Diagnosis in laboratories <input checked="" type="checkbox"/> Malaria infections in laboratories and point-of-care settings <input checked="" type="checkbox"/> Microbiology in laboratories and point-of-care settings <input checked="" type="checkbox"/> Blood banking in laboratories and point-of-care settings <input checked="" type="checkbox"/> Opportunistic infections including Cryptococcal antigen in laboratories and point-of-care settings 	<p>10.3 Score: 1.67</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	
<p>10.4 Viral Load Infrastructure: Does the host country have sufficient infrastructure to test for viral load to reach sustained epidemic control?</p>	<p><input type="radio"/> A. There is not sufficient infrastructure to test for viral load.</p> <p><input checked="" type="radio"/> B. There is sufficient infrastructure to test for viral load, including:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Sufficient viral load instruments and reagents <input checked="" type="checkbox"/> Appropriate maintenance agreements for instruments <input checked="" type="checkbox"/> Adequate specimen transport system and timely return of results 	<p>10.4 Score: 1.67</p>	<p>http://aidszeroportal.org/</p>	
<p>10.5 Domestic Funds for Laboratories: To what extent are laboratory services financed by domestic public or private resources (i.e. excluding external donor funding)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. No (0%) laboratory services are financed by domestic resources.</p> <p><input type="radio"/> B. Minimal (approx. 1-9%) laboratory services are financed by domestic resources.</p> <p><input type="radio"/> C. Some (approx. 10-49%) laboratory services are financed by domestic resources.</p> <p><input type="radio"/> D. Most (approx. 50-89%) laboratory services are financed by domestic resources.</p> <p><input checked="" type="radio"/> E. All or almost all (approx. 90%+) laboratory services are financed by domestic resources.</p>	<p>10.5 Score: 3.33</p>	<p>http://aidszeroportal.org/</p>	
Laboratory Score:		9.58		

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN B

Domain C. Strategic Investments, Efficiency, and Sustainable Financing

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

	Data Source	Notes/Comments
<p>11. Domestic Resource Mobilization: The partner country budgets for its HIV/AIDS response and makes adequate resource commitments and expenditures to achieve national HIV/AIDS goals for epidemic control in line with its financial ability.</p>	<p>11.1 Domestic Budget: To what extent does the national budget explicitly account for the national HIV/AIDS response?</p>	<p><input type="radio"/> A. There is no explicit funding for HIV/AIDS in the national budget.</p> <p><input checked="" type="radio"/> B. There is explicit HIV/AIDS funding within the national budget.</p> <p><input checked="" type="checkbox"/> The HIV/AIDS budget is program-based across ministries</p> <p><input checked="" type="checkbox"/> The budget includes or references indicators of progress toward national HIV/AIDS strategy goals</p> <p><input checked="" type="checkbox"/> The budget includes specific HIV/AIDS service delivery targets</p> <p><input checked="" type="checkbox"/> National budget reflects all sources of funding for HIV, including from external donors</p>
<p>11.1 Score: 2.22</p>	<p>http://aidszeroportal.org/</p>	
<p>11.2 Annual Targets: Did the most recent budget as executed achieve stated annual HIV/AIDS goals? (if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. There are no HIV/AIDS goals/targets articulated in the national budget</p> <p><input type="radio"/> B. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, but none (0%) were attained.</p> <p><input type="radio"/> C. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, but very few (approx. 1-9%) were attained.</p> <p><input type="radio"/> D. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, and some (approx. 10-49%) were reached.</p> <p><input checked="" type="radio"/> E. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, and most (approx. 50-89%) were reached.</p> <p><input type="radio"/> F. There are annual HIV/AIDS goals/targets articulated in the most recent national budget, and all or almost all (approx. 90%+) were reached.</p>	<p>11.2 Score: 1.67</p> <p>http://aidszeroportal.org/ http://namc.ddc.moph.go.th/namc/document/documentry/3-Strategy/แผนปฏิบัติการเร่งรัดการยุติปัญหาเอดส์/Aids%20Book%20Eng.pdf</p>

