

Review of new NSPs in Asia and the Pacific Region

UNAIDS RST and the regional HIV and AIDS Data Hub
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A Review of New NSPs in Asia and the Pacific Region

Baseline Information

According to a UNAIDS Regional Support Team (RST) baseline analysis at the end of 2009, **16 Asian countries and 7 countries** in the **Pacific region** were expected to be developing new National Strategic Plans (NSPs) during the 2010-2011 biennium¹.

An analysis in 2008 of the previous round of NSPs of 18 countries found that 15 were not targeted for an effective HIV response: they lacked appropriate prioritization of populations and sub-regions; did not specify elements of effective interventions for implementation; had no monitoring and evaluation systems built in; and lacked resource estimates, and costed operational plans (Regional Training Workshop On Costing NSPs in Asia-Pacific, UNAIDS-ADB-World Bank-ASAP-UNDP, Sept. 2008).

Status of NSP Development (August 2011)

There were **12 countries in Asia and 2 countries in the Pacific that had approved or drafted new NSPs**. Another **10 countries in the region (6 countries in Asia and 4 countries in the Pacific)** were in the process of developing new plans.

The details of progress in the region were as follows:

- Asia:
 - Indonesia's new NSP was completed in 2009 and extends from 2010-14.
 - Mongolia (2009-15) was preparing a new Operational Plan for 2010-11.
 - New NSP development:
 - Afghanistan, Bhutan², Bangladesh, Cambodia, Lao PDR, Malaysia, Myanmar, Philippines, and Timor-Leste had developed new NSPs for the period 2011-2015 (9 countries).
 - China (2011-15) and Thailand (2011-16) had draft NSPs that were awaiting approval and were to be finalized soon (2 countries).
 - Nepal and Vietnam were in the process of developing new NSPs for the period 2011-15. Pakistan (2008 – 12) had started to revise their current NSP based on the situation analysis and had started developing the next plan NSF III³ (3 countries).
 - Sri Lanka, Maldives and India (2012-17) were starting the data and situation analyses to develop their new plans (3 countries).
- Pacific:

¹ Asia: Afghanistan, Bangladesh, Bhutan, Cambodia, China, India, Indonesia, Lao PDR, Malaysia, Maldives, Myanmar, Nepal, Philippines, Sri Lanka, Thailand and Vietnam. Pacific: Fiji, Micronesia, Kiribati Marshall Islands, Nauru, PNG, Solomon Islands.

² Action Plan is still being finalized

³ Which will include five specific provincial strategies: 1) Punjab, 2) Sindh, 3) KPK, 4) Baluchistan, and 5) the remaining federally administered northern and frontier regions.

- PNG (2011-15) had completed a new NSP and Fiji (2012-15) had drafted a plan that was awaiting final approval (2 countries).
- Pacific Island Countries and Territories:
 - Kiribati had a new draft NSP for (2011-14).
 - In Solomon Islands (2011 – 14) the development of a new NSP was ongoing.
 - Planning for the process of developing new NSPs for the period starting from 2010 was starting in Marshall Islands and Nauru (2 countries).
 - There was no information available on the new NSP for Federated Islands of Micronesia (2011-14).
 - In the islands of Palau, Tonga, Tuvalu and Cook Island where the NSPs end after 2011, requests had been made for Mid-term Reviews (4 countries).

Objective of NSPs Review

A review of 10 of the new NSPs that had either been approved or were in final draft stage was conducted by UNAIDS RST and the regional HIV and AIDS Data Hub between *August – December 2011* in order to assess whether: a) they contained various essential elements that have been defined to constitute an effective response for the countries in the region⁴, b) to look for improvement in the regional strategic planning in terms of process and components of an effective response, and c) to establish the information necessary for working with countries to review whether NSPs are sufficiently aligned towards the new United Nations High Level Meeting targets that all countries have endorsed.

I. Methodology

National Strategic Plans (NSPs) of 10 countries, namely, Afghanistan, Bangladesh, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Papua New Guinea, Philippines, and Timor-Leste were reviewed by reading through the newly available NSPs and associated documents, such as annexures and external review documents. In the review, 3 NSPs that were considered were still not approved but were the final draft versions (Afghanistan, Malaysia, and Timor-Leste) and the review of the remaining 7 countries was based on final versions.

The NSPs of China and Pakistan were not included in the review since they were still in preparation at the time this work was started. Thailand had completed its NSP but an English translation was not available. Although Bhutan NSP was reviewed in detail it is not included in this final summary because the UNAIDS Country Office advised that the Action Plan was under development and will supposedly contain many elements that were assessed in this review.

⁴ Report of the Commission on AIDS in Asia. Redefining AIDS in Asia: Crafting an Effective Response. New Delhi, Oxford University Press, 2008

The preliminary review was shared with UNAIDS Country Offices to validate its accuracy, and the analysis was revised in accordance with the inputs and comments from countries.

The desk-review concentrated mainly on some elements of the development process and the status of the final plan so that three main components were considered: 1) NSP Development process, 2) the core elements of the plan, and 3) the type of new NSP document review process that was undertaken in the countries.

The details of the elements reviewed under the three components are:

- 1) NSP development process
 - a) New NSP informed by old NSP review
 - b) Epi-response situation analysis done
- 2) NSP core elements
 - a) Goals
 - b) Targets
 - i) Overarching
 - ii) Population and programme specific
 - iii) Universal access
 - c) Measurable objectives
 - d) Prioritization of most-at-risk populations
 - e) Geographic prioritization
 - f) Standardized package of interventions
 - g) Unit costs of elements of HIV interventions
 - h) Estimated cost based on 80% coverage
 - i) Total resource need for NSP period
 - j) Scaling-up plan for HIV interventions
 - k) Human resource plan to execute the NSP
 - l) Operational plan
 - i) Development of a costed operational plan
 - m) NSP “engendered”
 - i) Gender component as one of the guiding principles
 - ii) Gender-specific programmes mentioned
 - n) Mention of stigma reduction and/or human right as a cross-cutting theme
 - o) Mention of at least five of seven human rights programmes⁵ recommended by UNAIDS as activities/interventions t
 - p) Mention of programmes for prevention of mother-to-child transmission (MTCT) or its elimination
 - i) Target for maternal Anti-retroviral therapy (for prevention of MTCT)
 - ii) Target for infant Anti-retroviral therapy (either as impact or outcome)
 - iii) Mention of elimination of MTCT
 - q) Young people specific components

