UNAIDS 2020

REFERENCE

Checklist and reference list for developing and reviewing a national strategic plan for HIV

Contents

Introduction

The national strategic plan for HIV (NSP) is a mid-term (3–5 years) guide for the national multisectoral response to HIV. In some countries, the HIV NSP is integrated with tuberculosis (TB), sexually transmitted infection (STIs), viral hepatitis and other disease programmes and plans. The NSP aligns and coordinates investment, technical support and implementation of key national stakeholders, including government, the private sector, nongovernmental organizations, community groups, development partners, donors, United Nations agencies and other partners to end AIDS as a public health threat by 2030. The NSP also contributes to the efforts of reaching the health-related and other relevant targets of the Sustainable Development Goals, including universal health coverage.

In the absence of a comprehensive global guidance document for developing NSPs, this checklist and reference list is meant to highlight the quality requirements in critical areas of response to HIV, as the current knowledge and technology permits.[1] It serves the immediate needs of the developers and key partners in countries who are developing a new NSP, review of a current NSP or to link with the time-sensitive development or negotiation of funding requests from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The NSP needs to put the results with people's health and rights at the centre and be contextualized by the evidence and type of epidemic, the strength, weakness, enabling factors and barriers of the national response, the needs of affected communities and ensuring that no one is left behind in accessing HIV and related services.

Countries are at different stages of the epidemic situation and response, and countries thus should not take all elements of the checklist in the new NSP but rather use this as a reference tool and reminder to identify any blind spots. Each country may decide what to take and not take from this list, depending on the epidemic situation and response, but with evidence and discussion among key stakeholders to make informed decision that serves people's needs the best. Further, another critical step is setting priorities, based on evidence, capacity, resources, cost–effectiveness and impact analysis.

The checklist and reference list is meant to complement and build on the most recent normative guidelines produced by UNAIDS Cosponsors and the Secretariat and not to replace them. The checklist has built-in hyperlinks for such guidelines for easy reference.

The checklist and reference list has two parts: high-level cross-cutting content (Part A) and specific programme content (Part B). Part A applies to all countries and contains situation and response analysis, the NSP development process, the goal, targets and priority-setting of the NSP and the principles of human rights and gender equity and sustainability. Part B comprises the programme requirements of prevention, treatment and care, comorbidities and integration, social protection, health systems, community engagement, human rights and gender equity, efficiency and effectiveness, governance, management and accountability, HIV and the humanitarian response. Countries need to select the relevant elements of Part B depending on the country-specific context and consensus among the key stakeholders on what is needed. This checklist, including the yes or no choice and justification, is not meant to be submitted to UNAIDS but is intended to assist the NSP development and review team to systematically think through the options and make an evidence-informed decision for the country to produce a meaningful and useful NSP or review report.

The process for developing the global AIDS strategy for 2021–2025 is ongoing at the time this checklist and reference list is being finalized. Readers are thus reminded to watch for the new

[1] Valid as of end of April 2020.

developments, including the new set of global AIDS targets, to be considered in the development and review of the country NSP.

	Included yes/no	Justification
A. High-level cross-cutting content		
A-1 The most current and evidence-informed epidemiological, context and response analysis		
▪ Epidemiological analysis has been conducted with the following: ▪ Demographic data and trends—fertility rates, underlying mortality ▪ Trends in HIV incidence and AIDS-related mortality with disaggregated patterns (subpopulation, age, sex, geographical distribution and by key populations) based on latest HIV estimates (Spectrum, NAOMI, etc.), incidence pattern modelling, Integrated Biological and Behavioural Surveillance surveys and household surveys (if appropriate) ▪ Identification of population groups at the highest risk of HIV infection or affected by HIV ▪ Prevalence in key and vulnerable populations and population size estimation ▪ Gaps identified in population and location as informed by epidemiological data		
▪ Analysis of underlying factors with the following: ▪ Macroeconomic situation (poverty rate, GDP increase, budget, etc.) and trends ▪ Key risk and vulnerability factors for transmitting and acquiring HIV by population (behavioural, biological and structural factors) ▪ Technical capacity and financial and human resources ▪ Other major contextual factors that affect HIV work outcomes: – Legal environment – Social and cultural environment – Gender equality and gender-based violence – HIV-related stigma and discrimination, including against key and vulnerable populations – Humanitarian situation, potential risks and have room for flexibility to adjust if the humanitarian context changes		
▪ The response analysis considered the following: – Whether the response responded to the cause of most new infections and the biggest case load in accordance with the factors identified in the epidemiological and underlying factor analysis – Whether the targets set in the previous NSP were achieved – Are there gaps in the response? For example, whether certain targets in the previous NSP were not achieved and any specific groups in locations that have been left behind – Have the major strengths and weaknesses of the current HIV response been identified? Have the universality of access of services, the quality of implementation of the plan and the results		