<p>11.3 Budget Execution: For the previous three years, what was the average execution rate for budgeted domestic HIV/AIDS resources (i.e. excluding any donor funds) at both the national and subnational level?</p> <p>(If subnational data does not exist or is not available, answer the question for the national level. Note level covered in the comments column)</p>	<p><input type="radio"/> A. Information is not available</p> <p><input type="radio"/> B. There is no national HIV/AIDS budget, or the execution rate was 0%.</p> <p><input type="radio"/> C. 1-9%</p> <p><input type="radio"/> D. 10-49%</p> <p><input checked="" type="radio"/> E. 50-89%</p> <p><input type="radio"/> F. 90% or greater</p>	<p>11.3 Score: 1.67</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	
<p>11.4 PLACEHOLDER for future indicator measuring country's financial ability to pay for its HIV response (will not be included in SID for COP 16)</p>				
<p>11.5 Domestic Spending: What percent of the annual national HIV response is financed with domestic public and domestic private sector HIV funding (excluding out-of-pocket and donor resources)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. None (0%) is financed with domestic funding.</p> <p><input type="radio"/> B. Very little (approx. 1-9%) is financed with domestic funding.</p> <p><input type="radio"/> C. Some (approx. 10-49%) is financed with domestic funding.</p> <p><input checked="" type="radio"/> D. Most (approx. 50-89%) is financed with domestic funding.</p> <p><input type="radio"/> E. All or almost all (approx. 90%+) is financed with domestic funding.</p>	<p>11.6 Score: 2.50</p>	<p>http://aidszeroportal.org/</p>	<p>89% domestic and 11% international in 2013 (NASA)</p>
<p align="right">Domestic Resource Mobilization Score:</p>		<p align="right">8.06</p>		

12. Technical and Allocative Efficiencies: The host country analyzes and uses relevant HIV/AIDS epidemiological, health, health workforce, and economic data to inform HIV/AIDS investment decisions. For maximizing impact, data are used to choose which high impact program services and interventions are to be implemented, where resources should be allocated, and what populations demonstrate the highest need and should be targeted (i.e. the right thing at the right place and at the right time). Unit costs are tracked and steps are taken to improve HIV/AIDS outcomes within the available resource envelope (or achieves comparable outcomes with fewer resources).				
			Data Source	Notes/Comments
<p>12.1 Resource Allocation Process: Does the partner country government utilize a recognized data-driven model to inform the allocation of domestic (i.e. non-donor) public HIV resources?</p> <p>(note: full score achieved by selecting one checkbox)</p>	<p><input type="radio"/> A. The host country government does not use one of the mechanisms listed below to inform the allocation of their resources.</p> <p><input checked="" type="radio"/> B. The host country government does use the following mechanisms to inform the allocation of their resources (check all that apply):</p> <p><input type="checkbox"/> Optima</p> <p><input checked="" type="checkbox"/> Spectrum (including EPP and Goals)</p> <p><input checked="" type="checkbox"/> AIDS Epidemic Model (AEM)</p> <p><input type="checkbox"/> Modes of Transmission (MOT) Model</p> <p><input type="checkbox"/> Other recognized process or model (specify in notes column)</p>	<p>12.1 Score: 1.43</p>	<p>http://aidszeroportal.org/</p> <p>http://namc.ddc.moph.go.th/namc/document/documentry/3-Strategy/แผนปฏิบัติการเร่งรัดการยุติปัญหาเอดส์/Aids%20Book%20Eng.pdf</p>	
<p>12.2 High Impact Interventions: What percentage of site-level point of service HIV domestic public sector resources (excluding any donor funds) are being allocated to the following set of interventions: provision of ART, VMMC, PMTCT, HTC, condoms, and targeted prevention for key and priority populations?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. Information not available</p> <p><input type="radio"/> B. No (0%) site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions.</p> <p><input type="radio"/> C. Minimal (approx. 1-9%) of site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions.</p> <p><input type="radio"/> D. Some (approx. 10-49%) of site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions.</p> <p><input checked="" type="radio"/> E. Most (approx. 50-89%) of site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions.</p> <p><input type="radio"/> F. All or almost all (approx. 90%+) of site-level, point-of-service domestic HIV resources are allocated to the listed set of interventions.</p>	<p>12.2 Score: 1.07</p>	<p>http://namc.ddc.moph.go.th/namc/document/documentry/3-Strategy/แผนปฏิบัติการเร่งรัดการยุติปัญหาเอดส์/Aids%20Book%20Eng.pdf</p>	