⁵ Stigma reduction, ii) Legal services and legal support for PLHIV and key populations, iii) Monitoring and reform of laws, regulations and policies, iv) Legal literacy v) Sensitization of law makers vi) Training of health workers on human rights and ethics vii) Reducing harmful gender norms, violence against women, and increasing women's empowerment

- i) Young people specific targets
 - ii) Young people specific objectives
 - iii) Young people as one of the priority populations
 - iv) Young people specific programmes/activities
 - v) Costed programme for young people related interventions
- 3) NSP review process
- a) Peer review of new NSP
 - b) Mention of external review (or) external review document available
 - c) Plan for mid-term or annual review

I.I Scoring

A score of 1 was assigned for each of the above-stated processes (development and review) and core elements if the NSP has fulfilled the processes or included the core elements. A score of zero was given if the process is not mentioned or if the core element is not stated in the NSP. If five of the seven recommended human rights programmes are mentioned, a score of 1 was given. Similarly for the young people specific components, if the NSP has stated at least 3 of the 5 components assessed, a score of 1 was given. Then the total scoring by i) countries and ii) elements and processes of NSP was calculated as a measure for comparison with a similar assessment done in 2008 on the old set of 2005-2010 NSPs in order to look for improvements in the region. The maximum attainable score by each country is thus 31 whereas the maximum achievable score per component is 10, which was the total number of countries reviewed. Detailed scores and explanations can be found in the annexes to this review.

II. Review Findings

II.I Development and elements of NSP

- 1) NSP development process
 - a. *New NSP informed by old NSP review*: NSPs of all countries were informed by a consideration of the content of the old NSPs and usually the NSPs were revised and formulated based on the achievements, strengths, weaknesses, and gaps under old NSPs.
 - b. *Epi-response situation analysis done*: All 10 countries included an epidemic-response situation analysis during the initial development process, although comprehensiveness of this analysis varied by countries. For instance, the Afghanistan, Lao PDR, and Timor-Leste situation analyses provided a good glimpse of the country epidemic and response situations.
- 2) NSP core elements
 - a. *Goals* : Stated in all the NSPs either as an overarching goal or goals of the strategies or priorities. Afghanistan is the only country that incorporates the UNAIDS vision of “Getting to Zero”. Many of the other countries developed their NSPs prior to this vision being disseminated widely.

- b. *Targets*: 9 countries define targets; only Timor-Leste does not mention any target in their NSP. Targets are overarching and/or population and programme specific.
 - i. *Overarching and population vs. programme specific targets*: 9 countries state targets in their NSPs and 8 of them have both overarching and population/programme specific targets.
 - ii. *Universal access*: Similarly, 9 countries mention setting universal access targets. However, 4 countries (Bangladesh, Cambodia, Lao PDR, and Myanmar) either mention only their commitments made in the Declaration of Commitment (2001) and the Political Declaration (2006) or broadly state that the country had defined targets to universal access for prevention, care and support, and impact mitigation. Afghanistan and Papua New Guinea mention only universal access to care and treatment (aimed at all those who need ART). Nonetheless, Indonesia, Malaysia, and Philippines describe and specify country defined universal access targets for prevention, treatment, care and support, and safe behaviours.
- c. *Measurable objectives*: 8 countries clearly state measurable objectives whereas Philippines and Timor-Leste fail to provide measurable objectives. For those 8 countries with measurable objectives, the stated objectives are either directly measurable; or there are measurable priorities or strategies defined and mentioned for achieving the objectives.
- d. *Prioritization of most-at-risk populations*: All countries prioritize key populations at higher risk (at least Female Sex Workers (FSW), Men who have Sex with Men (MSM), and People Who Inject Drugs (PWID)) and/or vulnerable populations based on country contexts. Interestingly, 5 countries (Bangladesh, Cambodia, Indonesia, Malaysia, and Myanmar) have included Transgender (or Hijra) in their priority populations. Nine countries (all except Cambodia) include migrants in their priority populations.
- e. *Geographic prioritization*: Only 4 countries (Afghanistan, Indonesia, Lao PDR, and Philippines) specifically outline and prioritize activities based on the current epidemiological status of different geographic regions.
- f. *Standardized intervention packages*: All the countries mention standardized intervention packages and almost all the countries have planned for the essential and recommended components of interventions for key affected and vulnerable populations. However, in terms of prevention coverage, only 2 countries, Indonesia and PNG, include the operational definition of “reach” among affected and vulnerable populations. Though 7 countries mention “Needle and Syringe Exchange Programme” (NSEP) as part of the intervention package for PWID, only 6 countries plan to provide Opioid Substitution Therapy (OST) or Methadone Maintenance Therapy (MMT). Only three countries (Cambodia, Indonesia and Malaysia) describe quality assurance of harm reduction. Similarly, only 6 countries mention quality of services as part of the intervention package. All countries (except Timor-Leste) mention legislative reform or removal of barriers for prevention

interventions and/or provision of treatment services as part of creating an enabling environment among key populations.