	Included yes/no	Justification
for people) and barriers in key areas of response, such as prevention and treatment, rights, laws, stigma and discrimination, gender, social protection and community engagement been identified? – Have strategies been identified that deliver high impact (for example: differentiated service delivery, dolutegravir, etc.) and need to be amplified? – Have the funding landscape and expenditure of the HIV response been analysed? – Have major public health challenges, including the COVID-19 outlook, changed the HIV response?		
A-2 Inclusive process for developing the NSP		
Have the following consulted and provided input to the NSP?		
▪ Government sectors relevant to HIV work (such as education, finance, justice, women and youth affairs and local government)		
▪ Communities of key and vulnerable populations[2] Civil society organizations and community leaders (such as traditional leaders)		
▪ Major development partners and donors		
▪ Research institutes and think-tanks		
▪ Private sector partners		
A-3 Goals, objectives and targets		
▪ NSP goals, objectives and targets are informed by global targets		
▪ NSP goals, objectives and targets are aligned and linked with: ▪ Country development plan ▪ National health strategy ▪ Universal health coverage road map, if available ▪ Other relevant national strategic plans or strategies specific to diseases and health areas, such as TB, sexual and reproductive health and rights, STIs, maternal, newborn and child health, hepatitis, cervical cancer, noncommunicable diseases and mental health		
▪ The NSP follows a theory of change and results chain with clear expected results		
▪ The NSP goals, objectives and targets correspond to the epidemic situation and the needs of the response		
▪ Targets are needs-based, ambitious and realistic		

[2] Key and vulnerable populations at higher risk, are groups of people who experience a disproportionate burden of HIV infection and whose engagement is crucial to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs, sex workers and their clients, prisoners and people in close settings, are at higher risk of exposure to HIV than other groups. However, each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context. People are said to be vulnerable if their living conditions are prone to shifting factors that would place them at risk of contracting HIV. Examples of these groups are young people, women, migrants, long-distance drivers, displaced populations and refugees, men in uniform, and people with disabilities.

	Included yes/no	Justification
▪ Targets and interventions consider and reflect the key lessons learned and good practices from programmes supported by other partners in the country		
▪ The NSP sets people-centred goals, objectives and targets, with a baseline, over the period covered by the NSP ▪ For each key and vulnerable population groups identified, the NSP details specific planned prevention, treatment and other interventions, including the geography, expected coverage and concrete results against the respective baseline – People living with HIV – Men who have sex with men – Transgender people – People who use drugs – Sex workers and their clients – Seronegative partners in serodiscordant couples with HIV positive – Adolescents and youth – Women and young girls – Migrants – Long-distance drivers – Displaced populations and refugees – Men in uniform – Prisoners and people in detention and other close settings – People with disability – Other relevant vulnerable groups		
A-4 Priority-setting		
▪ The priority-setting process considered the following criteria: ▪ Highly effective and high-impact interventions backed by evidence-informed analysis ▪ High allocative efficiency: the right mix of priority interventions to maximize impact with the available resources and capacity ▪ Improving operational efficiency by optimizing working processes ▪ Focusing on populations and locations informed by epidemiological trend analysis ▪ Selected interventions can achieve sufficient coverage and scale to meet the targets ▪ Using a transparent and inclusive process		
A-5 Community engagement, human rights and gender equity principles		
▪ The NSP described an institutional mechanism to ensure: ▪ Functional multisectoral mobilization and coordination ▪ Meaningful engagement of communities of key and vulnerable populations as key stakeholders and partners in the HIV response ▪ Community participation in implementing and evaluating the national and local HIV response		
▪ The NSP promotes a comprehensive, multisectoral response to address the social determinants of health, especially critical enablers relevant to		

	Included yes/no	Justification
the HIV response, including the meaningful engagement of communities at all levels, government sectors (health, education, justice, gender, youth and business), by setting links with sector strategies where this applies		
▪ The NSP includes evidence-informed key interventions to address social and structural determinants and to reduce: ▪ Legal, policy and programmatic human rights barriers for accessing services ▪ Stigma and discrimination faced by people living with HIV and key and vulnerable populations in various settings: health care, education, workplace, justice, household, emergency and humanitarian Guidance documents: UNAIDS on key human rights programmes, Fast-Track and human rights and Evidence for eliminating HIV-related stigma and discrimination		
▪ The NSP includes sounded approaches for community-led monitoring to improve HIV service outcome		
▪ The NSP analyses and addresses discrimination against women and girls and gender inequality issues and promotes gender- transformative HIV response ▪ NSP processes integrate and monitor responses to the findings and recommendations of related national gender assessments (on women's rights and sexual and reproductive health and rights) and those specifically focused on the links between gender equality, women's and adolescents' sexual and reproductive health and rights and HIV, such as whether the country conducted the gender review of its NSP using the UNAIDS Gender Assessment Tool		
A-6 Costing, funding and sustainability		
▪ The NSP includes costing and implementation arrangements based on up-to-date assumptions and prices		
▪ The costing method is clearly articulated and applied consistently throughout the NSP		
▪ Costing is clearly linked to the results chain and the expected results		
▪ The NSP includes details of the entire funding landscape for HIV programmes (including that for multisectoral responses), including: ▪ Fiscal space ▪ HIV programmes that have already been funded ▪ Funding gaps ▪ Health sector funding systems and their implications for funding HIV programmes ▪ Resource mobilization strategy		
▪ The NSP includes sustainability considerations, including specific plans to strengthen the sustainability of the national HIV response		