<p>12.3 Geographic Allocation: Of central government HIV-specific resources (excluding any donor funds) allocated to geographic subunits in the most recent year available, what percentage is being allocated in the highest burden geographic areas (i.e. districts that cumulatively account for 80% of PLHIV)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. Information not available.</p> <p><input type="radio"/> B. No resources (0%) are targeting the highest burden geographic areas.</p> <p><input type="radio"/> C. Minimal resources (approx. 1-9%) are targeting the highest burden geographic areas.</p> <p><input type="radio"/> D. Some resources (approx. 10-49%) are targeting the highest burden geographic areas.</p> <p><input checked="" type="radio"/> E. Most resources (approx. 50-89%) are targeting the highest burden geographic areas.</p> <p><input type="radio"/> F. All or almost all resources (approx. 90%+) are targeting the highest burden geographic areas.</p>	<p>12.3 Score: 1.07</p>	<p>http://namc.ddc.moph.go.th/namc/document/documentry/3-Strategy/แผนปฏิบัติการเร่งรัดการยุติปัญหาเอดส์/Aids%20Book%20Eng.pdf</p>	
<p>12.4 Data-Driven Reprogramming: Do host country government policies/systems allow for reprogramming domestic investments based on new or updated program data during the government funding cycle?</p>	<p><input type="radio"/> A. There is no system for funding cycle reprogramming</p> <p><input type="radio"/> B. There is a policy/system that allows for funding cycle reprogramming, but it is seldom used.</p> <p><input checked="" type="radio"/> C. There is a system that allows for funding cycle reprogramming and reprogramming is done as per the policy but not based on data</p> <p><input type="radio"/> D. There is a policy/system that allows for funding cycle reprogramming and reprogramming is done as per the policy and is based on data</p>	<p>Q3 Score: 0.95</p>	<p>http://namc.ddc.moph.go.th/namc/document/documentry/3-Strategy/แผนปฏิบัติการเร่งรัดการยุติปัญหาเอดส์/Aids%20Book%20Eng.pdf</p>	
<p>12.5 Unit Costs: Does the host country government use recent expenditure data or cost analysis (i.e. data from within the last three years) to estimate unit costs of HIV/AIDS services for budgeting or planning purposes?</p> <p>(note: full score can be achieved without checking all disaggregate boxes).</p>	<p><input type="radio"/> A. The host country government does not use recent expenditure data or cost analysis to estimate unit costs</p> <p><input checked="" type="radio"/> B. The host country government uses recent expenditure data or cost analysis to estimate unit costs for (check all that apply):</p> <p><input checked="" type="checkbox"/> HIV Testing</p> <p><input checked="" type="checkbox"/> Care and Support</p> <p><input checked="" type="checkbox"/> ART</p> <p><input checked="" type="checkbox"/> PMTCT</p> <p><input type="checkbox"/> VMMC</p> <p><input type="checkbox"/> OVC Service Package</p> <p><input checked="" type="checkbox"/> Key population Interventions</p>	<p>12.5 Score: 1.43</p>	<p>http://namc.ddc.moph.go.th/namc/document/documentry/3-Strategy/แผนปฏิบัติการเร่งรัดการยุติปัญหาเอดส์/Aids%20Book%20Eng.pdf</p>	

<p>12.6 Improving Efficiency: Has the partner country achieved any of the following efficiency improvements through actions taken within the last three years?</p>	<p>Check all that apply:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Improved operations or interventions based on the findings of cost-effectiveness or efficiency studies <input checked="" type="checkbox"/> Reduced overhead costs by streamlining management <input checked="" type="checkbox"/> Lowered unit costs by reducing fragmentation, i.e. pooled procurement, resource pooling, etc. <input checked="" type="checkbox"/> Improved procurement competition <input checked="" type="checkbox"/> Integrated HIV/AIDS into national or subnational insurance schemes (private or public -- need not be within last three years) <input type="checkbox"/> Integrated HIV into primary care services with linkages to specialist care (need not be within last three years) <input checked="" type="checkbox"/> Integrated TB and HIV services, including ART initiation in TB treatment settings and TB screening and treatment in HIV care settings (need not be within last three years) <input checked="" type="checkbox"/> Integrated HIV and MCH services, including ART initiated and maintained in eligible pregnant and postpartum women and in infants at maternal and child health care settings (need not be within last three years) <input checked="" type="checkbox"/> Developed and implemented other new and more efficient models of HIV service delivery (specify in comments) 	<p>12.6 Score: 1.27</p>	<p>http://namc.ddc.moph.go.th/namc/document/documentry/3-Strategy/แผนปฏิบัติการเร่งรัดการยุติปัญหาเอดส์/Aids%20Book%20Eng.pdf</p>	
<p>12.7 ARV Benchmark prices: How do the costs of ARVs (most common first line regimen) purchased in the previous year by the partner government using domestic resources compare to international benchmark prices for that year?</p> <p>(Use the "factory cost" of purchased commodities, excluding transport costs, distribution costs, etc.)</p>	<ul style="list-style-type: none"> <input type="radio"/> A. Partner government did not pay for any ARVs using domestic resources in the previous year. <input type="radio"/> B. Average price paid for ARVs by the partner government in the previous year was more than 50% greater than the international benchmark price for that regimen. <input type="radio"/> C. Average price paid for ARVs by the partner government in the previous year was 10-50% greater than the international benchmark price for that regimen. <input type="radio"/> D. Average price paid for ARVs by the partner government in the previous year was 1-10% greater than the international benchmark price for that regimen. <input checked="" type="radio"/> E. Average price paid for ARVs by the partner government in the previous year was below or equal to the international benchmark price for that regimen. 	<p>12.7 Score: 1.43</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	
<p>Technical and Allocative Efficiencies Score:</p>		<p>8.65</p>		