- g. *Unit costs*: 7 countries provide the unit costs of elements of interventions, among which Bangladesh uses unit costs developed by a World Bank consultant whereas Cambodia, Indonesia, and Malaysia use nationally approved unit costs. Lao PDR and Philippines used the UNAIDS/ADB guidelines or costing studies to derive unit costs. Myanmar used an adapted version of the Input costing tool, which is ready for review by interested technical staff.
- h. *Estimated cost based on 80% coverage*: Only 3 countries (Indonesia, Myanmar, and Philippines) provide estimated costs based on 80% coverage of key populations. The remaining countries either do not provide the cost or the country target by 2015 is below or over 80%.
- i. *Total resource need for NSP period*: 7 countries calculated and provide the total resource needs for the NSP period. Some countries simply state the total monetary need while other countries provide the detailed calculations (e.g. Bangladesh and Myanmar)
- j. *Scaling-up plan*: 8 countries provide country defined scale-up plans for the HIV response for the NSP period with specific targets for the corresponding indicators.
- k. *Human resource plan*: Only one country (Indonesia) includes the human resource plan for implementing the NSP. In the Bangladesh Technical Support Plan human resource needs for technical support only are provided.
- l. *Operational plan*: 9 countries prepared operational plans though the level of detail varies by country. We further analyzed this by looking into components of the operational plan such as comprehensiveness of M & E framework, source of funding and implementing agencies, mapping of resources, and analysis of resource needs vs. resources available (by programmatic area or geographic zone). Based on this, it is noted that 5 countries (Afghanistan⁶, Bangladesh, Cambodia, Indonesia, and Myanmar) prepared a detailed operational plan whereas the ones prepared by Lao PDR, Malaysia, and PNG are moderately detailed and the Philippines plan is not sufficiently detailed. Countries are still weak in providing details on mapping of resources available (by donor and/or programmatic areas) and thus most of the countries could not provide highlights on resource needs versus resources available (by programmatic area or geographic zone).
 - i. *Costed operational plan*: 7 countries developed cost-supported operational plans for their NSPs and similar to the operational plans themselves, the level of detail vary by country. Bangladesh and Myanmar NSPs provide the most comprehensive cost information for the operational plan from among all the country NSPs reviewed.
- m. *NSP “engendered”*: Broadly speaking, the NSPs of all 10 countries include gender issues as one of the guiding principles/ priorities/ strategies in their

⁶ Detail costing of National Strategic Framework is still under development and the baseline costing data has been collected with the components: i) estimated cost ii) mobilized funds iii) source of funding iv) gaps in funding

NSPs or integrate gender-specific programmes in the intervention strategies. However, although all 10 countries state “gender” as guiding principles, 7 countries mention gender specific programmes and only 3 countries (Cambodia, PNG and Timor-Leste) mention programmes/strategies for developing the human and organizational capacity to address gender issues. Of note, PNG is a good example of an engendered NSP with integration of gender into programme activities. PNG mentioned specific gender programmes with indicators for gender-related vulnerability and gender-based violence.

- n. *Mention of stigma reduction and/or human rights as a cross-cutting theme:* All 10 countries include stigma reduction and/ or human rights as a cross-cutting theme or as guiding principles or strategic directions. 4 countries, namely; Bangladesh, Cambodia, Myanmar, and Philippines mention both stigma and human rights as guiding principles or cross-cutting themes. 8 countries (Afghanistan, Bangladesh, Cambodia, Indonesia, Malaysia, Myanmar, PNG, and Philippines) mention stigma reduction and 6 countries (Bangladesh, Cambodia, Lao PDR, Myanmar, Philippines, and Timor-Leste) mention human rights.
- o. Mention of at least five of seven human rights programmes recommended by UNAIDS as activities/interventions: Nine countries plan to include at least 5 of 7 human right programmes recommended by UNAIDS. Notably, stigma reduction programmes and reform of laws, regulations, and policies are mentioned by all countries. However, activities relating to legal literacy are included in only 4 NSPs - Afghanistan, Myanmar, PNG, and Philippines. Legal services and legal support for PLHIV and key populations are planned to be provided in 6 countries - Bangladesh, Cambodia, Myanmar, PNG, Philippines, and Timor Leste. PNG is the only country that mentioned all of the recommended human rights programmes as part of their planned activities.
- p. *Programmes for prevention of MTCT:* All the countries specifically mention programmes for prevention of mother-to-child transmission. Furthermore, 6 countries have set targets for the provision of maternal ARV (for prevention of MTCT). Concerning targets for infant ARV prophylaxis, a total of 7 countries mention the targets either as an impact⁷ or an outcome⁸ indicator. Malaysia is the only country that mentioned an elimination agenda as the rationale for the prevention of MTCT strategy, which is in line with the UNAIDS Strategy and the UN High Level Meeting commitment.
- q. *Young people specific components:* All countries stated at least 3 of 5 young people specific components. All NSPs define young people as one of the priority populations and set young people specific targets to implement specific programmes and activities. In most of the NSPs, young people are further defined as in-school and out-of-school youth, street children, young

⁷ % of infants born to HIV infected mothers who are infected

⁸ % of infants born to HIV infected mothers receive ARV prophylaxis ; early infant diagnosis and testing

people in incarcerated or institutional settings, and young people with risk behavior such as young sex workers, young MSM, and young people who inject drugs. 5 countries (Bangladesh, Cambodia, Lao, Myanmar, and Philippines) specifically prioritize young people with risk behaviours. Young people specific objectives are mentioned by 5 NSPs of Afghanistan, Bangladesh, Cambodia, PNG, and Philippines. Costed programmes for young people are included in 6 countries (Afghanistan, Bangladesh, Cambodia, Lao, Myanmar, and Philippines)

3) NSP review process

- a. *Peer review of new NSP*: All countries went through a peer review process for the reformulation and the review of the final new NSP. In most of the countries, it involved government (line ministries), national and international consultants, civil society, and PLHIV networks.
- b. *Mention of external review (or) external review document available*: Overall 5 countries mention an external review and the use of the World Bank-ASAP process is mentioned in Afghanistan and Myanmar NSPs. A separate review document is available for Myanmar.
- c. *Plan for mid-term or annual review*: 7 countries mention a plan for mid-term or annual review of the NSP.

II.II Summary

Comprehensiveness (in general): In this review, 31 components were defined to measure the process of development of NSPs and level of detail of country NSPs. Myanmar NSP provides the most comprehensive plan in terms of review and development process and the presence of key essential elements. At the other end of the spectrum, Timor-Leste NSP needs to be strengthened as it lacks measurable objectives, targets, and operational and scaling-up plans.

