

2016 Sustainability Index and Dashboard Summary: Mozambique

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

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)

Country Overview: Mozambique is a predominantly rural country of approximately 27 million people challenged by a severe generalized HIV epidemic. National HIV prevalence is 11.5% with substantial variation in regional prevalence rates ranging from 25.1% in Southern provinces to 3.7% in Northern provinces. In 2015, there were an estimated 1,643,065¹ people living with HIV, with a higher prevalence among women (13.1% vs 9.2% in men) and especially among young women (aged 15-24 years), particularly in Sofala and Gaza provinces, where they are disproportionately affected at rates five and six times higher in comparison to men (Fig 1.1.1). Prevalence among adolescent girls is estimated at 11.1%.² Of the estimated number of PLHIV, 47% are currently on ART. The HIV epidemic has contributed to a low life expectancy of 51 years, and there are approximately 848,000 orphaned children.

Key drivers of Mozambique's HIV epidemic are low coverage of ART, risky sexual behaviors, low rates of male circumcision, infrequent and inconsistent condom use, mobility and migration, and sex work. Qualitative studies highlight social and cultural factors that shape attitudes and behaviors toward risk, sexual relations, prevention, care seeking and use of services.

SID Process: The SID completion process in Mozambique was designed to be as inclusive as possible. The consultation involved a series of nine meetings with key stakeholders including the MOH, multilateral partners, and civil society. Over 40 participants provided input and the final product was vetted by the Government of Mozambique during a daylong review.

¹ EPP SPECTRUM Version 5.03.2014; 2015 estimate

² AIDS Indicator Survey INSIDA 2009

Sustainability Strengths:

- **Human Resources for Health (7.83, light green):** Human resources for health have been an area of significant donor investment in years past. As a result, Mozambique has made significant strides in the capacity of its health cadres. More than any other element in the SID, this is an area where domestic financing is playing a prominent role, with the vast majority of health care workers funded by the national government. While these achievements are laudable, there continue to be ongoing shortages and healthcare worker to population ratios are far below the WHO recommended levels.
- **Program Planning and Coordination (7.33, light green):** The Ministry of Health has provided exemplary leadership in planning and coordinating the national HIV response. Mozambique has developed national strategic plans for HIV treatment acceleration, supply chain restructuring, and laboratory systems in partnership with PEPFAR, UNAIDS, and Global Fund.
- **Utilization of Performance Data (7.78, light green):** The Ministry of Health, in coordination with donor partners, has developed a robust monitoring and evaluation platform which provides critical strategic information to decision makers in a timely manner. Decision making at the MOH is data driven and leadership is well versed in data interpretation and utilization.

Sustainability Vulnerabilities:

- **Domestic Resource Mobilization (2.50, red):** Mozambique has suffered significant internal and external economic shocks over the past 12 months which have made increased domestic investment in the health sector challenging. Despite this, health remains a key priority for the Government of Mozambique and donor partners will continue to provide support to planning efforts for sustainable health financing.
- **Laboratory Services (3.24, red):** The laboratory system in Mozambique has struggled to achieve rapid expansion of viral load capacity over the past year. Mozambique has a parallel laboratory supply chain and low number of adequately trained laboratory technicians which impact the Government of Mozambique's ability to build a sustainable platform. Donors will continue to provide robust support to the laboratory system in Mozambique with a focus on viral load monitoring, quality control, and increased technician capacity.
- **Civil Society Engagement (2.83, red):** Engagement between the Government of Mozambique and civil society is hosted through the National Council to Combat AIDS (CNCS). This organization has been under acting leadership for the past year and is not fully funded in the current national budget. As a result, CNCS has not been able to adequately engage civil society and incorporate their concerns into national plans or

technical guidance. Through the work of UNAIDS and other donors, civil society is increasing its visibility and voice in the national dialogue on HIV/AIDS.

Additional Observations: Although the Access to Public Information and the Private Sector Participation elements scored in the red (3.0 & 2.36 respectively), they are not listed above as a PEPFAR priority because of significant recent engagements in these areas by the World Bank, UNAIDS, and the Global Fund. The PEPFAR team in Mozambique feels better positioned to address other priorities.

Contact: For questions or further information about PEPFAR's efforts to support sustainability of the HIV response in Mozambique, please contact Ryan McGee at McGeeRD@state.gov.

Sustainability Analysis for Epidemic Control: Mozambique

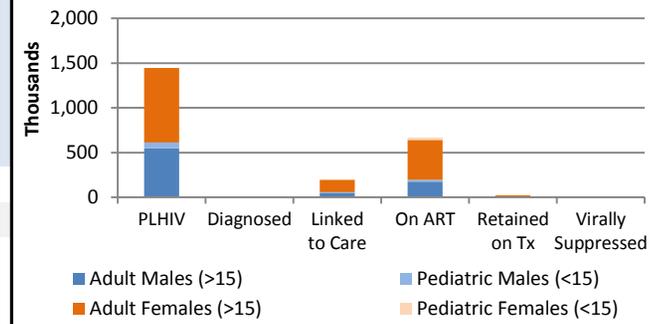
Epidemic Type: Generalized
 Income Level: Low-income
 PEPFAR Categorization: Long-term Strategy
 PEPFAR COP 16 Planning Level: \$389M

SUSTAINABILITY DOMAINS AND ELEMENTS

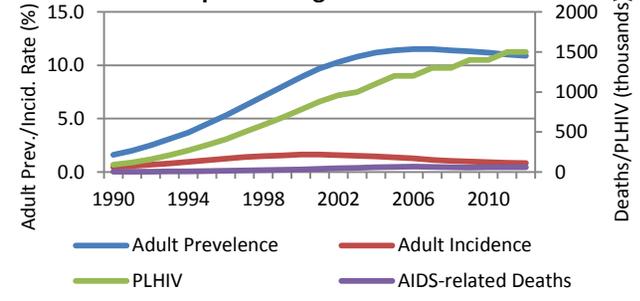
	2016	2017	2018	2019
Governance, Leadership, and Accountability				
1. Planning and Coordination	7.33			
2. Policies and Governance	3.76			
3. Civil Society Engagement	2.83			
4. Private Sector Engagement	2.36			
5. Public Access to Information	3.00			
National Health System and Service Delivery				
6. Service Delivery	4.91			
7. Human Resources for Health	7.83			
8. Commodity Security and Supply Chain	4.99			
9. Quality Management	3.52			
10. Laboratory	3.24			
Strategic Investments, Efficiency, and Sustainable Financing				
11. Domestic Resource Mobilization	2.50			
12. Technical and Allocative Efficiencies	4.44			
Strategic Information				
13. Epidemiological and Health Data	4.70			
14. Financial/Expenditure Data	4.17			
15. Performance Data	7.78			