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN C

Domain D: Strategic Information

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

			Data Source	Notes/Comments
<p>13. Epidemiological and Health data: Host Country Government routinely collects, analyzes and makes available data on the HIV/AIDS epidemic and its effects on health outcomes. HIV/AIDS epidemiological and health data include size estimates of key populations, PLHIV, HIV incidence, HIV prevalence, viral load and AIDS-related mortality rates.</p>				
<p>13.1 Who Leads General Population Surveys & Surveillance: To what extent does the host country government lead and manage planning and implementation of the HIV/AIDS portfolio of general population epidemiological surveys and/or surveillance activities (population-based household surveys, case reporting/clinical surveillance, drug resistance surveillance, etc.)?</p>	<ul style="list-style-type: none"> <input type="radio"/> A. No HIV/AIDS general population surveys or surveillance activities have been conducted within the past 5 years <input type="radio"/> B. Surveys & surveillance activities are primarily planned and implemented by external agencies, organizations or institutions <input type="radio"/> C. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with substantial technical assistance from external agencies <input checked="" type="radio"/> D. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with some technical assistance from external agencies <input type="radio"/> E. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with minimal or no technical assistance from external agencies 	<p>13.1 Score: 0.71</p>	<p>http://aidszeroportal.org/ Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	<p>Bureau of Epidemiology, MOPH leads with technical support from CDC Thailand</p>
<p>13.2 Who Leads Key Population Surveys & Surveillance: To what extent does the host country government lead & manage planning and implementation of the HIV/AIDS portfolio of key population epidemiological surveys and/or behavioral surveillance activities (IBBS, size estimation studies, etc.)?</p>	<ul style="list-style-type: none"> <input type="radio"/> A. No HIV/AIDS key population surveys or surveillance activities have been conducted within the past 5 years <input type="radio"/> B. Surveys & surveillance activities are primarily planned and implemented by external agencies, organizations or institutions <input type="radio"/> C. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with substantial technical assistance from external agencies <input checked="" type="radio"/> D. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, with some technical assistance from external agencies <input type="radio"/> E. Surveys & surveillance activities are planned and implemented by the host country government/other domestic institution, without minimal or no technical assistance from external agencies 	<p>13.2 Score: 0.71</p>	<p>http://aidszeroportal.org/ http://namc.ddc.moph.go.th/namc/document/documentry/1-GARP/2015/20151004%20Final%202015%20GARP_full%20paper%20Eng.pdf</p>	<p>Bureau of Epidemiology, MOPH leads with technical support from CDC Thailand</p>
<p>13.3 Who Finances General Population Surveys & Surveillance: To what extent does the host country government fund the HIV/AIDS portfolio of general population epidemiological surveys and/or surveillance activities (e.g., protocol development, printing of paper-based tools, salaries and transportation for data collection, etc.)? (if exact or approximate percentage known, please note in Comments column)</p>	<ul style="list-style-type: none"> <input type="radio"/> A. No HIV/AIDS general population surveys or surveillance activities have been conducted within the past 5 years <input type="radio"/> B. No financing (0%) is provided by the host country government <input type="radio"/> C. Minimal financing (approx. 1-9%) is provided by the host country government <input type="radio"/> D. Some financing (approx. 10-49%) is provided by the host country government <input type="radio"/> E. Most financing (approx. 50-89%) is provided by the host country government <input checked="" type="radio"/> F. All or almost all financing (90% +) is provided by the host country government 	<p>13.3 Score: 1.67</p>	<p>http://aidszeroportal.org/ Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	<p>Bureau of Epidemiology, MOPH leads with technical support from CDC Thailand for new or revised HIV surveillance system e.g IBBS, HIV incidence surveillance</p>