	Included yes/no	Justification
A-7 Operational plan (1–3 years)		
▪ Implementational approaches, leads and partners, timeline and targets clearly defined		
▪ Analysis of the most effective and efficient approaches to operational planning available, including by review and evaluation and/or model-based estimation		

	Included yes/no	Justification
B. Specific programmatic content		
B-1 Prevention All tools available at https://hivpreventioncoalition.unaids.org		
B-1.1 HIV prevention overall		
▪ The NSP builds on available prevention assessments and data (including prevention score cards for Global Prevention Coalition member countries)		
▪ The NSP sets programmatic coverage, outcome and impact targets for the relevant pillars of prevention that are based on a sound results chain and plausible quantification (scale) to achieve the expected impact		
▪ The NSP gives priority to prevention interventions based on sound analysis of the epidemic and considering efficiency and funding		
▪ The NSP defines specific access barriers to HIV prevention and implementable strategies to address them		
▪ The NSP defines the division of labour in HIV prevention, including leadership and management functions and identifies capacity development needs relative to prevention		
▪ The NSP defines the multisectoral accountability mechanism for HIV prevention		
B-1.2 Programmes for key populations, including men who have sex with men, sex workers, transgender people and prisoners (all countries); and harm-reduction services (including needle and syringe services and opioid substitution treatment) for countries with HIV epidemics among people who inject drugs		
▪ The NSP gives priority to key populations and provides basic analysis of current population size (including potentially hidden populations), access to services, coverage of programmes, key service outcomes and key barriers ▪ Sex workers ▪ Gay men and other men who have sex with men ▪ Transgender people ▪ People who use drugs (focusing on people who inject drugs) ▪ Prisoners		

	Included yes/no	Justification
▪ The NSP clearly defines service packages for HIV prevention (including condoms, safe injecting equipment, HIV testing, treatment, pre-exposure prophylaxis (PrEP) and opioid substitution treatment) among all relevant key populations in accordance with key population implementation tools and other international guidance ▪ Sex workers ▪ Gay men and other men who have sex with men ▪ Transgender people ▪ People who use drugs (with a focus on people who inject drugs) ▪ Prisoners		
▪ The NSP clearly defines the approach for building trusted community access platforms for key populations, including peer-led outreach and relevant social media platforms (as applicable for the different groups) ▪ Sex workers ▪ Gay men and other men who have sex with men ▪ Transgender people ▪ People who use drugs (focusing on people who inject drugs) ▪ Prisoners		
▪ The NSP clearly identifies underlying barriers to HIV prevention, testing and treatment access among key populations and structural barriers (such as legal barriers, norms, discrimination and law enforcement practices) and defines specific implementable actions to address them ▪ Sex workers ▪ Gay men and other men who have sex with men ▪ Transgender people ▪ People who use drugs (focusing on people who inject drugs) ▪ Prisoners		
B-1.3 Programmes for adolescent girls, young women and their male partners (boys and young men) in settings with high HIV incidence (southern Africa and specific locations in eastern, central and western Africa)		
▪ The NSP provides a synthesis of geographical patterns of HIV incidence and prevalence among young women and their male partners and applies this analysis for priority-setting		
▪ The NSP identifies the most important risk and vulnerability factors among adolescent girls and young women and their male partners in settings with high HIV incidence		
▪ The NSP broadly defines combination HIV prevention packages for adolescent girls and young women and their male partners, differentiated by level of risk and vulnerability		
▪ The NSP clearly defines health sector HIV prevention platforms for young women, including youth-friendly services and HIV prevention counselling		