Operational plan: Bangladesh, Indonesia and Myanmar have the best formulated operational plans, which fulfill all the basic recommended components of operational planning⁹, followed by Cambodia, PNG and Afghanistan.

Standardized intervention packages: Among the 10 countries, intervention packages described in the NSPs of Cambodia and Indonesia are the most comprehensive, followed by Afghanistan, Malaysia, Myanmar and Bangladesh, respectively.

II.III Comparison of NSPs for 2005-2010 with the new NSPs for 2010-2015

The analysis of the previous round of NSPs for 2005-2010 (done in 2008) included 18 countries, and analysed the inclusion of 10 prescribed essential elements. In order to

⁹ Technical Support Facility Southeast Asia and the Pacific, AIDS Strategy and Action Plan, ADB, UNAIDS, & UNDP. (2009). *Training on Design and Costing HIV Programs in Asia: Background Reading Materials*

compare that with the recent round of analysis in order to measure progress in the development of prioritized effective and costed NSPs for 2010-2015, the 9 countries (Afghanistan, Bangladesh, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, and Timor-Leste) included in both analyses were selected and their essential elements were compared.

- i) Noticeable improvements were found in five components of NSPs for 2010-2015 of nine countries when compared to those of the same countries analyzed in the previous NSPs for 2005-2010 (**Figure 5**). These were in: Measurable objectives (1 country among old NSPs vs. 7 countries in new NSPs),
- ii) Prioritization of most-at-risk populations (4 old vs. 9 new NSPs),
- iii) Standardized packages of interventions (3 old vs. 9 new NSPs),
- iv) Scale-up plan (1 old vs. 7 new NSPs), and
- v) Operational plan (1 old vs. 8 new NSPs).

A slight improvement was also noticed in unit costing and resource needs estimations, but it can be strengthened. The scoring improved from 6 to 7 countries with both “unit costs” and “total resource needs”, whereas in both sets of NSPs three countries “estimated cost based on 80% coverage”.

Only one of the ten 2010-2015 country NSPs reviewed (Indonesia) had included a human resource plan for implementing HIV responses. In the earlier batch of NSPs only India had a human resource plan among 18 country NSPs reviewed, indicating a gap in planning to achieve the scale-up necessary to control HIV epidemics in Asia-Pacific.