<p>13.4 Who Finances Key Populations Surveys & Surveillance: To what extent does the host country government fund the HIV/AIDS portfolio of key population epidemiological surveys and/or behavioral surveillance activities (e.g., protocol development, printing of paper-based tools, salaries and transportation for data collection, etc.)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. No HIV/AIDS key population surveys or surveillance activities have been conducted within the past 5 years</p> <p><input type="radio"/> B. No financing (0%) is provided by the host country government</p> <p><input type="radio"/> C. Minimal financing (approx. 1-9%) is provided by the host country government</p> <p><input checked="" type="radio"/> D. Some financing (approx. 10-49%) is provided by the host country government</p> <p><input type="radio"/> E. Most financing (approx. 50-89%) is provided by the host country government</p> <p><input type="radio"/> F. All or almost all financing (approx. 90%+) is provided by the host country government</p>	<p>13.4 Score: 0.83</p>	<p>http://aidszeroportal.org/</p> <p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	<p>Bureau of Epidemiology, MOPH leads with partial funding support from CDC Thailand for new or revised HIV surveillance system e.g IBBS, HIV incidence surveillance</p>
<p>13.5 Comprehensiveness of Prevalence and Incidence Data: To what extent does the host country government collect HIV prevalence and incidence data according to relevant disaggregations, populations and geographic units? (Note: Full score possible without selecting all disaggregates.)</p>	<p>Check ALL boxes that apply below:</p> <p><input checked="" type="checkbox"/> A. The host country government collects at least every 5 years HIV prevalence data disaggregated by:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Sex <input checked="" type="checkbox"/> Key populations (FSW, PWID, MSM/transgender) <input checked="" type="checkbox"/> Priority populations (e.g., military, prisoners, young women & girls, etc.) <input checked="" type="checkbox"/> Sub-national units <p><input checked="" type="checkbox"/> B. The host country government collects at least every 5 years HIV incidence disaggregated by:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Sex <input type="checkbox"/> Key populations (FSW, PWID, MSM/transgender) <input checked="" type="checkbox"/> Priority populations (e.g., military, prisoners, young women & girls, etc.) <input type="checkbox"/> Sub-national units 	<p>13.5 Score: 0.83</p>	<p>http://aidszeroportal.org/</p> <p>http://namc.ddc.moph.go.th/namc/document/documentry/1-GARP/2015/20151004%20Final%202015%20GARP_full%20paper%20Eng.pdf</p>	<p>Bureau of Epidemiology, MOPH leads with partial funding support from CDC Thailand for new or revised HIV surveillance system e.g IBBS, HIV incidence surveillance</p>

<p>13.6 Comprehensiveness of Viral Load Data: To what extent does the host country government collect/report viral load data according to relevant disaggregations and across all PLHIV?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. The host country government does not collect/report viral load data or does not conduct viral load monitoring</p> <p><input checked="" type="radio"/> B. The host country government collects/reports viral load data (answer both subsections below):</p> <p>According to the following disaggregates (check ALL that apply):</p> <p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Sex</p> <p><input checked="" type="checkbox"/> Key populations (FSW, PWID, MSM/transgender)</p> <p><input checked="" type="checkbox"/> Priority populations (e.g., military, prisoners, young women & girls, etc.)</p> <p>For what proportion of PLHIV (select ONE of the following):</p> <p><input type="checkbox"/> Less than 25%</p> <p><input type="checkbox"/> 25-50%</p> <p><input checked="" type="checkbox"/> 50-75%</p> <p><input type="checkbox"/> More than 75%</p>	<p>13.6 Score: 0.83</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	<p>Data were collected in the National AIDS Program Database maintained by the national health security office. Those variables are available but current NHSO's policy does not allow to make those data publically available.</p>
<p>13.7 Comprehensiveness of Key and Priority Populations Data: To what extent does the host country government conduct IBBS and/or size estimation studies for key and priority populations? (Note: Full score possible without selecting all disaggregates.)</p>	<p><input type="radio"/> A. The host country government does not conduct IBBS or size estimation studies for key populations (FSW, PWID, MSM) or priority populations (Military, etc.).</p> <p><input checked="" type="radio"/> B. The host country government conducts (answer both subsections below):</p> <p>IBBS for (check ALL that apply):</p> <p><input checked="" type="checkbox"/> Female sex workers (FSW)</p> <p><input checked="" type="checkbox"/> Men who have sex with men (MSM)/transgender</p> <p><input checked="" type="checkbox"/> People who inject drugs (PWID)</p> <p><input checked="" type="checkbox"/> Priority populations (e.g., military, prisoners, young women & girls, etc.)</p> <p>Size estimation studies for (check ALL that apply):</p> <p><input checked="" type="checkbox"/> Female sex workers (FSW)</p> <p><input checked="" type="checkbox"/> Men who have sex with men (MSM)/transgender</p> <p><input checked="" type="checkbox"/> People who inject drugs (PWID)</p> <p><input checked="" type="checkbox"/> Priority populations (e.g., military, prisoners, young women & girls, etc.)</p>	<p>13.7 Score: 0.95</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p> <p>http://namc.ddc.moph.go.th/namc/document/documentry/1-GARP/2015/20151004%20Final%202015%20GARP_full%20paper%20Eng.pdf</p>	
<p>13.8 Timeliness of Epi and Surveillance Data: To what extent is a timeline for the collection of epidemiologic and surveillance data outlined in a national HIV/AIDS surveillance and survey strategy (or a national surveillance and survey strategy with specifics for HIV)?</p>	<p><input type="radio"/> A. There is no national HIV surveillance and surveys strategy, or a national surveillance and surveys strategy exists but does not include specifics for HIV surveillance and surveys</p> <p><input type="radio"/> B. A national HIV surveillance and surveys strategy exists (or a national surveillance and surveys strategy exists and includes specifics for HIV), but the strategy does not outline a timeline for data collection for all relevant population groups</p> <p><input checked="" type="radio"/> C. A national HIV surveillance and surveys strategy exists (or a national surveillance and surveys strategy exists and includes specifics for HIV), and outlines a timeline for data collection for all relevant population groups</p>	<p>13.8 Score: 0.95</p>	<p>http://namc.ddc.moph.go.th/namc/document/documentry/1-GARP/2015/20151004%20Final%202015%20GARP_full%20paper%20Eng.pdf</p> <p>http://namc.ddc.moph.go.th/namc/document/documentry/3-Strategy/แผนปฏิบัติการเร่งรัดการยุติปัญหาเอดส์/Aids%20Book%20Eng.pdf</p>	