CONTEXTUAL DATA

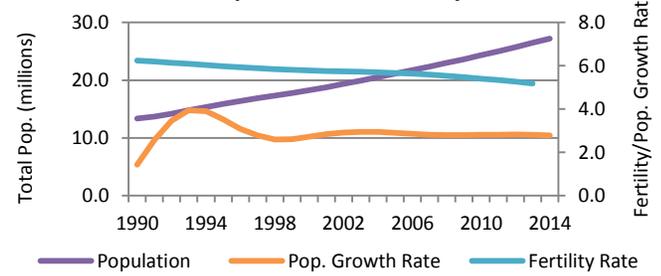
National Clinical Cascade



Epidemiological Data

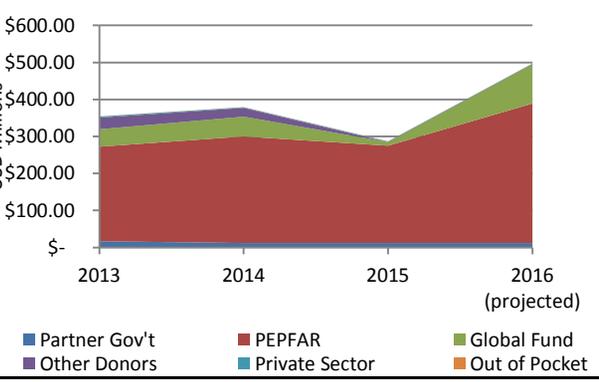


Population and Fertility

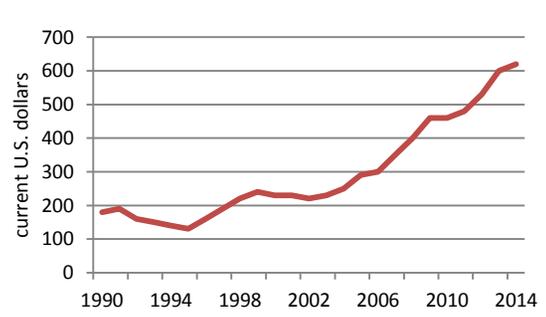


CONTEXTUAL DATA

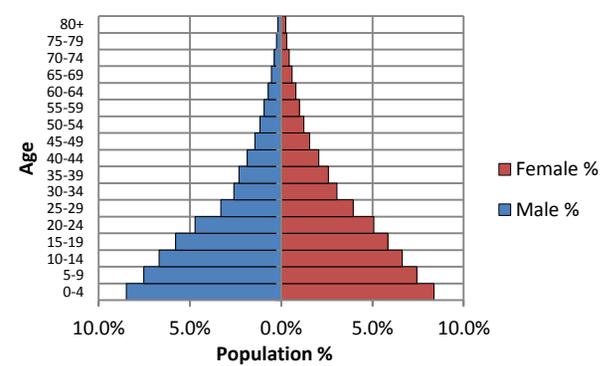
Financing the HIV Response



GNI Per Capita (Atlas Method)



Population Pyramid (2015)



Domain A. Governance, Leadership, and Accountability

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

1. Planning and Coordination: Host country develops, implements, and oversees a costed multiyear national strategy and serves as the preeminent architect and convener of a coordinated HIV/AIDS response in the country across all levels of government and key stakeholders, civil society and the private sector.	Data Source	Notes/Comments
<p>1.1 Content of National Strategy: Does the country have a multi-year, costed national strategy to respond to HIV?</p>	<p><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 VMCMs, 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>1. Plano Estrategico Nacional IV (PEN IV) 2015; 2. National HIV/AIDS acceleration plan 2013-2017</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 type="checkbox"/> Civil society actively participated in the development of the strategy</p> <p><input type="checkbox"/> Private health sector providers, facilities, and training institutions, actively participated in the development of the strategy</p> <p><input 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: 1.00</p> <p>1. Plano Estrategico Nacional IV (PEN IV) 2015; 2. National HIV/AIDS acceleration plan 2013-2017</p>

<p>1.3 Coordination of National HIV Implementation: To what extent does the host country government coordinate all HIV/AIDS implemented activities in the country, including those funded or implemented by CSOs, private sector, and donor implementing partners?</p>	<p>Check all that apply:</p> <p><input checked="" type="checkbox"/> There is an effective mechanism within the host country government for internally coordinating HIV/AIDS activities implemented by various government ministries, institutions, offices, etc.</p> <p><input checked="" type="checkbox"/> The host country government routinely tracks and maps HIV/AIDS activities of:</p> <p><input checked="" type="checkbox"/> civil society organizations</p> <p><input type="checkbox"/> private sector</p> <p><input checked="" type="checkbox"/> donors</p> <p><input checked="" type="checkbox"/> The host country government leads a mechanism or process (i.e. committee, working group, etc.) that routinely convenes key internal and external stakeholders and implementers of the national response for planning and coordination purposes.</p> <p><input type="checkbox"/> Joint operational plans are developed that include key activities of implementing organizations.</p> <p><input type="checkbox"/> Duplications and gaps among various government, CSO, private sector, and donor activities are systematically identified and addressed.</p>	<p>1.3 Score: 1.33</p>	<p>1. Based on multi stake holder consensus. Meeting Date: 2/11/2015; 2. The existence of the National AIDS Commission, and various HIV AIDS technical working groups (government and donor) support this finding</p>	
<p>1.4 Sub-national Unit Accountability: Is there a mechanism by which sub-national units are accountable to national HIV/AIDS goals or targets? (note: equal points for B and C)</p>	<p><input type="radio"/> A. There is no formal link between the national plan and sub-national service delivery.</p> <p><input checked="" type="radio"/> B. Sub-national units have performance targets that contribute to aggregate national goals or targets.</p> <p><input type="radio"/> C. The central government is responsible for service delivery at the sub-national level.</p>	<p>1.4 Score: 2.50</p>	<p>1. Plano Estratégico do Sector da Saúde (PESS) 2014-2019 (2014), 2. Mozambique District Budget Plan (PESOD) 2014 PESOD</p>	
<p>Planning and Coordination Score:</p>		<p>7.33</p>		

<p>2. Policies and Governance: Host country develops, implements, and oversees a wide range of policies, laws, and regulations that will achieve coverage of high impact interventions, ensure social and legal protection and equity for those accessing HIV/AIDS services, eliminate stigma and discrimination, and sustain epidemic control within the national HIV/AIDS response.</p>	<p>Data Source</p>	<p>Notes/Comments</p>		
<p>2.1 WHO Guidelines for ART Initiation: Does current national HIV/AIDS technical practice follow current or recent WHO guidelines for initiation of ART?</p>	<p>For each category below, check <u>no more than one box</u> that reflects current national policy for ART initiation:</p> <p>A. Adults (>19 years)</p> <p><input type="checkbox"/> Test and START (current WHO Guideline)</p> <p><input checked="" 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 type="checkbox"/> Test and START (current WHO Guideline)</p> <p><input checked="" type="checkbox"/> CD4<500</p> <p>D. Children (<10 years)</p> <p><input type="checkbox"/> Test and START (current WHO Guideline)</p> <p><input checked="" type="checkbox"/> CD4<500 or clinical eligibility</p>	<p>2.1 Score: 0.89</p>	<p>1. CD4 500 Adults: Multistakeholder consensus based on PEPAFR conversations with Dra. Aleny, GRM HIV Program Director, and Vice Minister of Health Dr. Musinho Meeting Date: 2/1/2015 (one of many meetings on this issue); 2. Ministry of Health (MISAU) HIV Acceleration Plan (2013)</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 type="checkbox"/> A national public health services act that includes the control of HIV</p> <p><input checked="" type="checkbox"/> A task-shifting policy that allows trained non-physician clinicians, midwives, and nurses to initiate and dispense ART</p> <p><input type="checkbox"/> A task-shifting policy that allows trained and supervised community health workers to dispense ART between regular clinical visits</p> <p><input type="checkbox"/> Policies that permit patients stable on ART to have reduced clinical visits (i.e. every 6-12 months)</p> <p><input checked="" type="checkbox"/> Policies that permit patients stable on ART to have reduced ARV pickups (i.e. every 3-6 months)</p>	<p>2.2 Score: 0.82</p>	<p>1. National HIV/AIDS acceleration plan 2013-2017Acceleration Plan, 2. National Grupo de Apoio a Adesão Comunitário (GAAC) Strategy (December 2015)</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: 0.32</p>	<p>1. Lei de Protecção da Pessoa, do trabalhador e do Candidato a Emprego Vivendo com HIV e SIDA 2014. 2. Lei de Defesa dos Direitos e Combate à Estigmatização e Discriminação das Pessoas Vivendo com HIV e SIDA 2014</p>	