Figure 1: NSP Development and Review Process in 10 countries, 2011

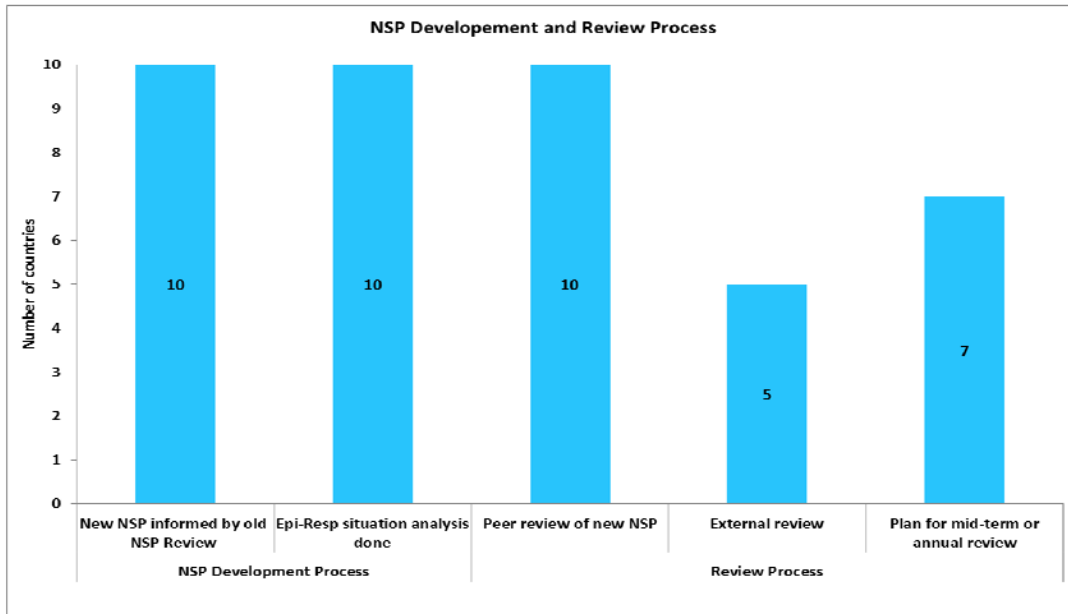


Figure 2: NSP core elements in 10 countries, 2011

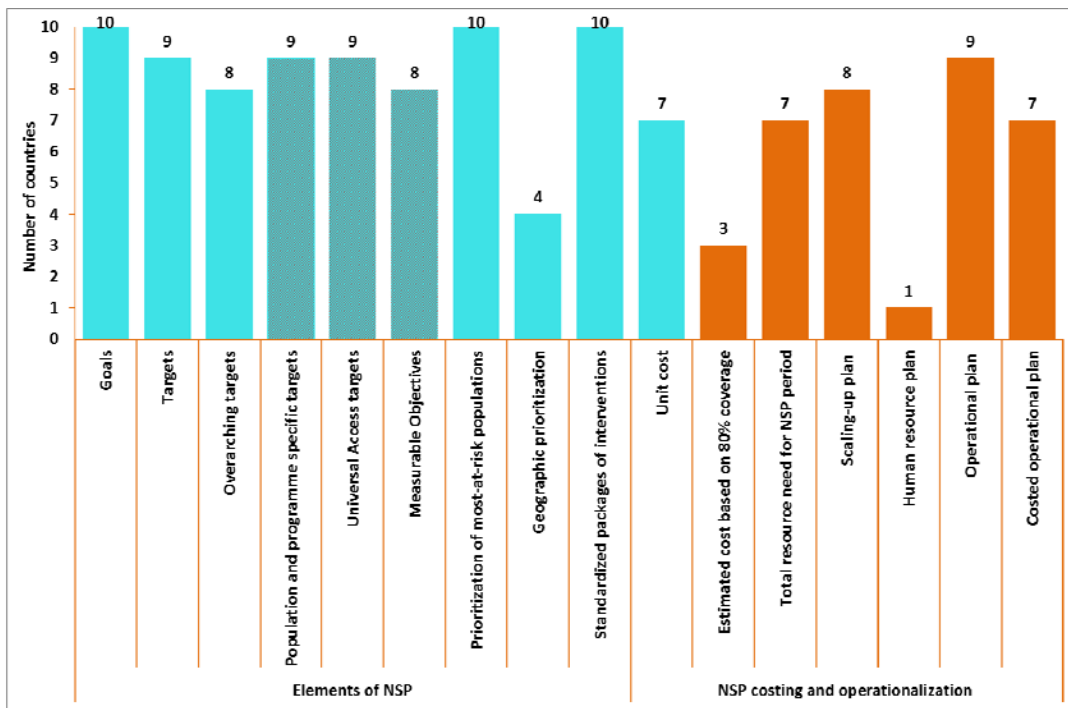


Figure 3: Detailed components of standardized packages of interventions in 10 countries, 2011

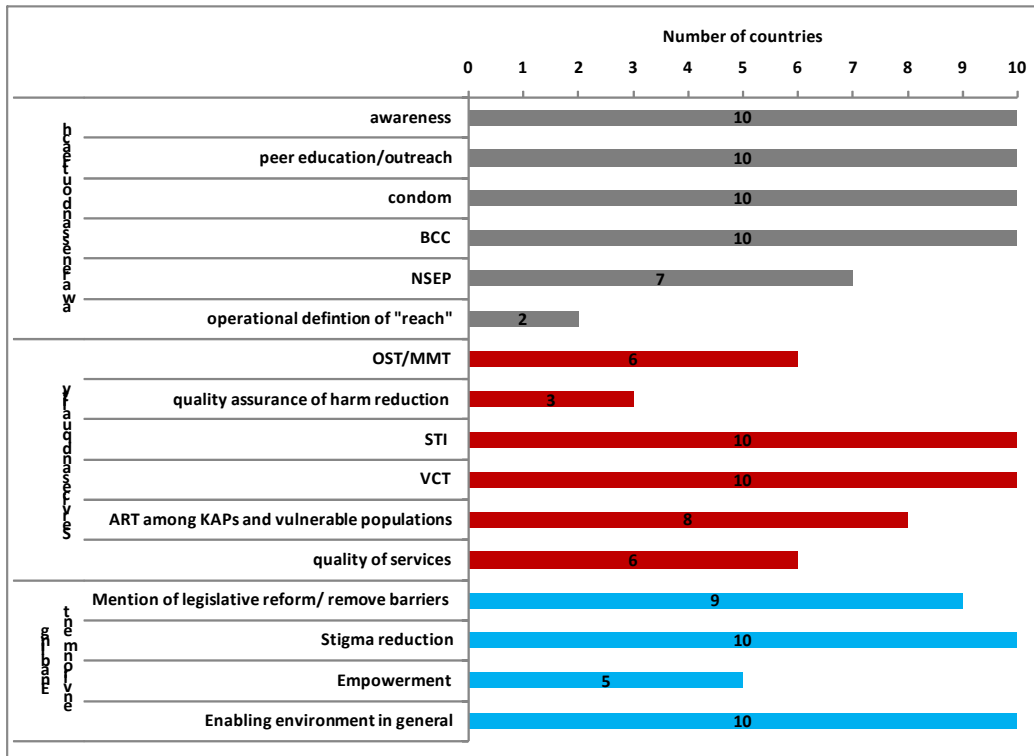


Figure 4: Detailed components of operational plan in 10 countries, 2011

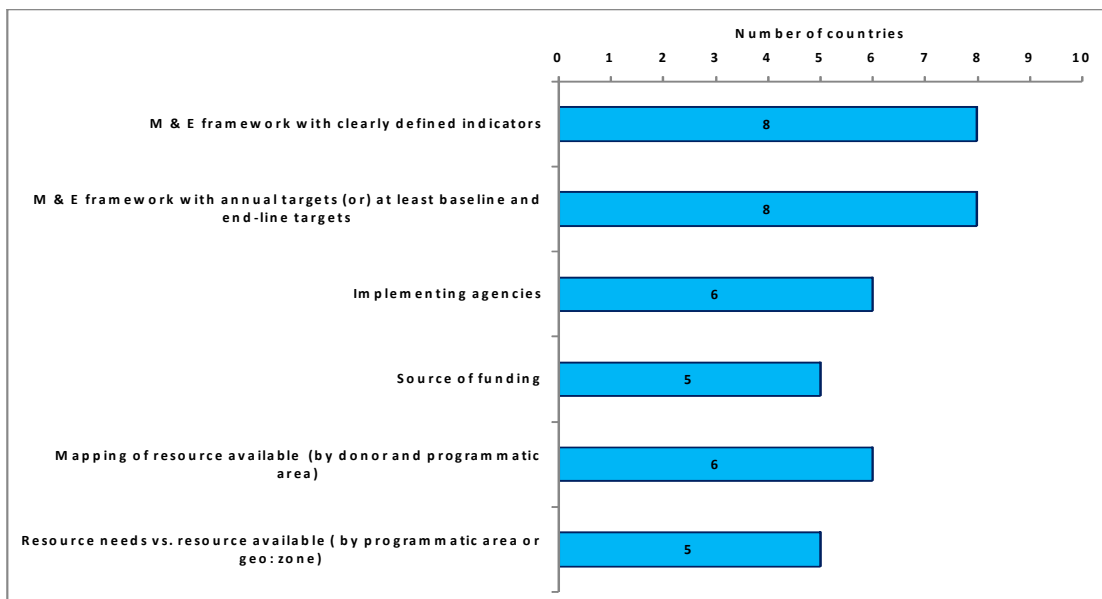


Figure 5: Gender, Human Rights, Elimination of Vertical Transmission, and Inclusion of Young People Specific Components in 10 countries, 2011