<p>13.9 Quality of Surveillance and Survey Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS surveillance and survey data?</p>	<p><input type="radio"/> A. No governance structures, procedures or policies designed to assure surveys & surveillance data quality exist/could be documented.</p> <p><input checked="" type="radio"/> B. The following structures, procedures or policies exist to assure quality of surveys & surveillance data (check all that apply):</p> <p><input checked="" type="checkbox"/> A national surveillance unit or other entity is responsible for assuring the quality of surveys & surveillance data</p> <p><input checked="" type="checkbox"/> A national, approved surveys & surveillance strategy is in place, which outlines standards, policies and procedures for data quality assurance</p> <p><input checked="" type="checkbox"/> Standard national procedures & protocols exist for reviewing surveys & surveillance data for quality and sharing feedback with appropriate staff responsible for data collection</p> <p><input checked="" type="checkbox"/> An in-country internal review board (IRB) exists and reviews reviews all protocols.</p>	<p>13.9 Score: 0.95</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	
Epidemiological and Health Data Score:		8.45		
<p>14. Financial/Expenditure data: Government collects, tracks and analyzes and makes available financial data related to HIV/AIDS, including the financing and spending on HIV/AIDS expenditures from all financing sources, costing, and economic evaluation, efficiency and market demand analyses for cost-effectiveness.</p>	Data Source	Notes/Comments		
<p>14.1 Who Leads Collection of Expenditure Data: To what extent does the host country government lead & manage a national expenditure tracking system to collect HIV/AIDS expenditure data?</p>	<p><input type="radio"/> A. No tracking of public HIV/AIDS expenditures has occurred within the past 5 years</p> <p><input type="radio"/> B. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA), but planning and implementation is primarily led by external agencies, organizations, or institutions</p> <p><input type="radio"/> C. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA) and planning and implementation is led by the host country government, with substantial external technical assistance</p> <p><input type="radio"/> D. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA) and planning and implementation is led by the host country government, with some external technical assistance</p> <p><input checked="" type="radio"/> E. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA), and planning and implementation is led by the host country government, with minimal or no external technical assistance</p>	<p>14.1 Score: 1.67</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p> <p>http://namc.ddc.moph.go.th/namc/document/documentry/1-GARP/2015/20151004%20Final%202015%20GARP_full%20paper%20Eng.pdf</p> <p>http://namc.ddc.moph.go.th/namc/document/documentry/3-Strategy/แผนปฏิบัติการเร่งรัดการยุติปัญหาเอดส์/Aids%20Book%20Eng.pdf</p>	
<p>14.2 Who Finances Collection of Expenditure Data: To what extent does the host country government finance the collection of HIV/AIDS expenditure data (e.g., printing of paper-based tools, salaries and transportation for data collection, etc.)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. No HIV/AIDS expenditure tracking has occurred within the past 5 years</p> <p><input type="radio"/> B. No financing (0%) is provided by the host country government</p> <p><input type="radio"/> C. Minimal financing (approx. 1-9%) is provided by the host country government</p> <p><input type="radio"/> D. Some financing (approx. 10-49%) is provided by the host country government</p> <p><input type="radio"/> E. Most financing (approx. 50-89%) is provided by the host country government</p> <p><input checked="" type="radio"/> F. All or almost all financing (90%+) is provided by the host country government</p>	<p>14.2 Score: 3.33</p>	<p>http://namc.ddc.moph.go.th/namc/document/documentry/1-GARP/2015/20151004%20Final%202015%20GARP_full%20paper%20Eng.pdf</p> <p>http://namc.ddc.moph.go.th/namc/document/documentry/3-Strategy/แผนปฏิบัติการเร่งรัดการยุติปัญหาเอดส์/Aids%20Book%20Eng.pdf</p>	