	<p>Prisoners:</p> <p><input 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 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 type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is enforced</p> <p>Criminalization of sex work:</p> <p><input type="checkbox"/> Law/policy exists</p> <p><input type="checkbox"/> Law/policy is enforced</p>	<p>2.4 Score: 1.37</p>	<p>Multistakeholder consensus 2/16/2015 (awaiting details on specific laws/policies)</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 type="checkbox"/> To educate key populations about their legal rights in terms of access to HIV services</p> <p><input 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: 0.36</p>	<p>Multistakeholder consensus 2/16/2015</p>	<p>Efforts not laws per se. Efforts coordinated by the NAC and the SC Platform</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 checked="" 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 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: 0.00</p>	<p>NA</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 checked="" 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 type="radio"/> C. The host country government does respond to audit findings by implementing changes which can be tracked by legislature or other bodies that hold government accountable.</p>	<p>2.7 Score: 0.00</p>	<p>See above.</p>	
Policies and Governance Score:		3.76		

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 checked="" 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 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: 0.83</p>	<p>Multistakeholder consensus 2/16/2015</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 checked="" 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 type="radio"/> C. There are functional formal channels and opportunities for civil society engagement and feedback. Check all that apply:</p> <p><input type="checkbox"/> During strategic and annual planning</p> <p><input type="checkbox"/> In joint annual program reviews</p> <p><input type="checkbox"/> For policy development</p> <p><input type="checkbox"/> As members of technical working groups</p> <p><input type="checkbox"/> Involvement on government HIV/AIDS program evaluation teams</p> <p><input type="checkbox"/> Involvement in surveys/studies</p> <p><input type="checkbox"/> Collecting and reporting on client feedback</p>	<p>3.2 Score: 1.67</p>	<p>Multistakeholder consensus 2/16/2015</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 type="checkbox"/> In programmatic decision making</p> <p><input type="checkbox"/> In technical decision making</p> <p><input type="checkbox"/> In service delivery</p> <p><input type="checkbox"/> In HIV/AIDS basket or national health financing decisions</p>	<p>3.3 Score: 0.33</p>	<p>1. Multistakeholder consensus 2/16/2015</p>	
<p>3.4 Domestic Funding of Civil Society: To what extent are HIV/AIDS related Civil Society Organizations funded domestically (either from government, private sector, or self generated funds)?</p> <p>(if exact or approximate overall percentage known, or the percentages from the various domestic sources, please note in Comments column)</p>	<p><input checked="" type="radio"/> A. No funding (0%) for HIV/AIDS related civil society organizations comes from domestic sources.</p> <p><input type="radio"/> B. Minimal funding (approx. 1-9%) for HIV/AIDS related civil society organizations comes from domestic sources.</p> <p><input type="radio"/> C. Some funding (approx. 10-49%) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients).</p> <p><input type="radio"/> D. Most funding (approx. 50-89%) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants through government Principal Recipients).</p> <p><input type="radio"/> E. All or almost all funding (approx. 90%+) for HIV/AIDS related civil society organizations comes from domestic sources (not including Global Fund grants).</p>	<p>3.4 Score: 0.00</p>	<p>1. Plano Estrategico Nacional IV (PEN IV) 2015;</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 checked="" type="radio"/> A. The legislative and regulatory framework is not conducive for engagement in HIV service provision or health advocacy</p> <p><input type="radio"/> B. The legislative and regulatory framework is conducive for engagement in HIV service delivery and health advocacy as follows (check all that apply):</p> <p><input type="checkbox"/> Significant tax deductions for business or individual contributions to not-for-profit CSOs</p> <p><input type="checkbox"/> Significant tax exemptions for not-for-profit CSOs</p> <p><input type="checkbox"/> Open competition among CSOs to provide government-funded services</p> <p><input type="checkbox"/> Freedom for CSOs to advocate for policy, legal and programmatic change</p> <p><input type="checkbox"/> There is a national public private partnership (PPP) technical working group or desk officer within the government (ministry of health, finance, or president's office) in which CSOs or non-profit organizations participate/engage.</p>	<p>3.5 Score: 0.00</p>	<p>Multistakeholder consensus 2/16/2015</p>	
<p>Civil Society Engagement Score: 2.83</p>				

4. Private Sector Engagement			Data Source	Notes/Comments
<p>4. Private Sector Engagement: Global as well as local private sector (both private health care providers and private business) is an active partner in the HIV/AIDS response through service delivery provision when appropriate, advocacy efforts as needed, innovation, and as a key stakeholder to inform the national HIV/AIDS response. There are supportive policies and mechanisms for the private sector to engage and to review and provide feedback regarding public programs, services and fiscal management of the national HIV/AIDS response. The public uses the private sector for HIV service delivery at a similar level as other health care needs.</p>				
<p>4.1 Government Channels and Opportunities for Private Sector Engagement: Does host country government have formal channels and opportunities for diverse private sector entities to engage and provide feedback on its HIV/AIDS policies, programs, and services?</p>	<p><input type="radio"/> A. There are no formal channels or opportunities</p> <p><input checked="" type="radio"/> B. There are formal channels or opportunities, but private sector is called upon in an ad hoc manner to provide inputs and feedback</p> <p><input type="radio"/> C. There are functional formal channels and opportunities for private sector engagement and feedback. Check all that apply:</p> <p><input type="checkbox"/> Corporate contributions, private philanthropy and giving</p> <p><input type="checkbox"/> Joint (i.e. public-private) supervision and quality oversight of private facilities</p> <p><input type="checkbox"/> Collection of service delivery and client satisfaction data from private providers</p> <p><input type="checkbox"/> Tracking of private training institution HRH graduates and placements</p> <p><input type="checkbox"/> Contributing to develop innovative solutions, both technology and systems innovation</p> <p><input type="checkbox"/> For technical advisory on best practices and delivery solutions</p>	<p>4.1 Score: 0.83</p>	<p>Multistakeholder consensus 2/16/2015</p>	<p>Private sector participation in delivery of HIV services is very limited in Mozambique as the state remains the dominant actor in the sector (providing over 90% of services). Private sector participates as a service provider (transport, IT services etc)</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>Multistakeholder consensus 2/16/2015</p>	
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<p>4.3 Legal Framework for Private Health Sector: Does the legislative and regulatory framework make provisions for the needs of the private health sector (including hospitals, networks, and insurers)?</p>	<p>The legislative and regulatory framework makes the following provisions (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Systems are in place for service provision and/or research reporting by private sector facilities to the government. <input type="checkbox"/> Mechanisms exist to ensure that private providers receive, understand and adhere to national guidelines/protocols for ART. <input type="checkbox"/> Tax deductions for private health providers. <input type="checkbox"/> Tax deductions for private training institutions training health workers. <input type="checkbox"/> Open competition for private health providers to compete for government services. <input type="checkbox"/> General or HIV/AIDS-specific service agreement frameworks exist between local government authorities/municipalities and private providers at the sub-national unit (e.g. district) levels. <input 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: 0.42</p>	<p>Multistakeholder consensus 2/16/2015</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>Multistakeholder consensus 2/16/2015</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 checked="" type="radio"/> A. There are no enablers for private health service provision for lower and middle-income HIV patients.</p> <p><input type="radio"/> B. The host country government enables private health service provision for lower and middle-income patients in the following ways (check all that apply):</p> <p><input type="checkbox"/> Private for-profit providers are eligible to procure HIV and/or ART commodities via public sector procurement channels and/or vertical programs.</p> <p><input type="checkbox"/> The private sector scope of practice for physicians, nurses and midwives serving low and middle-income patients currently includes HIV and/or ART service provision.</p>	<p>4.5 Score: 0.00</p>	<p>Multistakeholder consensus 2/16/2015</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>Multistakeholder consensus 2/16/2015</p>	
<p>Private Sector Engagement Score:</p>		<p>2.36</p>		