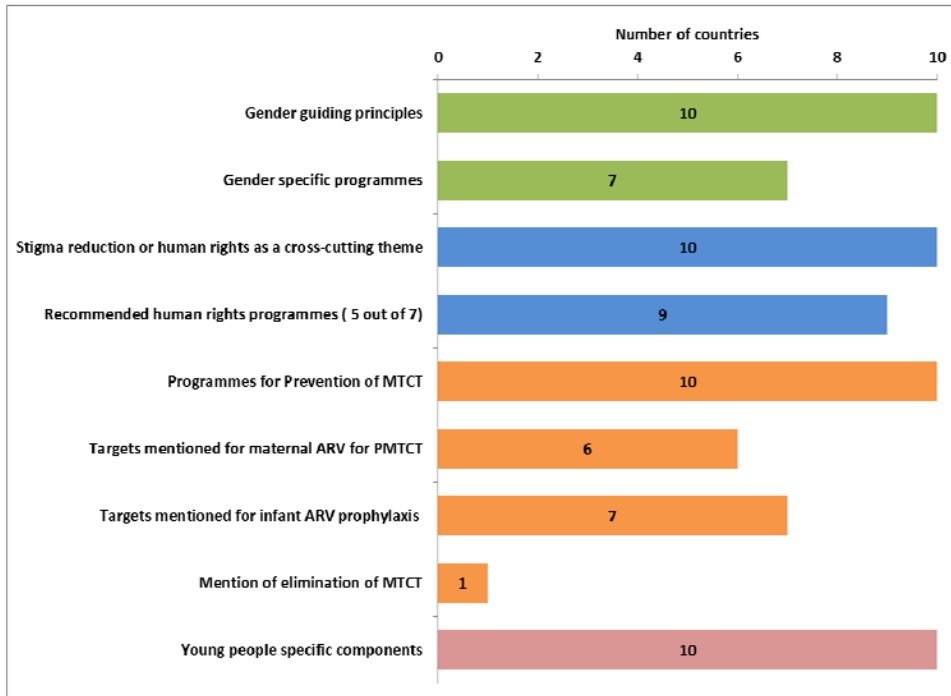


Figure 6: Detailed Components of Human Right Programmes in 10 countries, 2011

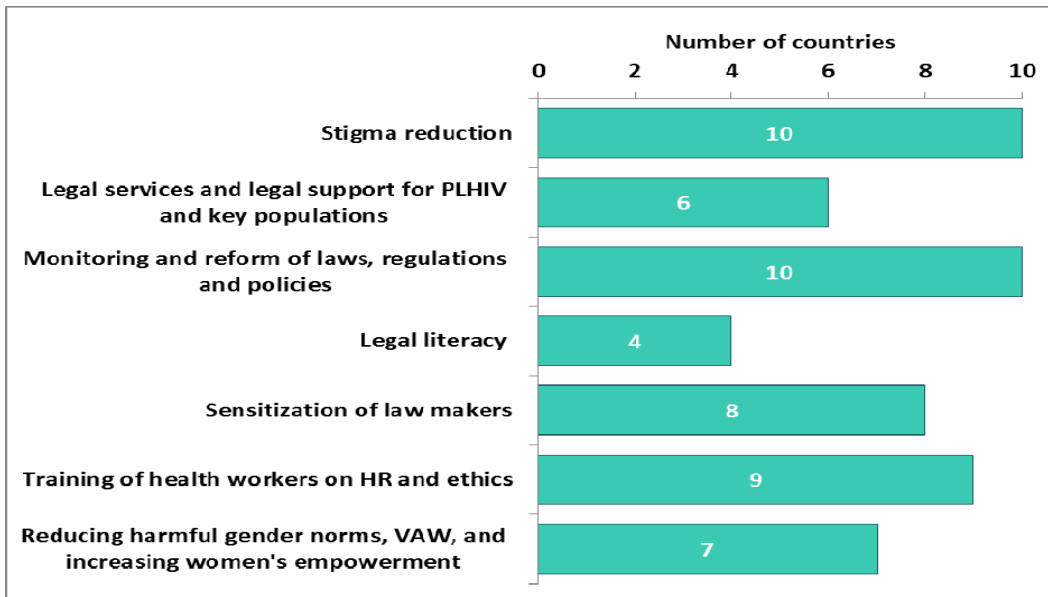


Figure 7: Young People Specific Components in 10 countries, 2011