<p>14.3 Comprehensiveness of Expenditure Data: To what extent does the host country government collect HIV/AIDS public sector expenditures according to funding source, expenditure type, program and geographic area?</p>	<p><input type="radio"/> A. No HIV/AIDS expenditure tracking has occurred within the past 5 years</p> <p><input checked="" type="radio"/> B. HIV/AIDS expenditure data are collected (check all that apply):</p> <p><input checked="" type="checkbox"/> By source of financing, such as domestic public, domestic private, out-of-pocket, Global Fund, PEPFAR, others</p> <p><input checked="" type="checkbox"/> By expenditures per program area, such as prevention, care, treatment, health systems strengthening</p> <p><input type="checkbox"/> By type of expenditure, such as training, overhead, vehicles, supplies, commodities/reagents, personnel</p> <p><input type="checkbox"/> Sub-nationally</p>	<p>14.3 Score: 0.83</p>	<p>http://namc.ddc.moph.go.th/namc/document/documentry/1-GARP/2015/20151004%20Final%202015%20GARP_full%20paper%20Eng.pdf http://namc.ddc.moph.go.th/namc/document/documentry/3-Strategy/แผนปฏิบัติการเร่งรัดการยุติปัญหาเอดส์/Aids%20Book%20Eng.pdf</p>	
<p>14.4 Timeliness of Expenditure Data: To what extent are expenditure data collected in a timely way to inform program planning and budgeting decisions?</p>	<p><input type="radio"/> A. No HIV/AIDS expenditure data are collected</p> <p><input type="radio"/> B. HIV/AIDS expenditure data are collected irregularly, and more than 3 years ago</p> <p><input type="radio"/> C. HIV/AIDS expenditure data were collected at least once in the past 3 years</p> <p><input type="radio"/> D. HIV/AIDS expenditure data are collected annually but represent more than one year of expenditures</p> <p><input checked="" type="radio"/> E. HIV/AIDS expenditure data are collected annually and represent only one year of expenditures</p>	<p>14.4 Score: 1.67</p>	<p>http://aidszeroportal.org/</p>	
<p>14.5 Economic Studies: Does the host country government conduct health economic studies or analyses for HIV/AIDS?</p>	<p><input type="radio"/> A. The host country government does not conduct health economic studies or analyses for HIV/AIDS</p> <p><input checked="" type="radio"/> B. The host country government conducts (check all that apply):</p> <p><input checked="" type="checkbox"/> Costing</p> <p><input checked="" type="checkbox"/> Economic evaluation (e.g., cost-effectiveness analysis and cost-benefit analysis)</p> <p><input type="checkbox"/> Efficiency analysis (e.g., efficiency of service delivery by public and private sector, resource allocation)</p> <p><input type="checkbox"/> Market demand analysis</p>	<p>14.5 Score: 0.83</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	<p>NHSO, BATS</p>
Financial/Expenditure Data Score: 8.33				
<p>15. Performance data: Government routinely collects, analyzes and makes available HIV/AIDS service delivery data. Service delivery data are analyzed to track program performance, i.e. coverage of key interventions, results against targets, and the continuum of care and treatment cascade, including linkage to care, adherence and retention.</p>			Data Source	Notes/Comments
<p>15.1 Who Leads Collection of Service Delivery Data: To what extent is the routine collection of HIV/AIDS service delivery data institutionalized in an information system and managed and operated by the host country government?</p>	<p><input type="radio"/> A. No system exists for routine collection of HIV/AIDS service delivery data</p> <p><input type="radio"/> B. Multiple unharmonized or parallel information systems exist that are managed and operated separately by various government entities, local institutions and/or external agencies/institutions</p> <p><input type="radio"/> C. One information system, or a harmonized set of complementary information systems, exists and is primarily managed and operated by an external agency/institution</p> <p><input type="radio"/> D. One information system, or a harmonized set of complementary information systems, exists and is managed and operated by the host country government with technical assistance from external agency/institution</p> <p><input type="radio"/> E. One information system, or a harmonized set of complementary information systems, exists and is managed and operated by the host country government</p>	<p>15.1 Score: 0.33</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	<p>Data were collected in the National AIDS Program Database maintained by the national health security office. Those variables are available but current NHSO's policy does not allow to make those data publically available.</p>