	Included yes/no	Justification
as part of sexual and reproductive health and rights services, including contraceptive services		
▪ The NSP clearly defines community platforms, including community-led outreach, demand generation for HIV prevention services, referrals and communication to address social and gender norms related to HIV prevention		
▪ NSP clearly defines HIV prevention actions in the education sector		
B-1.4 Male and female condoms and lubricants		
▪ The NSP is based on analysis of condom needs, current distribution and current use by priority populations, including key populations, young people, people with non-regular partners, HIV-affected couples and other couples using condoms for contraception		
▪ The NSP identifies key supply chain issues for condoms and lubricants and strategies to address them		
▪ The NSP identifies key demand-side barriers to condom use and strategies to address them		
▪ The NSP clearly defines condom co-ordination, government leadership and market facilitation functions		
▪ The NSP is based on a condom total market approach that clearly defines roles of public, private and social marketing sectors as well as community-level actors		
B-1.5 Voluntary medical male circumcision for men and boys[3] older than 15 years		
▪ The NSP is based on analysis of voluntary medical male circumcision service coverage and outcomes with relevant disaggregation by age and location		
▪ The NSP defines voluntary medical male circumcision service delivery and access gaps and strategies to address them		
▪ The NSP identifies demand-side barriers to voluntary medical male circumcision uptake and strategies to address them		
▪ The NSP describes voluntary medical male circumcision as part of a wider HIV and sexual and reproductive health and rights agenda for men		
▪ The NSP outlines the pathways towards a sustainable national voluntary medical male circumcision programme, including diversification of funding		
B-1.6 For PrEP (all countries with subpopulations with very high or rapidly increasing HIV incidence in specific subpopulations), the NSP defines or identifies:		
▪ Priority populations for PrEP based on analysis of HIV incidence and vulnerability factors		
▪ National targets for PrEP based on the identified focus		

[3] In 15 priority countries in eastern and southern Africa with high HIV prevalence and low prevalence of male circumcision in the country or specific locations.

	Included yes/no	Justification
▪ Relevant policy and regulatory barriers to PrEP programming and strategies to address them		
▪ PrEP service packages and service delivery platforms		
▪ Demand-side barriers to PrEP uptake and strategies to address them		
B-1.7 The NSP outlines synergy with sector plans on broader determinants of HIV prevention, such as comprehensive sexual education, sexual and reproductive health and rights, including family planning and contraceptives, gender-based violence prevention and response, social protection and legal and policy reforms		
B-2 Access to treatment and care		
B-2.1 HIV testing is aligned with the latest WHO HIV testing guidelines		
▪ The NSP details differentiated and innovative testing modalities for reaching people still missing, such as those focused on men, adolescents, key populations (including within subpopulations), displaced and people on the move and also by geographical location (rural and urban)		
▪ The NSP defines strategies on index testing, assisted partner notification, community-level testing, self-testing with subsequent confirmatory testing, repeat testing for higher risk groups, etc.		
▪ The NSP sets links with comorbidity and coinfection management and with primary health care, especially in TB, STIs, family planning and maternal, new born and child health services (more in B3)		
▪ Linkage to care—the NSP details how testing is linked to treatment and care services for those testing positive and to HIV prevention for those testing negative		
B-2.2 HIV treatment aligned with the latest WHO treatment guidelines		
▪ Treatment literacy by various target groups and strategies to improve them		
▪ The NSP details roll-out of TLD / DTG and standardized antiretroviral therapy regimens (including formulations for children) following the latest WHO guidelines		
▪ The NSP details access to “treat all” and same-day offer		
▪ The NSP details community antiretroviral therapy initiation		
▪ NSP details implementation of: ▪ Differentiated service delivery models with defined role of community-led and community-based service provision, adherence, retention and other support ▪ Multi-month dispensing (3–6 months) as defined in the WHO consolidated guidelines on the use of antiretroviral drugs for preventing and treating HIV infection		
B-2.3 Viral load suppression and retention		
▪ The NSP details the roll-out of viral load testing: frequency, uptake and return of results and diagnostics		

	Included yes/no	Justification
▪ The NSP details differentiated service delivery, retention and adherence interventions, including community-led support and community-led monitoring		
▪ The NSP provides analysis of the people lost to follow-up regarding who, why, where and when (including mortality)		
▪ The NSP includes interventions for people living with HIV with advanced HIV disease initiating treatment, including the role of CD4 for clinical staging		
▪ The NSP refers to optimized regimens where possible		
B-2.4 Eliminating mother-to-child or vertical transmission		
▪ The NSP includes analysis of possible causes of new infections among infants using modelled data if available to ensure a population-level approach by a stacked bar analysis		
▪ The NSP includes the policy and delivery landscape for services for preventing mother-to-child or vertical transmission—such as nurse-led antiretroviral therapy, integration into reproductive, maternal, newborn, child and adolescent health services, engaging men and decentralization		
▪ The NSP includes clearly defined roles of the community of women living with HIV and/or from women's groups, initiatives for HIV prevention and care for men, within key and vulnerable populations in programmes for eliminating mother-to-child or vertical transmission		
B-2.5 HIV care for children and adolescents		
▪ NSP includes interventions focusing on: ▪ Finding children living with HIV not in care ▪ Early infant diagnosis targets and improvement strategy ▪ Appropriate regimen and formulations for children with rapid switch to DTG ▪ Retention of children and adolescents on treatment with youth-friendly and services led by young people living with HIV ▪ Detailed strategy for assisting the transition from adolescent to adult treatment programmes		
B-3 Comorbidity, coinfection and integration. The NSP includes or addresses the following:		
B-3.1 Tuberculosis (TB)		
B-3.1.1 TB prevention, diagnosis and treatment among people living with HIV		
▪ The NSP includes a review of epidemiology of TB among people living with HIV and the response to HIV-related TB to date as outlined in the WHO collaborative TB and HIV guidelines		
▪ The NSP includes specific plan to achieve or exceed the 2016 Political Declaration target of achieving a 75% reduction in TB deaths among people living with HIV by 2020 (from a 2010 baseline)		