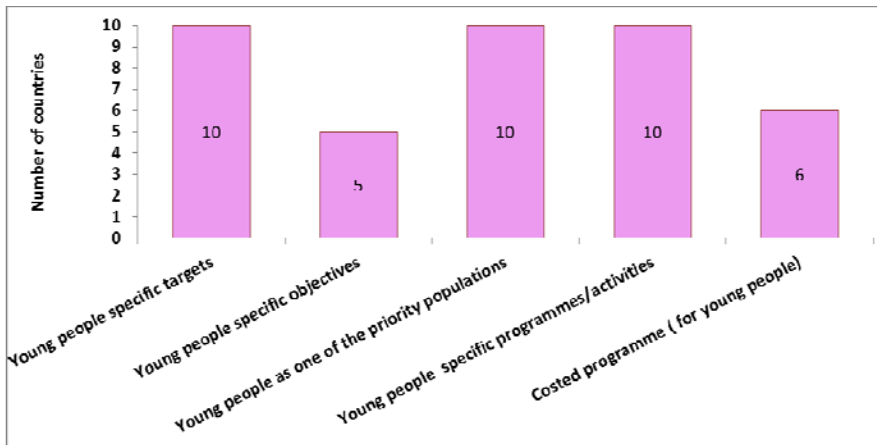


Figure 8: Analysis of NSPs in 18 countries, 2008

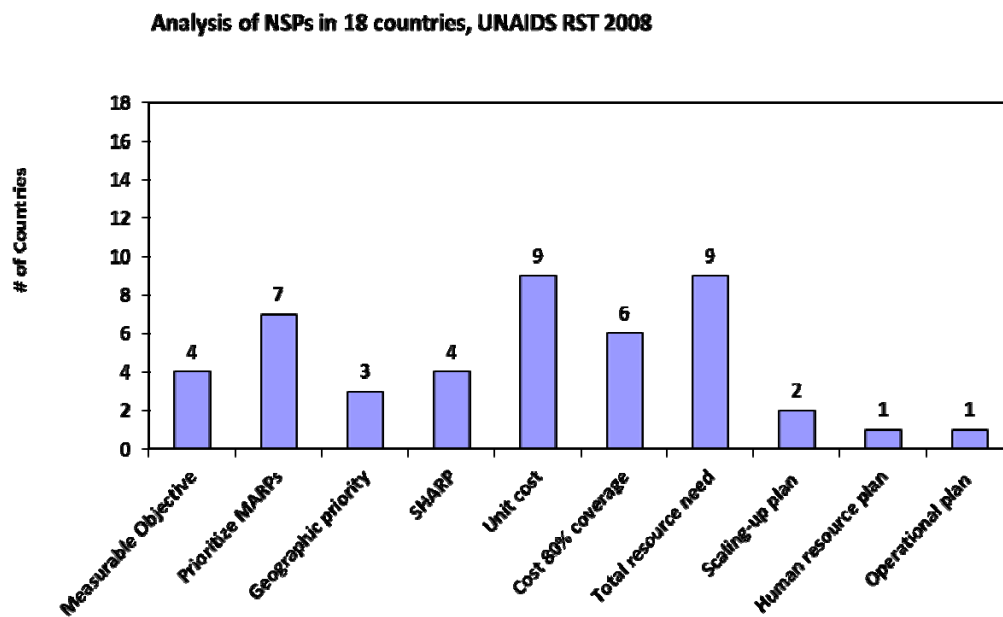
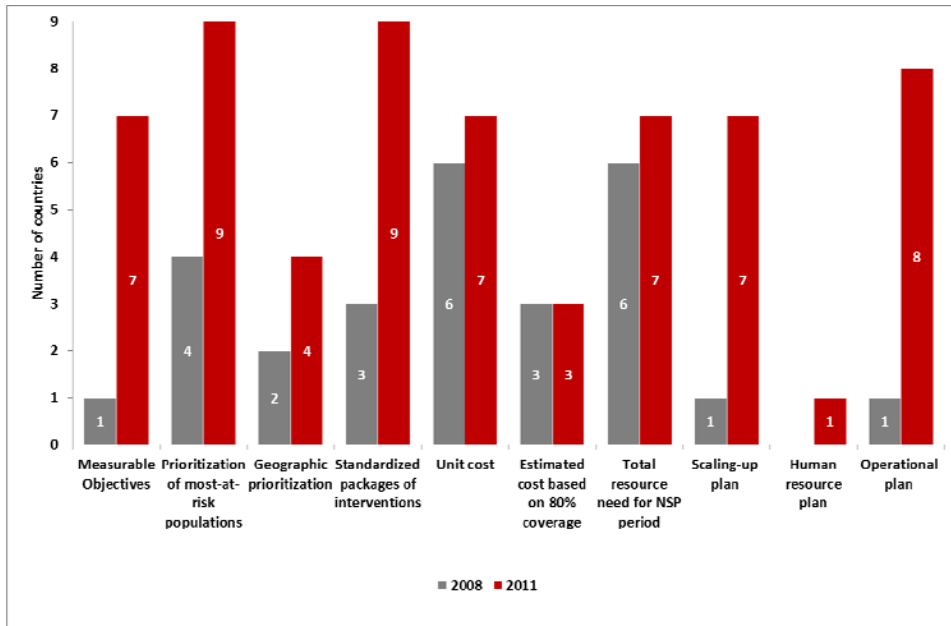


Figure 9: Comparison of 10 core elements of NSPs (2008 vs. 2011)