5. Public Access to Information: Host government widely disseminates timely and reliable information on the implementation of HIV/AIDS policies and programs, including goals, progress and challenges towards achieving HIV/AIDS targets, as well as fiscal information (public revenues, budgets, expenditures, large contract awards , etc.) related to HIV/AIDS. Program and audit reports are published publically. Efforts are made to ensure public has access to data through print distribution, websites, radio or other methods of disseminating information.			
		Source of Data	Notes/Comments
<p>5.1 Surveillance and Survey Transparency: Does the host country government ensure that HIV/AIDS surveillance and survey data, or at least a summary report of data, and analyses are made available to stakeholders and general public in a timely way?</p>	<p><input type="radio"/> A. The host country government does not make HIV/AIDS surveillance and survey summary reports available to stakeholders and the general public, or they are made available 3 or more years after the date of collection.</p> <p><input checked="" type="radio"/> B. The host country government makes HIV/AIDS surveillance and survey summary reports available to stakeholders and the general public within 1-3 years.</p> <p><input type="radio"/> C. The host country government makes HIV/AIDS surveillance and survey summary reports available to stakeholders and the general public within the same year.</p>	<p>5.1 Score: 1.00</p>	<p>Multistakeholder consensus 2/25/2015</p>
<p>5.2 Expenditure Transparency: Does the host country government make annual HIV/AIDS expenditure data, or at a minimum at least a summary of it, available to stakeholders and the public in a timely way?</p>	<p><input checked="" type="radio"/> A. The host country government does not make HIV/AIDS expenditure summary reports available to stakeholders and the general public or they are made available 3 or more years after the date of expenditures.</p> <p><input type="radio"/> B. The host country government makes HIV/AIDS expenditure summary reports available to stakeholders and the general public or website within 1-3 years after date of expenditures.</p> <p><input type="radio"/> C. The host country government makes HIV/AIDS expenditure summary reports available to stakeholders and the general public within 1 year after expenditures.</p>	<p>5.2 Score: 0.00</p>	<p>NA</p> <p>MOH budgets can not be broken down by programmatic area.</p>
<p>5.3 Performance and Service Delivery Transparency: Does the host country government make annual HIV/AIDS program performance and service delivery data (or at a minimum of summary of it) available to stakeholders and the public in a timely way?</p>	<p><input checked="" type="radio"/> A. The host country government does not make HIV/AIDS program performance and service delivery summary reports available to stakeholders and the general public or they are made available 3 or more years after the date of programming.</p> <p><input type="radio"/> B. The host country government makes HIV/AIDS program performance and service delivery summary reports available to stakeholders and the general public within 1-3 years after date of programming.</p> <p><input type="radio"/> C. The host country government makes HIV/AIDS program performance and service delivery summary reports available to stakeholders and the general public within 1 year after date of programming .</p>	<p>5.3 Score: 0.00</p>	<p>Multistakeholder consensus 2/25/2015</p>