	Included yes/no	Justification
▪ Analysis of TB stigma and discrimination in relation to the risk of acquisition and barriers to accessing services		
▪ The NSP demonstrates how the interventions will reinforce high-quality TB prevention, early diagnosis, linkage to treatment, adherence, leading to treatment success and reduced mortality for drug-sensitive and drug-resistant TB among people living with HIV		
▪ The NSP outlines differentiated service delivery models to detect, treat and prevent TB among people living with HIV with a focus on specific strategies to reach marginalized and vulnerable populations, including people who use drugs, prisoners, miners, children, informal settlements and indigenous populations		
▪ The NSP strengthens referral and links between TB and HIV service delivery points (for all populations at risk, including children, pregnant women and marginalized groups) with identical levels of differentiated service delivery		
B-3.1.2 HIV programme activities		
▪ All people living with HIV are screened regularly for TB and, if symptomatic, fully investigated for TB (and COVID-19) as indicated in WHO guidelines (target >90%) using molecular assays, X-ray and LF-LAM (for people with advanced HIV disease) where appropriate and receive TB preventive treatment (ideally 3HP if available) or TB treatment, as indicated in WHO guidelines (target >90%)		
▪ All people with TB who are newly diagnosed with HIV start antiretroviral therapy (target 100%) and co-trimoxazole preventive treatment		
▪ WHO guidelines on managing advanced HIV disease are followed, including the availability of cryptococcal meningitis testing and treatment		
B-3.1.3 TB programme activities		
▪ People living with HIV who are diagnosed with TB are treated in accordance with WHO guidelines for drug-sensitive TB or drug-resistant TB as appropriate		
▪ All people with presumptive TB or who are diagnosed with TB are offered an HIV test (target >90%)		
▪ All people with TB who are newly diagnosed with HIV start antiretroviral therapy (target 100%) and co-trimoxazole preventive treatment		
B-3.1.4 HIV, TB and COVID-19		
▪ In settings with a high burden of HIV and/or TB where the COVID-19 pandemic continues, people presenting with respiratory symptoms and fever are tested for COVID-19, TB and HIV, observing enhanced infection control measures when collecting and processing sputum		
B-3.2 Cervical cancer prevention and care		
▪ In accordance with the Global Elimination Strategy and WHO guidelines (here, here and here) and the national cervical cancer or cancer strategy (and guidelines)		

	Included yes/no	Justification
▪ The NSP includes estimates of the needs and sets programmatic coverage, outcomes and impact targets for HPV prevention, cervical cancer prevention and treatment and care focused on girls and women living with and at risk of HIV ▪ The NSP includes targets and details of implementation and scaling up of cervical cancer screening and treatment of pre-cancerous lesions, diagnosis, continuum of treatment and care for invasive cancer for (eligible) women living with and at risk of HIV ▪ The NSP includes details of implementation and scaling up of human papillomavirus (HPV) vaccination in and outside school settings for girls (age range according to national or WHO guidelines) ▪ The NSP includes details of policy changes and revisions for integrated and high-quality services for HIV and cervical cancer ▪ The NSP includes activities for community (networks of women living with HIV, women and other community groups) engagement for raising awareness around HPV, cervical cancer and the links between HIV and cervical cancer, generating and creating demand for HPV and cervical cancer services; community-led services, including community support, referrals and follow-up for continuum of care; and community-led monitoring (including for quality of services), advocacy and accountability ▪ The NSP includes details of cervical cancer data reporting disaggregated by age and HIV status (cancer registry, health information management system, DHIS2), surveillance and monitoring and evaluation ▪ The NSP addresses behavioural and structural factors that drive HPV acquisition and transmission and cervical cancer morbidity by setting links with strategies of addressing gender and social inequalities where this applies		
B-3.3 Mental health		
▪ In accordance with the WHO global action plan, guidelines and manuals (here and here): ▪ The NSP includes details on the ways to integrate mental health and drug treatment services (indicate types of services) into HIV services and continuum of care for adults, adolescents and children living with HIV, key populations and people with mental disorders—including estimated coverage and other indicators and targets ▪ The NSP includes details on policy changes and revisions for integrated and high-quality services and continuum of care ▪ The NSP includes activities for community engagement for raising awareness around mental health and HIV links, generating and creating demand for mental health services, community-based services, community-led monitoring (including for the quality of services), advocacy and accountability ▪ The NSP includes details on mental health and mental health service data reporting (health information management system, DHIS2)		

	Included yes/no	Justification
▪ The NSP demonstrates knowledge of competencies at the national level for addressing trauma, including post-traumatic stress disorder within disaster-impacted communities		
B-3.4 STIs in accordance with the WHO global health sector strategy on sexually transmitted infections, 2016–2021 **and** WHO STI treatment, surveillance and other guidelines		
B-3.4.1 The NSP includes the assessment of the following:		
▪ The magnitude and nature of the STI problem—the prevalence of STIs, antimicrobial susceptibility patterns, who are affected, available STI services and policies and where people seek care		
▪ The current national response—the current status of the STI surveillance, programme structure of the STI programme, operational relationship between STIs and HIV and other programmes, such as sexual and reproductive health and rights, antenatal care, family planning services and programmes; level, scale and modality of service integration; adolescent health; available policies and guidelines, where STI services are delivered, how resources are allocated and the necessary support for procurement and distribution		
▪ Prevention, screening and testing, diagnostic and treatment interventions included to address STIs in and with HIV programmes, existing interventions that need strengthening or expansion and interventions that should be introduced		
B-3.4.2 The NSP provides goals, indicators, targets, priority interventions for STI prevention, screening and testing, diagnosis and treatment and their costing and respective budget		
B-3.4.3 The NSP needs to consider the following priority interventions in the global STI strategy based on the country context		
B-3.4.4 The NSP needs to include details on the following:		
▪ Strengthening STI surveillance—set up basic STI case reporting and prevalence monitoring, strengthen systems and monitor trends—and action: implement antimicrobial resistance monitoring for gonorrhoea		
▪ Service delivery models for STIs: update and roll out STI treatment guidelines and screening guidelines; regular STI check-up of key populations, partner management, link clinical services to outreach and peer education and HIV services for people living with HIV and link to services for preventing the mother-to-child transmission of HIV, syphilis and hepatitis		
▪ Establishment and advancements in laboratory services for: gonorrhoea and chlamydial screening of key populations, especially among PrEP users; syphilis screening among key populations and pregnant women; and linking HIV testing with syphilis testing (dual HIV syphilis screening)		

	Included yes/no	Justification
▪ STI prevention interventions linked to HIV prevention interventions: such as promotion of condoms, behaviour change communication and peer and outreach and promoting STI health care–seeking behaviour		
▪ Ways to integrate STI screening and testing, diagnosis and treatment services with HIV services for specific population groups, including adolescents, key populations and adults and adolescents living with HIV—including estimated coverage and other indicators and targets and costing		
▪ Activities for community engagement for raising awareness around STIs and links between HIV and STIs, generating and creating demand in STI prevention and STI services; community-based referrals and follow-up; policy, resource mobilization and other advocacy		
▪ Training and building the capacity of health-care providers, laboratory workers and outreach workers in providing STI services		
▪ Details on STI data reporting (health information management system, DHIS2), surveillance and monitoring and evaluation		
▪ Quantifying and procuring STI drugs, diagnostics and commodities		
B-3.5 Viral hepatitis prevention and care		
▪ In accordance with the Global Health Sector Strategy on Viral Hepatitis, 2016–2021		
▪ Key WHO guidance for prevention, testing and treatment of viral hepatitis ▪ Hepatitis C virus (HCV) treatment ▪ Hepatitis B virus (HBV) treatment ▪ HCV and HBV testing ▪ Strategic information ▪ Guidance on key populations ▪ Preventing the mother-to-child transmission of HBV		
▪ The viral hepatitis part of the NSP needs to include: ▪ A review of the epidemiology of viral hepatitis B and C—focusing on the epidemiology of coinfection of HIV and HCV and of HIV and HBV ▪ Estimates of the needs and programmatic coverage, outcomes and impact targets for HBV and HCV prevention, treatment and care, with a potential focus on people living with and at risk of HIV ▪ Details on ways to integrate viral hepatitis B and C into and with HIV services; priority areas of integration with HIV programmes include: – Preventing the mother-to-child transmission of HBV in the framework of triple elimination of the mother-to-child transmission of HIV, HBV and congenital syphilis – Prevention, testing and treatment of HIV, HBV and HCV among key populations, including harm reduction programmes for people who inject drugs, prevention and PrEP access for men who have sex with men and transgender people and integrated testing and treatment of all key populations		

	Included yes/no	Justification
– General infection control in health-care settings and especially improved and standardized safe-injection practices are highly relevant for HCV and HIV prevention – Integration of viral hepatitis viral load using laboratory platforms and point-of-care technologies, which are equally used for HIV viral load testing – National or subnational biomarker surveys can be integrated and examine both viral hepatitis and HIV. In a similar way, Integrated Biological and Behavioural Surveillance surveys among key populations can be used to examine both HIV and viral hepatitis (HCV and HBV) ▪ Activities defined for community engagement for raising awareness around viral hepatitis and links with HIV ▪ Details on viral hepatitis data reporting disaggregated by age and HIV status (DHIS2 etc.), surveillance and monitoring and evaluation ▪ Actions to address behavioural and structural factors that drive HCV and HBV acquisition and transmission by setting links with strategies for addressing gender and social inequalities where this applies		
B-4 HIV-sensitive social protection		
▪ The NSP includes the strategy for social protection intervention, which serves: ▪ People living with HIV ▪ Adolescent girls and young women ▪ Orphans and vulnerable children ▪ Key populations ▪ Unpaid health workers ▪ People in high-density settings ▪ People with disabilities		
B-5 Health systems		
▪ The NSP includes interventions for strengthening health system building blocks, especially in the following		
B-5.1 Integrated procurement and supply chain management systems		
▪ Functional logistic information management system, with early warning elements		
▪ Good links between programme, forecasting, procurement and transport, which have been considered given the need for multi-month dispensing		
B-5.2 Adequate laboratory capacity for HIV, TB, COVID-19, early infant diagnosis and blood safety		
▪ Optimized laboratory networks defined		
B-5.3 A plan to ensure access to equitable and sustainable access to affordable medicines and diagnostics		

	Included yes/no	Justification
▪ Remove persistent barriers to access to health technologies to enhance the quality of service delivery and comprehensive health care		
▪ Establish and/or strengthen joint price negotiation and pool procurement mechanisms for products related to HIV, coinfections and comorbidities.		
▪ Establish platforms to increase transparency on research and development costs, the intellectual property landscape and the pricing of the final health products		
B-5.4 Human resources for health, including the mobilization and utilization of community health workers and delivering an integrated, stigma & discrimination-free, people-centred service package (for example with TB, sexual and reproductive health and rights and cervical cancer)		
B-5.5 National health information system		
B-5.5.1 A functional HIV information system with a clearly articulated policy framework and arrangements that has:		
▪ Well-defined HIV indicators and targets, with a baseline whenever possible		
▪ The ability to monitor performance and the quality of services		
▪ The ability to sensitively reflect who has been left behind in HIV services		
▪ Efforts to remove duplicated data, including through a unique identifier		
▪ Defining and moving towards a unified facility and case surveillance and management information system, monitoring performance and the quality of services		
▪ Possibilities explored for having community-led monitoring as a complement and link with national or local HIV programme monitoring and contributing to improving programmes		
▪ National AIDS spending assessments and resource tracking conducted and planned at a regular interval (such as every three years)		
▪ Data from all HIV services (facility and community based) provided by public, private and community groups when applicable		
B-5.5.2 A clearly defined HIV monitoring and evaluation plan as a contribution to a national health information system, which includes:		
▪ HIV indicators integrated into national health information systems and other relevant information systems such as education and social affairs		
▪ Able to reflect incidence and other key indicators for comorbidities, such as TB, cryptococcal meningitis, hepatitis B and C and cervical cancer		
▪ A clear plan for ensuring data quality and using data to improve programmes (including the situation room where it is applied)		
B-5.6 Health funding and strengthening financial management		
▪ Transparent and clean public funding with no user fees for people who use HIV services		

	Included yes/no	Justification
▪ HIV financing: see B-8.4		
B-5.7 Inclusive health governance (section B-9)		
B-5.8 The NSP considered the transfer of lessons learned from HIV (differentiated service delivery, people-centred, rights-based approaches and engagement of community and civil society) to other health areas		
B-6 Community engagement		
▪ The NSP contains an analysis of the current state of: ▪ Development of community networks and how they contribute to the national HIV response ▪ Barriers to their further development and engagement, including barriers to registration and funding		
▪ The People Living with HIV Stigma Index ▪ The People Living with HIV Stigma Index used for situation analysis, with Stigma Index 2 implementation planned		
▪ Community-led responses for implementing HIV prevention and care programmes identified, costed and resources secured, including for people living with HIV, key population networks, community-based organizations and faith-based organizations when relevant		
▪ The NSP includes tactics for maintaining and expanding the community space for civil society and people living with HIV and key and vulnerable populations on governance for HIV and broader health programmes		
▪ The NSP includes development activities for networks of people living with HIV and key populations		
B-7 Human rights and gender equity programmes		
▪ The NSP includes interventions to protect human rights and sexual and reproductive health and rights and remove stigma, discrimination and violence against people living with HIV and affected groups in key settings such as communities, workplaces, the justice sector, education, health-care and emergency settings ▪ Targeted, evidence-informed anti-stigma and discrimination activities, including community-led activities and activities related to removing stigma and discrimination against key populations ▪ Empowering key and vulnerable populations with legal literacy and access to HIV legal services ▪ Monitoring and reforming laws affecting the HIV response, regulations and policies, including those that are discriminatory and punitive, such as, but not limited to, criminal laws, age-of-consent laws, travel restrictions, mandatory testing and forced and coerced interventions ▪ Interventions to sensitize lawmakers and law enforcement agencies ▪ Pre-service and in-service training for health-care providers on issues such as HIV, human rights, key populations, stigma reduction, non-		

	Included yes/no	Justification
discrimination, gender sensitization, providing youth-friendly services and medical ethics ▪ Interventions to eliminate gender-based violence and provide services to gender-based violence survivors, including post-exposure prophylaxis, shelter and legal services ▪ Community-led monitoring, analysis and reporting of violence, stigma and discrimination and human rights barriers to accessing services		
B-8 Efficiency and financial sustainability		
B-8.1 The NSP analyses allocative efficiency		
▪ The NSP analyses the number of additional people prevented from acquiring HIV by focusing HIV interventions on gaps		
B-8.2 The NSP analyses technical efficiency		
▪ The NSP analyses the number of evidence-informed policy changes and changes to delivery modalities		
B-8.3 The NSP analyses efficiency per person reached		
B-8.4 Financial sustainability		
▪ The NSP provides a snapshot of macroeconomic status, including predicted GDP growth, debt service, overall government revenue, expenditure patterns and budget allocations for social sectors		
▪ The NSP analyses the health and HIV funding outlook		
▪ The NSP analyses the status of universal health coverage in the country, including roadmap and priorities		
▪ The NSP analyses the health funding status, including domestic and international funding, government health investment as a percentage of GDP, insurance, out-of-pocket expenditure, analysis of public expenditure for health (including indications of system and public financial management efficiency and budgeting system for health); and the proportion of public and private health service provision		
▪ The NSP analyses funding gaps per component, contextualized by projected new infections		
B-9 Governance, management and accountability		
B-9.1 The NSP includes an overview of HIV leadership, governance and accountability arrangements		
▪ Description of key governance and coordination bodies for coordinating the multisectoral and multistakeholder response to HIV		
▪ Description of who (individual positions) is responsible for monitoring HIV programme implementation and progress towards meeting targets and how this will be done		
▪ Plans for integrating and harmonizing HIV and wider health sector or central ministry (economic planning, education, finance etc.)		
▪ governance and coordination bodies		

	Included yes/no	Justification
▪ Defines the role of community and engagement plan in accountability, and this role is meaningful, includes decision-making power and all relevant communities		
B-9.2 The NSP includes an overview of management and implementation arrangements		
▪ Description of the main programme management and implementation organizations and institutions, including government, private sector, nongovernmental, community-led and community-based		
▪ Governance and management arrangements, including accountabilities for ensuring that the NSP is fully operationalized and the necessary capacity and resources have been secured for targets to be achieved		
▪ Mitigation plan for continuing HIV services in major public health crises, including that caused by COVID-19		
B-10 HIV and humanitarian response		
B-10.1 The NSP includes a description of the humanitarian context		
▪ Identifying factors increasing vulnerability and risk and driving humanitarian needs		
▪ Details on refugees, internally displaced people and cross-border population flows		
▪ Details on how the NSP aligns with country humanitarian plans and/or frameworks		
▪ Details on key populations at increased risk of exposure to HIV in humanitarian situations		
▪ Details on how sexual and gender-based violence among populations affected by humanitarian crises will be addressed		
B-10.2 The NSP includes a planning framework specific for populations affected by humanitarian crises		
▪ The goals, specific objectives and subobjectives include elements aligned to addressing humanitarian concerns		
▪ Populations affected by humanitarian crises have been consulted, and their views inform the NSP		
▪ Description of strategic partners engaged in the humanitarian response		
▪ Readiness and response plans support information flow and measures to ensure uninterrupted crucial service provision (antiretroviral therapy, condom, test kits, contraceptives etc.) during sudden onset emergencies and shutdown of service delivery systems, including in situations of pandemic such as COVID-19		

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