ANNEXES

Annex 1: NSP Development and Elements

Countries	Afghanistan	Bangladesh	Cambodia	Indonesia	Lao PDR	Malaysia	Myanmar	PNG	Philippines	Timor-Leste	
HIV Estimates (2009)											
Estimated number of PLHIV	NA	6,300	63,000	310,000	8,500	100,000	240,000	34,000	8,700	NA	
Estimated female 15+ living with HIV	NA	1,900	35,000	88,000	3,500	11,000	81,000	18,000	2,600	NA	
Estimated number of children (0-14 yrs) living with HIV	NA	NA	NA	NA	NA	NA	NA	3,100	NA	NA	
ART in need and ART coverage (2010)											
Estimated number of adults and children with advanced HIV infection in need of ART [(number) 2010 guideline]	1600	1,400	46,000	82,000	3,300	38,000	120,000	14,000	2,500	NA	
Adults and children with advanced HIV infection who received antiretroviral therapy [(%) 2010 guideline]	3	33	92	24	51	36	24	54	51	NA	
Countries	Afghanistan (2011-2015)	Bangladesh (2011-2015)	Cambodia (2011-2015)	Indonesia (2010-2014)	Lao PDR (2011-2015)	Malaysia (2011-2015)	Myanmar (2011-2015)	PNG (2011-2015)	Philippines (MTP, 2011-2016)	Timor-Leste (2011-2016)	Total score by components
NSP Development and Elements											
NSP Development Process											
New NSP informed by old NSP Review	0	1	1	1	1	1	1	1	1	1	9
Epi-Resp Situation analysis done	1	1	1	1	1	1	1	1	1	1	10
NSP Core Elements											
Goals	1	1	1	1	1	1	1	1	1	1	10
Targets	1	1	1	1	1	1	1	1	1	0	9
<i>Overarching</i>	1	0	1	1	1	1	1	1	1	0	8
<i>Population and programme specific</i>	1	1	1	1	1	1	1	1	1	0	9
<i>Universal Access</i>	1	1	1	1	1	1	1	1	1	0	9
Measurable Objective	1	1	1	1	1	1	1	1	0	0	8
Prioritization of most-at-risk populations	1	1	1	1	1	1	1	1	1	1	10
Geographic prioritization	1	0	0	1	1	0	0	0	1	0	4
Standardized packages of interventions	1	1	1	1	1	1	1	1	1	1	10
Unit cost	0	1	1	1	1	1	1	0	1	0	7
Estimated cost based on 80% coverage	0	0	0	1	0	0	1	0	1	0	3
Total resource need for NSP period	1	1	1	1	1	0	1	0	1	0	7
Scaling-up plan	1	1	1	1	1	1	1	1	0	0	8
Human resource plan	0	0	0	1	0	0	0	0	0	0	1
Operational plan	1	1	1	1	1	1	1	1	1	0	9
<i>Costed operational plan</i>	1	1	1	1	1	0	1	0	1	0	7
NSP engendered	1	1	1	1	1	1	1	1	1	1	10
<i>Gender as one of the "guiding principles"</i>	1	1	1	1	1	1	1	1	1	1	10
<i>Mention of gender specific programmes</i>	0	0	1	1	0	1	1	1	1	1	7
Mention of stigma reduction and/or human rights as a cross-cutting theme	1	1	1	1	1	1	1	1	1	1	10
Human rights (HR) programmes recommended by UNAIDS (at least 5 of 7 recommended programmes)	1	1	1	0	1	1	1	1	1	1	9
Programmes for Prevention of MTCT	1	1	1	1	1	1	1	1	1	1	10
<i>Target for maternal ARV (for PMTCT)</i>	1	0	1	0	1	1	1	1	0	0	6
<i>Target for infants ARV (either as impact or outcome)</i>	1	1	1	0	1	1	1	1	0	0	7
<i>Mention of elimination of MTCT</i>	0	0	0	0	0	1	0	0	0	0	1
Young People Specific components (at least 3 of 5 components elaborated below)	1	1	1	1	1	1	1	1	1	1	10
<i>Young people specific targets</i>	*	*	*	*	*	*	*	*	*	*	
<i>Young people specific objectives</i>	*	*	*	-	-	-	-	*	*	-	
<i>YP as one of the priority populations</i>	*	*	*	*	*	*	*	*	*	*	
<i>YP specific programmes/activities</i>	*	*	*	*	*	*	*	*	*	*	
<i>Costed programme (for young people)</i>	*	*	*	-	*	-	*	-	*	-	
Review Process											
Peer review of new NSP	1	1	1	1	1	1	1	1	1	1	10
External review	1	0	0	1	0	0	1	1	1	0	5
Plan for mid-term or annual review	0	1	1	1	1	1	1	0	1	0	7
Total score - max 31	24	23	26	27	26	25	28	23	25	13	
	For operational plan		Standardized packages of interventions								
	score 5-6		score 11-16								
	score 3-4		score 6-10								
	score 0-2		score 0-5								

Annex 2: Detailed Components of Standardized Packages of Interventions

Countries	awareness and outreach						Services and quality						Enabling environment				Total scoring
	awareness	peer education/ outreach	condom	BCC	NSEP	operational definition of "reach"	OST/MT	quality assurance of harm reduction	STI	VCT	ART among KAPs and vulnerable populations	quality of services	Mention of legislative reform/ remove barriers	Stigma reduction	Empowerment	Enabling environment in general	
Afghanistan	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	1	14
Bangladesh	1	1	1	1	1	0	1	0	1	1	1	1	1	1	0	1	13
Cambodia	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	15
Indonesia	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	15
Lao PDR	1	1	1	1	0	0	0	0	1	1	0	1	1	0	1	1	10
Malaysia	1	1	1	1	1	0	1	1	1	1	1	1	1	0	1	1	14
Myanmar	1	1	1	1	1	0	1	0	1	1	1	0	1	1	1	1	13
PNG	1	1	1	1	0	1	0	0	1	1	0	1	1	1	1	1	12
Philippines	1	1	1	1	1	0	0	0	1	1	1	0	1	1	0	1	11
Timor-Leste	1	1	1	1	1	0	0	0	1	1	1	0	0	1	0	1	9

score 0-5
score 6-10
score 11-16

Annex 3: Detailed Components of Operational Plan

Countries	M and E framework with clearly defined indicators	M and E framework with annual targets (or) at least baseline and end line targets	Implementing agencies	Source of funding	Mapping of resource available (by donor and programmatic area)	Resource needs vs. resource available (by programmatic area or geo: zone)	Total
Afghanistan	1	1	0	1	1	1	5
Bangladesh	1	1	1	1	1	1	6
Cambodia	1	1	0	1	1	1	5
Indonesia	1	1	1	1	1	1	6
Lao PDR	1	1	1	0	0	0	3
Malaysia	1	1	1	0	0	0	3
Myanmar	1	1	1	1	1	1	6
PNG	1	1	1	0	1	0	4
Philippines	0	0	0	0	0	0	0
Timor-Leste	0	0	0	0	0	0	0

score 5-6
score 3-4
score 0-2

Annex 4: Detailed Components of Human Right Programmes

Countries	Stigma reduction	Legal services and legal support for PLHIV and key populations	Monitoring and reform of laws, regulations and policies	Legal literacy	Sensitization of law makers	Training of health workers on HR and ethics	Reducing harmful gender norms, VAW, and increasing women's empowerment	Total scoring
Afghanistan	1	0	1	1	1	1	0	5
Bangladesh	1	1	1	0	1	1	1	6
Cambodia	1	1	1	0	1	1	1	6
Indonesia	1	0	1	0	1	1	0	4
Lao PDR	1	0	1	0	1	1	1	5
Malaysia	1	0	1	0	1	1	1	5
Myanmar	1	1	1	1	1	0	1	6
PNG	1	1	1	1	1	1	1	7
Philippines	1	1	1	1	0	1	0	5
Timor-Leste	1	1	1	0	0	1	1	5