<p>5.4 Procurement Transparency: Does the host country government make government HIV/AIDS procurements public in a timely way?</p>	<p><input checked="" 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 type="radio"/> D. Host Country government makes HIV/AIDS procurements, and both tender and award details available.</p>	<p>5.4 Score: 0.00</p>	<p>NA</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>Multistakeholder consensus 2/25/2015</p>	<p>The MOH does fulfil this role however they are not highly proficient.</p>
<p>Public Access to Information Score: 3.00</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>1. Ministry of Health (MISAU), Plano Estratégico do Sector da Saúde (PESS) 2014-2019 (2014); 2. Plano Estrategico Nacional IV (PEN IV) 2015;</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 checked="" type="checkbox"/> National guidelines detailing how to operationalize HIV services in communities</p> <p><input checked="" type="checkbox"/> Providing official recognition to skilled human resources (e.g. community health workers) working and delivering HIV services in communities</p> <p><input checked="" type="checkbox"/> Providing financial support for community-based services</p> <p><input checked="" type="checkbox"/> Providing supply chain support for community-based services</p> <p><input checked="" type="checkbox"/> Supporting linkages between facility- and community-based services through formalized bidirectional referral services (e.g., use of national reporting systems to refer and monitor referrals for completeness)</p>	<p>6.2 Score: 1.11</p>	<p>1. Estrategia Nacional para a Promocao da Saude, 2010; 2. APES strategy/guiao operacional- 2011, 3. Guia de referencia e contrareferencia- MISAU : promocao de acesso e adesao aos cuidados de saude primarios e servicos sociais</p>	<p>GoM finances about USD1.4 million for CBOs through the NAC for HIV community activities, which includes community-health services.</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 checked="" 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 type="radio"/> D. Host country institutions provide most (approx. 50-89%) financing for delivery of HIV/AIDS services in high burden areas</p> <p><input type="radio"/> E. Host country institutions provide all or almost all (approx. 90%+) financing for delivery of HIV/AIDS services in high burden areas</p>	<p>6.3 Score: 0.42</p>	<p>1. Conselho Nacional de Combate ao HIV e SIDA, National AIDS Spending Assessment 2010-2011 (2014), http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/report/2007/nasa_mozambique_0506_20070408_en.pdf; 2. Conselho Nacional de Combate ao HIV e SIDA Global AIDS Response Progress Reporting (2015), http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2015/UNAIDS_Gap_report_en.pdf</p>	<p>Counterpart financing of HIV remains very low.</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 checked="" type="radio"/> B. Host country institutions deliver HIV/AIDS services in high burden areas but with substantial external technical assistance.</p> <p><input 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: 0.37</p>	<p>1. National HIV/AIDS acceleration plan 2013-2017 2. National HIV program annual report 2014; 3. PEPFAR Country Operational Plan 2015</p>	<p>Government remains the major provider of HIV services, with substantial external assistance from PEPFAR and other partners</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 checked="" 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 type="radio"/> D. Host country institutions provide most (approx. 50-89%) financing for delivery of HIV/AIDS services to key populations in high burden areas.</p> <p><input type="radio"/> E. Host country institutions provide all or almost all (approx. 90%+) financing for delivery of HIV/AIDS services to key populations in high burden areas.</p>	<p>6.5 Score: 0.42</p>	<p>1. Conselho Nacional de Combate ao HIV e SIDA, National AIDS Spending Assessment 2010-2011 (2014), http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/report/2007/nasa_mozambique_0506_20070408_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>1. National HIV/AIDS acceleration plan 2013-2017 2. PEPFAR Country Operational Plan 2015,</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 checked="" type="checkbox"/> Assesses current and future staffing needs based on HIV/AIDS program goals and budget realities for high burden locations.</p> <p><input type="checkbox"/> Develops sub-national level budgets that allocate resources to high burden service delivery locations.</p> <p><input type="checkbox"/> Effectively engages with civil society in program planning and evaluation of services .</p> <p><input type="checkbox"/> Designs a staff performance management plan to assure that staff working at high burden sites maintain good clinical and technical skills, such as through training and/or mentorship.</p>	<p>6.7 Score: 0.56</p>	<p>1. National HIV/AIDS acceleration plan 2013-2017 (2013); 2. Minsitry of Health (MISAU), Plano Estratégico do Sector da Saúde (PESS) 2014-2019 (2014);</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 type="checkbox"/> Use epidemiologic and program data to measure effectiveness of sub-national level programs in delivering needed HIV/AIDS services in right locations. <input checked="" type="checkbox"/> Assess current and future staffing needs based on HIV/AIDS program goals and budget realities for high burden locations. <input checked="" type="checkbox"/> Develop sub-national level budgets that allocate resources to high burden service delivery locations. <input type="checkbox"/> Effectively engage with civil society in program planning and evaluation of services. <input type="checkbox"/> Design a staff performance management plan to assure that staff working at high burden sites maintain good clinical and technical skills, such as through training and/or mentorship. 	<p>6.8 Score: 0.56</p>	<p>1. National HIV/AIDS acceleration plan 2013-2017 2. Mozambique District Budget Plan (PESOD) 2014</p>	
Service Delivery Score		4.91		
<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 checked="" 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: 0.33</p>	<p>1. Mozambique MOH Human Resources Annual Report, 2014 2. Plano Nacional de Desenvolvimento de Recursos Humanos de Saúde 2008 - 2015, (PNDRH) (2008)</p>	<p>Pre-service education institutions are producing health care workers at its maximum scale. However, not all are retained in the system.</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 checked="" type="radio"/> D. There is an inventory and plan for donor-supported workers to be transitioned, and staff are being transitioned according to this plan <input type="radio"/> E. No plan is necessary because all HIV/AIDS health worker salaries are already locally financed/compensated 	<p>7.2 Score: 1.00</p>	<p>1. Mozambique MOH Human Resources Annual Report, 2014</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>1. Ministry of Health (MISAU), Plano Estratégico do Sector da Saúde (PESS) 2014-2019 (2014); 2. Plano Nacional de Desenvolvimento de Recursos Humanos de Saúde 2008 - 2015, (PNDRH) (2008)</p>	<p>Salaries are paid by the GRM, but USG provides significant amount of salary incentives and overtime pay according to EA data that total is \$89 million.</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 type="checkbox"/> Institutions maintain process for continuously updating content, including HIV/AIDS content</p> <p><input checked="" type="checkbox"/> Updated curricula contain training related to stigma & discrimination of PLWHA</p> <p><input checked="" type="checkbox"/> Institutions track student employment after graduation to inform planning</p>	<p>7.4 Score: 1.17</p>	<p>1. Mozambique MOH Human Resources Annual Report, 2014</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 type="checkbox"/> Host country government implements minimal (approx. 1-9%) HIV/AIDS related in-service training</p> <p><input type="checkbox"/> Host country government implements some (approx. 10-49%) HIV/AIDS in-service training</p> <p><input type="checkbox"/> Host country government implements most (approx. 50-89%) HIV/AIDS in-service training</p> <p><input type="checkbox"/> Host country government implements all or almost all (approx. 90%+) HIV/AIDS in-service training</p> <p><input type="checkbox"/> B. The host country government has a national plan for institutionalizing (establishing capacity within local institutions to deliver) donor-supported in-service training in HIV/AIDS</p> <p><input type="checkbox"/> C. The host country government requires continuing professional development, a form of in-service training, for re-licensure for key clinicians</p> <p><input checked="" type="checkbox"/> D. The host country government maintains a database to track training for HIV/AIDS, and allocates training based on need (e.g. focusing on high burden areas)</p>	<p>7.5 Score: 0.67</p>	<p>1. Estrategia de Formacao Continua, Sistema de Informacao de Formacao (SIFO) 2010</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 checked="" type="checkbox"/> Host country institutions use HR data from the system for planning and management (e.g. health worker deployment)</p>	<p>7.6 Score: 1.33</p>	<p>1. Mozambique MOH Human Resources Annual Report, 2014</p>	
Human Resources for Health Score		7.83		
<p>8. Commodity Security and Supply Chain: The National HIV/AIDS response ensures a secure, reliable and adequate supply and distribution of quality products, including drugs, lab and medical supplies, health items, and equipment required for effective and efficient HIV/AIDS prevention, diagnosis and treatment. Host country efficiently manages product selection, forecasting and supply planning, procurement, warehousing and inventory management, transportation, dispensing and waste management reducing costs while maintaining quality.</p>			Data Source	Notes/Comments
<p>8.1 ARV Domestic Financing: What is the estimated percentage of ARV procurement funded by domestic sources? (Domestic sources includes public sector and private sector but excludes donor and out-of-pocket funds)</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. This information is not known.</p> <p><input type="radio"/> B. No (0%) funding from domestic sources</p> <p><input checked="" type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources</p> <p><input type="radio"/> D. Some (approx. 10-49%) funded from domestic sources</p> <p><input type="radio"/> E. Most (approx. 50 – 89%) funded from domestic sources</p> <p><input type="radio"/> F. All or almost all (approx. 90%+) funded from domestic sources</p>	<p>8.1 Score: 0.21</p>	<p>1. Conselho Nacional de Combate ao HIV e SIDA, National AIDS Spending Assessment 2010-2011 (2014), http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/report/2007/nasa_mozambique_0506_20070408_en.pdf;</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 checked="" type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources</p> <p><input type="radio"/> D. Some (approx. 10-49%) funded from domestic sources</p> <p><input type="radio"/> E. Most (approx. 50-89%) funded from domestic sources</p> <p><input type="radio"/> F. All or almost all (approx. 90%+) funded from domestic sources</p>	<p>8.2 Score: 0.21</p>	<p>1. Conselho Nacional de Combate ao HIV e SIDA, National AIDS Spending Assessment 2010-2011 (2014), http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/report/2007/nasa_mozambique_0506_20070408_en.pdf;</p>	