<p>15.2 Who Finances Collection of Service Delivery Data: To what extent does the host country government finance the routine collection of HIV/AIDS service delivery data (e.g., salaries of data clerks/M&E staff, printing & distribution of paper-based tools, electronic reporting system maintenance, data quality supervision, etc.)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. No routine collection of HIV/AIDS service delivery data exists</p> <p><input type="radio"/> B. No financing (0%) is provided by the host country government</p> <p><input type="radio"/> C. Minimal financing (approx. 1-9%) is provided by the host country government</p> <p><input type="radio"/> D. Some financing (approx. 10-49%) is provided by the host country government</p> <p><input type="radio"/> E. Most financing (approx. 50-89%) is provided by the host country government</p> <p><input checked="" type="radio"/> F. All or almost all financing (90%+) is provided by the host country government</p>	<p>15.2 Score: 3.33</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	<p>Data were collected in the National AIDS Program Database maintained by the national health security office. Those variables are available but current NHSO's policy does not allow to make those data publically available.</p>
<p>15.3 Comprehensiveness of Service Delivery Data: To what extent does the host country government collect HIV/AIDS service delivery data by population, program and geographic area? (Note: Full score possible without selecting all disaggregates.)</p>	<p>Check ALL boxes that apply below:</p> <p><input checked="" type="checkbox"/> A. The host country government routinely collects & reports service delivery data for:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> HIV Testing <input checked="" type="checkbox"/> PMTCT <input checked="" type="checkbox"/> Adult Care and Support <input checked="" type="checkbox"/> Adult Treatment <input checked="" type="checkbox"/> Pediatric Care and Support <input type="checkbox"/> Orphans and Vulnerable Children <input type="checkbox"/> Voluntary Medical Male Circumcision <input checked="" type="checkbox"/> HIV Prevention <input checked="" type="checkbox"/> AIDS-related mortality <p><input checked="" type="checkbox"/> B. Service delivery data are being collected:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> By key population (FSW, PWID, MSM/transgender) <input type="checkbox"/> By priority population (e.g., military, prisoners, young women & girls, etc.) <input checked="" type="checkbox"/> By age & sex <input checked="" type="checkbox"/> From all facility sites (public, private, faith-based, etc.) <input checked="" type="checkbox"/> From all community sites (public, private, faith-based, etc.) 	<p>15.3 Score: 1.22</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	<p>Data were collected in the National AIDS Program Database maintained by the national health security office. Those variables are available but current NHSO's policy does not allow to make those data publically available.</p>
<p>15.4 Timeliness of Service Delivery Data: To what extent are HIV/AIDS service delivery data collected in a timely way to inform analysis of program performance?</p>	<p><input type="radio"/> A. The host country government does not routinely collect/report HIV/AIDS service delivery data</p> <p><input checked="" type="radio"/> B. The host country government collects & reports service delivery data annually</p> <p><input type="radio"/> C. The host country government collects & reports service delivery data semi-annually</p> <p><input type="radio"/> D. The host country government collects & reports service delivery data at least quarterly</p>	<p>15.4 Score: 0.44</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	<p>Data were collected in the National AIDS Program Database maintained by the national health security office. Those variables are available but current NHSO's policy does not allow to make those data publically available.</p>

<p>15.5 Analysis of Service Delivery Data: To what extent does the host country government routinely analyze service delivery data to measure program performance (i.e., continuum of care cascade, coverage, retention, AIDS-related mortality rates)?</p>	<p><input type="radio"/> A. The host country government does not routinely analyze service delivery data to measure program performance</p> <p><input checked="" type="radio"/> B. Service delivery data are being analyzed to measure program performance in the following ways (check all that apply):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Continuum of care cascade for each identified priority population (e.g., military, prisoners, young women & girls, etc.), including HIV testing, linkage to care, treatment, adherence and retention <input type="checkbox"/> Continuum of care cascade for each relevant key population (FSW, PWID, MSM/transgender), including HIV testing, linkage to care, treatment, adherence and retention <input checked="" type="checkbox"/> Results against targets <input checked="" type="checkbox"/> Coverage of key treatment & prevention services (ART, PMTCT, VMMC, etc.) <input type="checkbox"/> Site-specific yield for HIV testing (HTC and PMTCT) <input checked="" type="checkbox"/> AIDS-related mortality rates <input type="checkbox"/> Variations in performance by sub-national unit <input checked="" type="checkbox"/> Creation of maps to facilitate geographic analysis 	<p>15.5 Score: 0.83</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	<p>Data were collected in the National AIDS Program Database maintained by the national health security office. Those variables are available but current NHSO's policy does not allow to make those data publically available.</p>
<p>15.6 Quality of Service Delivery Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS service delivery data?</p>	<p><input type="radio"/> A. No governance structures, procedures or policies designed to assure service delivery data quality exist/could be documented.</p> <p><input checked="" type="radio"/> B. The following structures, procedures or policies exist to assure quality of service delivery data (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> A national, approved data quality strategy is in place, which outlines standards, policies and procedures for HIV/AIDS data quality assurance <input type="checkbox"/> A national protocol exists for routine (at least annual) Data Quality Audits/Assessments of key HIV program indicators, which are led and implemented by the host country government <input type="checkbox"/> Standard national procedures & protocols exist for routine data quality checks at the point of data entry <input checked="" type="checkbox"/> Data quality reports are published and shared with relevant ministries/government entities & partner organizations <input checked="" type="checkbox"/> The host country government leads routine (at least annual) data review meetings at national & subnational levels to review data quality issues and outline improvement plans 	<p>15.6 Score: 0.53</p>	<p>Multi-stakeholder consensus - 4 Feb 2016 at DDC, MOPH in the GARP report working group meeting.</p>	<p>Data were collected in the National AIDS Program Database maintained by the national health security office. Those variables are available but current NHSO's policy does not allow to make those data publically available.</p>
<p>Performance Data Score:</p>		<p>6.70</p>		

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN D