|  | **Minimum Program Requirement** | **Minimum Site Requirements** | |
| --- | --- | --- | --- |
| **Quality:** Using SIMS 4.2 CEEs | **Results:** Using MER 2.6 |
| **Care and Treatment** | 1. Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups, with direct and immediate (>95%) linkage of clients from testing to uninterrupted treatment across age, sex, and risk groups.[[1]](#footnote-2) | S\_02\_03, S\_03\_10, S\_02\_33 | HTS\_TST, HTS\_TST\_POS, TX\_NEW,  PMTCT-EID, PMTCT-HEI\_POS, PMTCT\_FO  PMTCT\_STAT, PMTCT\_STAT\_POS, PMTCT\_ART  OVC\_HIVSTAT |
| 1. Rapid optimization of ART by offering TLD to all PLHIV weighing >30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children who are >4 weeks of age and weigh >3 kg, and removal of all NVP- and EFV-based ART regimens. | S\_02\_34 | SC\_ARVDISP  SC\_CURR |
| 1. Adoption and implementation of differentiated service delivery models for all clients with HIV, including six-month multi-month dispensing (MMD), decentralized drug distribution (DDD), and services designed to improve identification and ART coverage and continuity for different demographic and risk groups. | S\_02\_06, S\_02\_24, S\_03\_13, S\_04\_5  S\_02\_02, S\_02\_19, S\_03\_09, S\_04\_02 | MMD: TX\_CURR  TX\_ML\_IIT, TX\_RTT |
| 1. All eligible PLHIV, including children and adolescents, should complete TB preventive treatment (TPT), and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient. | S\_02\_10, S\_02\_11, S\_02\_27, S\_02\_28  S\_03\_17, S\_03\_18  S\_04\_10, S\_04\_11, S\_04\_18 | TB\_PREV |
| 1. Completion of Diagnostic Network Optimization activities for VL/EID, TB, and other coinfections, and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups, including 100% access to EID and annual viral load testing and results delivered to caregiver within 4 weeks. | S\_02\_4, S\_02\_05, S\_02\_12, S\_02\_22, S\_02\_23, S\_02\_29  S\_03\_11, S\_03\_12, S\_03\_19,  S\_04\_3, S\_04\_4, S\_04\_12, S\_04\_19 | TX\_PVLS  TX\_CURR  PMTCT\_EID  PMTCT\_HEI\_POS  PMTCT\_FO  TX\_TB |
| **Case Finding** | 1. Scale-up of index testing and self-testing, ensuring consent procedures and confidentiality are protected and assessment of intimate partner violence (IPV) is established. All children under age 19 with an HIV positive biological parent should be offered testing for HIV. | S\_02\_08, S\_03\_15,  S\_04\_08, S\_07\_07, S\_07\_08, S\_07\_09, S\_07\_10, S\_07\_11, S\_07\_12 | HTS\_INDEX  HTS\_SELF |
| **Prevention and OVC** | 1. Direct and immediate assessment for and offer of prevention services, including pre-exposure prophylaxis (PrEP), to HIV-negative clients found through testing in populations at elevated risk of HIV acquisition (PBFW and AGYW in high HIV-burden areas, high-risk HIV-negative partners of index cases, key populations and adult men   engaged in high-risk sex practices)[[2]](#footnote-3) | S\_01\_09,  S\_03\_07, S\_07\_13 | PREP\_NEW  PREP\_CT  AGYW\_PREV  KP\_PREV  PP\_PREV |
| 1. Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on 1) actively facilitating testing for all children at risk of HIV infection, 2) facilitating linkage to treatment and providing support and case management for vulnerable children and adolescents living with HIV, 3) reducing risk for adolescent girls in high HIV-burden areas and for 10-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV. | S\_06\_04, S\_06\_07, S\_06\_08 | OVC\_SERV  OVC\_HIVSTAT  AGYW\_PREV  HTS\_TST  HTS\_TST\_POS  TX\_NEW |
| **Policy & Public Health Systems Support** | 1. In support of the targets set forth in the Global AIDS strategy and the commitments expressed in the 2021 political declaration, OUs demonstrate evidence of progress toward advancement of equity, reduction of stigma and discrimination, and promotion of human rights to improve HIV prevention and treatment outcomes for key populations, adolescent girls and young women, and other vulnerable groups. | Most activity and monitoring at OU level; S\_01\_03 applies at site level; | NA |
| 1. Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and medications, and related services, such as ANC, TB, cervical cancer, PrEP, and routine clinical services affecting access to HIV testing and treatment and prevention. | S\_01\_31 | NA |
| 1. OUs assure program and site standards, including infection prevention & control interventions and site safety standards, are met by integrating effective Quality Assurance (QA) and Continuous Quality Improvement (CQI) practices into site and program management. QA/CQI is supported by IP work plans, Agency agreements, and national policy. | S\_01\_06, S\_01\_19, S\_01\_ 20, S\_01\_ 27, S\_01\_28, S\_01\_29, S\_01\_30, S\_10\_06, S\_10\_07 | LAB\_PTCQI |
| 1. Evidence of treatment literacy and viral load literacy activities supported by Ministries of Health, National AIDS Councils and other partner country leadership offices with the general population and health care providers. | S\_01\_03, S\_01\_32 | TX\_PVLS |
| 1. Clear evidence of agency progress toward local partner direct funding, including increased funding to key populations-led and women-led organizations in support of Global AIDS Strategy targets related to community-, KP- and women-led responses | Not applicable - monitored at OU level | NA |
| 1. Evidence of partner government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended. | Not applicable - monitored at OU level | Partner country indicators |
| 1. Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity. | Not applicable - monitored at OU level | TX\_ML |
| 1. Scale-up of case-based surveillance and unique identifiers for patients across all sites. | Not applicable - monitored at OU level | EMR\_SITE  HTS\_RECENT |

1. Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: World Health Organization, September 2015 [↑](#footnote-ref-2)
2. Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: World Health Organization; 2015 (<http://www.who.int/hiv/pub/guidelines/earlyrelease-arv/en)>. [↑](#footnote-ref-3)