<p>8.3 Condom Domestic Financing: What is the estimated percentage of condom procurement funded by domestic (not donor) sources? <i>Note:</i> The denominator should be the supply of free or subsidized condoms provided to public or private sector health facilities or community based programs.</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. This information is not known</p> <p><input checked="" type="radio"/> B. No (0%) funding from domestic sources</p> <p><input type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources</p> <p><input type="radio"/> D. Some (approx. 10-49%) funded from domestic sources</p> <p><input type="radio"/> E. Most (approx. 50-89%) funded from domestic sources</p> <p><input type="radio"/> F. All or almost all (approx. 90%+) funded from domestic sources</p>	<p>8.3 Score: 0.00</p>	<p>1. Conselho Nacional de Combate ao HIV e SIDA, National AIDS Spending Assessment 2010-2011 (2014), http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/report/2007/nasa_mozambique_0506_20070408_en.pdf;</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 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: 2.02</p>	<p>1. Mozambique Pharmaceutical Logistics Strategic Plan (PELF) 2014</p>	<p>Adopted in 2013 with work plan approved in 2014</p>
<p>8.5 Supply Chain Plan Financing: What is the estimated percentage of financing for the supply chain plan that is provided by domestic sources (i.e. excluding donor funds)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. This information is not available.</p> <p><input type="radio"/> B. No (0%) funding from domestic sources.</p> <p><input checked="" type="radio"/> C. Minimal (approx. 1-9%) funding from domestic sources.</p> <p><input type="radio"/> D. Some (approx. 10-49%) funding from domestic sources.</p> <p><input type="radio"/> E. Most (approx. 50-89%) funding from domestic sources.</p> <p><input type="radio"/> F. All or almost all (approx. 90%+) funding from domestic sources.</p>	<p>8.5 Score: 0.21</p>	<p>1. Conselho Nacional de Combate ao HIV e SIDA, National AIDS Spending Assessment 2010-2011 (2014), http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/report/2007/nasa_mozambique_0506_20070408_en.pdf;</p>	<p>The plan is not entirely financed.</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> <p><input type="checkbox"/> The group making re-supply decisions for ARVs, have timely visibility into the ARV stock on hand at facilities</p> <p><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</p> <p><input checked="" type="checkbox"/> MOH or other host government personnel make re-supply decisions with minimal external assistance:</p> <p><input type="checkbox"/> Decision makers are not seconded or implementing partner staff</p> <p><input checked="" type="checkbox"/> Supply chain data are maintained within the Ministry of Health and not solely stored by donor-funded projects</p> <p><input checked="" type="checkbox"/> Team that conducts analysis of facility data is at least 50% host government</p>	<p>8.6 Score: 1.23</p>	<p>1. Multistakeholder consensus based on composition of HIV Medicines Working Group 2. Conselho Nacional de Combate ao HIV e SIDA, National AIDS Spending Assessment 2010-2011 (2014), http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/report/2007/nasa_mozambique_0506_20070408_en.pdf;</p>	<p>Timely visibility for stock on hand is limited to warehouses. Performance of this function relies heavily on external assistance</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>	<p><input type="radio"/> A. A comprehensive assessment has not been done</p> <p><input checked="" type="radio"/> B. A comprehensive assessment has been done but the score was lower than 80% (for NSCA) or in the bottom three quartiles for the global average of other equivalent assessments</p> <p><input type="radio"/> C. A comprehensive assessment has been done and the score was higher than 80% (for NSCA) or in the top quartile for the assessment</p>	<p>8.7 Score: 1.11</p>	<p>1. Mozambique National Supply Chain Assessment 2015</p>	
<p>Commodity Security and Supply Chain Score:</p>		<p>4.99</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>	<p><input type="radio"/> A. The host country government does not have structures or resources to support site-level continuous quality improvement</p> <p><input checked="" type="radio"/> B. The host country government:</p> <p><input checked="" type="checkbox"/> Has structures with dedicated focal points or leaders (e.g., committee, focal person, working groups, teams) at the national level, sub-national level and in a majority of sites where HIV/AIDS care and services are offered that are supporting site-level continuous quality improvement</p> <p><input type="checkbox"/> Has a budget line item for the QM program</p> <p><input type="checkbox"/> Supports a knowledge management platform (e.g., web site) and/or peer learning opportunities available to site QI participants to gain insights from other sites and interventions</p>	<p>9.1 Score: 0.67</p>	<p>1. MOH Quality Improvement Strategy 2014</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>1. MOH Quality Improvement Strategy 2014</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>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 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 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: 0.00</p>	<p>1. MOH Quality Improvement Strategy 2014</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 checked="" type="radio"/> A. There is no training or recognition offered to build health workforce competency in QI.</p> <p><input 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>1. MOH Quality Improvement Strategy 2014</p>	

<p>9.5 Existence of QI Implementation: Does the host country government QM system use proven systematic approaches for QI?</p>	<p>The national-level QM structure:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provides oversight to ensure continuous quality improvement in HIV/AIDS care and services <input type="checkbox"/> Regularly convenes meetings that includes health services consumers <input type="checkbox"/> Routinely reviews national, sub-national and clinical outcome data to identify and prioritize areas for improvement <p>Sub-national QM structures:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Provide coordination and support to ensure continuous quality improvement in HIV/AIDS care and services <input type="checkbox"/> Regularly convene meetings that includes health services consumers <input checked="" 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>1. MOH Quality Improvement Strategy 2014</p>	
Quality Management Score:		3.52		
<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 checked="" 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 type="radio"/> D. National laboratory strategic plan has been developed and approved <input type="radio"/> E. National laboratory plan has been developed, approved, and costed 	<p>8.1 Score: 0.42</p>	<p>1. Based on multistakeholder consensus meeting date 2/16/2016</p>	<p>National strategic plan developed for period 2012 - 2015. Plan was utilised in draft format. Plans underway for the development of a new strategic plan.</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 checked="" type="radio"/> C. Regulations exist, but are minimally implemented (approx. 1-9% of laboratories and POCT sites regulated). <input type="radio"/> D. Regulations exist, but are partially implemented (approx. 10-49% of laboratories and POCT sites regulated). <input type="radio"/> E. Regulations exist and are mostly implemented (approx. 50-89% of laboratories and POCT sites regulated). <input type="radio"/> F. Regulations exist and are fully or almost fully implemented (approx. 90%+ of laboratories and POCT sites regulated). 	<p>8.2 Score: 0.42</p>	<p>1. Based on multistakeholder consensus 2/16/2016 2. National quality assurance and accreditation program, Draft National Laboratory Policy (2012)</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 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 type="checkbox"/> Malaria infections in laboratories and point-of-care settings <input type="checkbox"/> Microbiology in laboratories and point-of-care settings <input type="checkbox"/> Blood banking in laboratories and point-of-care settings <input type="checkbox"/> Opportunistic infections including Cryptococcal antigen in laboratories and point-of-care settings 	<p>8.3 Score: 0.74</p>	<p>1. As reported by the Central Laboratory Department 2/16/2016 2. Plano Nacional de Desenvolvimento de Recursos Humanos de Saúde 2008 - 2015, (PNDRH) (2008)</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 checked="" type="radio"/> A. There is not sufficient infrastructure to test for viral load.</p> <p><input type="radio"/> B. There is sufficient infrastructure to test for viral load, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sufficient viral load instruments and reagents <input type="checkbox"/> Appropriate maintenance agreements for instruments <input type="checkbox"/> Adequate specimen transport system and timely return of results 	<p>8.4 Score: 0.00</p>	<p>1. Viral Load Scale Up Plan 2016 Infrastructure adequate for targeted monitoring. Must be expanded for transition to routine monitoring</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)? (if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. No (0%) laboratory services are financed by domestic resources.</p> <p><input type="radio"/> B. Minimal (approx. 1-9%) laboratory services are financed by domestic resources.</p> <p><input checked="" type="radio"/> C. Some (approx. 10-49%) laboratory services are financed by domestic resources.</p> <p><input type="radio"/> D. Most (approx. 50-89%) laboratory services are financed by domestic resources.</p> <p><input type="radio"/> E. All or almost all (approx. 90%+) laboratory services are financed by domestic resources.</p>	<p>8.5 Score: 1.67</p>	<p>1. Budget for the Central Laboratory Department 2015</p>
<p>Laboratory Score:</p>		<p>3.24</p>	

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN B

Domain C. Strategic Investments, Efficiency, and Sustainable Financing

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

	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>11.1 Score: 1.67</p>	<p>1. Mozambique Budget Law 2015; 2. UNICEF 2014 Health Sector Budget Brief 2014, http://www.unicef.org/about/annualreport/files/Mozambique_Annual_Report_2014.pdf</p> <p>- USG support is on-budget. - The budget is program based for the Ministry of Health, which links expenditure to Plano Estratégico do Sector da Saúde (PESS) 2014-2019 (2014) outcomes.</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>11.2 Score: 0.00</p>	<p>1. Mozambique Budget Law 2015; 2. UNICEF 2014 Health Sector Budget Brief 2014, http://www.unicef.org/about/annualreport/files/Mozambique_Annual_Report_2014.pdf</p> <p>There is no tracking mechanism for expenditures against the domestic HIV budget.</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 checked="" type="radio"/> A. Information is not available</p> <p><input type="radio"/> B. There is no national HIV/AIDS budget, or the execution rate was 0%.</p> <p><input type="radio"/> C. 1-9%</p> <p><input type="radio"/> D. 10-49%</p> <p><input type="radio"/> E. 50-89%</p> <p><input type="radio"/> F. 90% or greater</p>	<p>11.3 Score: 0.00</p>	<p>1. Ministry of Health (MISAU), Relatorio OE (2015)</p>	<p>Over the past years, MoH execution rate was above 90%. Subnational expenditure from domestic budget refers to NAC functioning but there is no publicly available data.</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 checked="" 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 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: 0.83</p>	<p>1. Conselho Nacional de Combate ao HIV e SIDA Global AIDS Response Progress Reporting (2015), http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2015/UNAIDS_Gap_report_en.pdf</p>	
<p>Domestic Resource Mobilization Score:</p>		<p>2.50</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 checked="" type="checkbox"/> Modes of Transmission (MOT) Model</p> <p><input checked="" type="checkbox"/> Other recognized process or model (specify in notes column)</p>	<p>12.1 Score: 1.43</p>	<p>1. MISAU, HIV Acceleration Plan (2013); 2. Plano Estratégico do Sector da Saúde (PESS) 2014-2019 (2014); 3. Conselho Nacional de Combate ao HIV e SIDA, National Strategic Plan IV (2015)</p>	<p>Domestic public expenditure was used for HIV program, operational costs for the NAC and HSS. However, the GRM uses Goals Model and National AIDS Spending Assessment to decide on resource allocation.</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 checked="" 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 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: 0.00</p>	<p>NA</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 checked="" 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 type="radio"/> E. Most resources (approx. 50-89%) are targeting the highest burden geographic areas.</p> <p><input type="radio"/> F. All or almost all resources (approx. 90%+) are targeting the highest burden geographic areas.</p>	<p>12.3 Score: 0.00</p>	<p>NA</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>1. Conselho Nacional de Combate ao HIV e SIDA, National Strategic Plan IV (2015)</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 checked="" type="checkbox"/> VMMC</p> <p><input checked="" type="checkbox"/> OVC Service Package</p> <p><input checked="" type="checkbox"/> Key population Interventions</p>	<p>12.5 Score: 1.43</p>	<p>1. Conselho Nacional de Combate ao HIV e SIDA, National Strategic Plan IV (2015)</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> <p><input type="checkbox"/> Improved operations or interventions based on the findings of cost-effectiveness or efficiency studies</p> <p><input type="checkbox"/> Reduced overhead costs by streamlining management</p> <p><input type="checkbox"/> Lowered unit costs by reducing fragmentation, i.e. pooled procurement, resource pooling, etc.</p> <p><input checked="" type="checkbox"/> Improved procurement competition</p> <p><input type="checkbox"/> Integrated HIV/AIDS into national or subnational insurance schemes (private or public -- need not be within last three years)</p> <p><input checked="" type="checkbox"/> Integrated HIV into primary care services with linkages to specialist care (need not be within last three years)</p> <p><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)</p> <p><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)</p> <p><input type="checkbox"/> Developed and implemented other new and more efficient models of HIV service delivery (specify in comments)</p>	<p>12.6 Score: 0.63</p>	<p>1. MISAU HIV Program Results in 2014 (2015); 2. Global Fund Concept Note 2014</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>	<p><input checked="" type="radio"/> A. Partner government did not pay for any ARVs using domestic resources in the previous year.</p> <p><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.</p> <p><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.</p> <p><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.</p> <p><input type="radio"/> E. Average price paid for ARVs by the partner government in the previous year was below or equal to the international benchmark price for that regimen.</p>	<p>12.7 Score: 0.00</p>	<p>1. Ministry of Health (MISAU), Relatorio OE (2015)</p>	
<p>Technical and Allocative Efficiencies Score:</p>		<p>4.44</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>	<p><input type="radio"/> A. No HIV/AIDS general population surveys or surveillance activities have been conducted within the past 5 years</p> <p><input type="radio"/> B. Surveys & surveillance activities are primarily planned and implemented by external agencies, organizations or institutions</p> <p><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</p> <p><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</p> <p><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>	<p>13.1 Score: 0.71</p>	<p>1. PEPFAR COP 14 & COP 15; ICF Macro Workplan</p> <p>2.</p>	<p>IMASIDA is a INS/INE initiatives to which partners were invited to participate. Most of resources are provided by external partners.</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>	<p><input type="radio"/> A. No HIV/AIDS key population surveys or surveillance activities have been conducted within the past 5 years</p> <p><input type="radio"/> B. Surveys & surveillance activities are primarily planned and implemented by external agencies, organizations or institutions</p> <p><input checked="" 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</p> <p><input 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</p> <p><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>	<p>13.2 Score: 0.48</p>	<p>1. Integrated Biobehavioral Survey reports for CSW (2013), MSM (2013), LDTD (2013), Miners (2013), Prisoners (2013), PWID (to be published in 2016)</p>	<p>Led by INS with technical and financial support from UCSF and other USG funded partners.</p> <p>In 2015, MoH HIV program joint the technical team and committed their GF resources to support implementation of MTS/II.</p> <p>IBBS on Prisoners was done by INS and Ministry of Justice.</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.)?</p> <p>(if exact or approximate percentage known, please note in Comments column)</p>	<p><input type="radio"/> A. No HIV/AIDS general population surveys or surveillance activities have been conducted within the past 5 years</p> <p><input type="radio"/> B. No financing (0%) is provided by the host country government</p> <p><input checked="" type="radio"/> C. Minimal financing (approx. 1-9%) is provided by the host country government</p> <p><input type="radio"/> D. Some financing (approx. 10-49%) is provided by the host country government</p> <p><input type="radio"/> E. Most financing (approx. 50-89%) is provided by the host country government</p> <p><input type="radio"/> F. All or almost all financing (90%+) is provided by the host country government</p>	<p>13.3 Score: 0.42</p>	<p>1. IMASIDA budget or project proposal 2014</p>	<p>The Government of Mozambique contributed some funds for the implementation of IMASIDA 2015, the latest national AIDS indicator survey although this amount was less than 10% of the total cost.</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 checked="" 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 type="radio"/> F. All or almost all financing (approx. 90%+) is provided by the host country government</p>	<p>13.4 Score: 0.00</p>	<p>1. IBBS budgets or project proposals 2013</p>	<p>While the Government of Mozambique has been at the forefront of conducting integrated bio-behavioral surveys (IBBS) and other surveillance activities for key populations, to date all of the funds for these activities have come from either PEPFAR or the Global Fund. That said, if we were to consider person-time as a financial contribution, the cost of the time that their staff have dedicated to these activities would place them in the 1-9% category.</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 sub-national HIV incidence disaggregated by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Age <input type="checkbox"/> Sex <input type="checkbox"/> Key populations (FSW, PWID, MSM/transgender) <input type="checkbox"/> Priority populations (e.g., military, prisoners, young women & girls, etc.) <input type="checkbox"/> Sub-national units 	<p>13.5 Score: 0.48</p>	<p>1. IMASIDA budget or project proposal 2014; 2. IBBS budgets or project proposals 2013</p>	<p>IMASIDA 2015, the latest national AIDS Indicator Survey will provide a population-based representative incidence estimate for the general population at the national level but it is not likely that the sample size will allow for robust incidence estimates broken down by age group, sex or sub-national units (although not impossible).</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 checked="" type="radio"/> A. The host country government does not collect/report viral load data or does not conduct viral load monitoring</p> <p><input 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 type="checkbox"/> Age</p> <p><input type="checkbox"/> Sex</p> <p><input type="checkbox"/> Key populations (FSW, PWID, MSM/transgender)</p> <p><input type="checkbox"/> Priority populations (e.g., military, prisoners, young women & girls, etc.)</p> <p>For what proportion of PLHIV (select ONE of the following):</p> <p><input type="checkbox"/> Less than 25%</p> <p><input type="checkbox"/> 25-50%</p> <p><input type="checkbox"/> 50-75%</p> <p><input type="checkbox"/> More than 75%</p>	<p>13.6 Score: 0.00</p>	<p>1. Mozambican National Guidelines for Viral Load Expansion 2015</p>	<p>Mozambique is still in the process of rolling out viral load and is not yet in a phase in which it is offering routine viral load across the country (so far it is being offered to targeted groups). That said, IMASIDA 2015, the latest national AIDS indicator survey, will provide a representative population-based estimate of viral suppression among PLHIV.</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>1. IBBS reports for CSW (2013), MSM (2013), LDTD (2013), Miners (2013), Prisoners (2013), PWID (to be published in 2016)</p>	<p>While true IBBS have not been conducted for prisoners and military, seroprevalence studies with behavioral questionnaires have been conducted among these groups.</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>1. Draft strategy from INS (not yet released)</p>	<p>The strategy is not yet approved but a draft is already available. The strategy will be integrated into the M&E plan of NSPIV.</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 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: 0.71</p>	<p>1. Draft strategy from INS (not yet released)</p>	<p>While the structures all exist, many (with the exception of the in-country IRB) are relatively new and still in the process of becoming fully functional and institutionalized whilst suffering from a relative lack of human, material and financial resources.</p>
Epidemiological and Health Data Score:		4.70		
<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 checked="" 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 type="radio"/> E. Collection of public HIV/AIDS expenditure data occurs using a standard tool (i.e. NASA, NHA), and planning and implementation is led by the host country government, with minimal or no external technical assistance</p>	<p>14.1 Score: 0.42</p>	<p>1. Conselho Nacional de Combate ao HIV e SIDA, National AIDS Spending Assessment 2010-2011 (2014), http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/report/2007/nasa_mozambique_0506_20070408_en.pdf;</p> <p>2. MISAU National Health Assessment (FORSSAS)</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 checked="" 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 type="radio"/> F. All or almost all financing (90%+) is provided by the host country government</p>	<p>14.2 Score: 0.00</p>	<p>1. PEPFAR COP 12 & COP 13 & COP 14 (FORSSAS Funding)</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 type="checkbox"/> By source of financing, such as domestic public, domestic private, out-of-pocket, Global Fund, PEPFAR, others</p> <p><input checked="" type="checkbox"/> By expenditures per program area, such as prevention, care, treatment, health systems strengthening</p> <p><input checked="" type="checkbox"/> By type of expenditure, such as training, overhead, vehicles, supplies, commodities/reagents, personnel</p> <p><input checked="" type="checkbox"/> Sub-nationally</p>	<p>14.3 Score: 1.25</p>	<p>1. Conselho Nacional de Combate ao HIV e SIDA, National AIDS Spending Assessment 2010-2011 (2014), http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/report/2007/nasa_mozambique_0506_20070408_en.pdf;</p>	<p>Those variables are collected by external partners, the first two on an annual basis and the last two very two to three years (NASA).</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>1. ToRs of the Conselho Nacional de Combate ao HIV e SIDA, GAIE (Grupo Assessor de Informação Estrategica); CNCS, 2. Plano Estrategico Nacional IV (PEN IV) 2015;</p>	<p>In support to CNCS, a Methodology developed by partners has initiated the collection of HIV expenditure data on a yearly basis.</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>1. Ministry of Health (MISAU) HAP (2013); 2. Ministry of Health (MISAU) Plano Estratégico do Sector da Saúde (PESS) 2014-2019 (2014); 3. Conselho Nacional de Combate ao HIV e SIDA, National Strategic Plan IV (2015)</p>	
Financial/Expenditure Data Score: 4.17				
<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 checked="" type="radio"/> E. One information system, or a harmonized set of complementary information systems, exists and is managed and operated by the host country government</p>	<p>15.1 Score: 1.33</p>	<p>1. Ministry of Health (MISAU) HIV Program Annual and Semester Reports 2014</p>	<p>There exists a paralel system (electronic patient tracking system EPTS) managed by external partners. Some of the data is used for national reporting. However, plans are in place to adopt an EPTS at the Ministry level.</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 checked="" type="radio"/> E. Most financing (approx. 50-89%) is provided by the host country government</p> <p><input type="radio"/> F. All or almost all financing (90%+) is provided by the host country government</p>	<p>15.2 Score: 2.50</p>	<p>1. Based on multistakeholder consensus meeting date 1/29/2016</p>	<p>Routine data collection, compilation and report is done by MoH staff but implementing partners provide resources for reproduction of M&E material.</p> <p>Electronic paralel systems are entirely financed by external partners (USG, St Egidio, MSF)</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 checked="" type="checkbox"/> Voluntary Medical Male Circumcision <input type="checkbox"/> HIV Prevention <input 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 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 type="checkbox"/> From all community sites (public, private, faith-based, etc.) 	<p>15.3 Score: 0.89</p>	<p>1. Based on multistakeholder consensus meeting date 1/29/2016</p>	<p>HIV services that are provided by private sector facilities are not reported to MoH.</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 type="radio"/> B. The host country government collects & reports service delivery data annually</p> <p><input checked="" 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: 0.89</p>	<p>1. Ministry of Health (MISAU) HIV Program Semester Reports</p>	<p>MoH collects data on a monthly basis but only reports officially on a bi-annual basis.</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 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 checked="" type="checkbox"/> Site-specific yield for HIV testing (HTC and PMTCT) <input type="checkbox"/> AIDS-related mortality rates <input checked="" 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>1. Ministry of Health (MISAU) HIV Program Semester Reports</p>	<p>Cascades are done using survey data, not routine data.</p>
<p>15.6 Quality of Service Delivery Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS service delivery data?</p>	<p><input type="radio"/> A. No governance structures, procedures or policies designed to assure service delivery data quality exist/could be documented.</p> <p><input checked="" type="radio"/> B. The following structures, procedures or policies exist to assure quality of service delivery data (check all that apply):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A national, approved data quality strategy is in place, which outlines standards, policies and procedures for HIV/AIDS data quality assurance <input checked="" type="checkbox"/> A national protocol exists for routine (at least annual) Data Quality Audits/Assessments of key HIV program indicators, which are led and implemented by the host country government <input checked="" type="checkbox"/> Standard national procedures & protocols exist for routine data quality checks at the point of data entry <input checked="" type="checkbox"/> Data quality reports are published and shared with relevant ministries/government entities & partner organizations <input 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: 1.33</p>	<p>1. Ministry of Health (MISAU) HIV Acceleration Plan (2013); 2. Ministry of Health (MISAU) HIV Program Annual and Semester Reports; 3. Ministry of Health (MISAU) Annual Data Quality Reports; 4. Ministry of Health (MISAU) HIV program tool kit for internal/external DQAs.</p>	
<p>Performance Data Score:</p>		<p>7.78</p>		

THIS CONCLUDES THE SET OF QUESTIONS ON DOMAIN D