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Policies	The national HIV treatment policy does not include a strategy for Advanced HIV Disease (AHD) identification and management	The national HIV treatment policy does not include a strategy for AHD, but one is under development	National policies include an AHD strategy but do not promote implementation and monitoring of AHD services at scale	National policies include an AHD strategy which actively promotes the implementation and monitoring of AHD services at scale, with a focus only on secondary and tertiary levels of the health system	National policies include an AHD strategy which actively promotes the implementation and monitoring of AHD services at scale at all levels of the health system (primary, secondary, and tertiary health facilities) *and* include coverage targets for AHD service delivery.
Guidelines	The country has not defined a minimum package* of AHD services *(e.g., services to identify advanced immunosuppression [low CD4], and to diagnose and treat prevalent opportunistic infections such as TB and cryptococcal infection)*	A minimum package of AHD services has been defined but has not yet been incorporated into the national HIV treatment guidelines	National HIV treatment guidelines include AHD management but there is no detailed and disease-specific operational guide, either stand-alone or integrated in the DSD Operational Guide	National HIV treatment guidelines include AHD management in detail and there is an approved disease-specific operational guide to support implementation (either stand-alone or integrated), but the operational guide is not yet in use.	National HIV treatment guidelines include AHD management in detail, there is an approved disease-specific operational guide to support implementation, and it is being actively used to inform implementation *(e.g., used in trainings, mentorship and by services providers).*
National AHD implementation and Scale-up plan	There is no existing national AHD scale-up plan, and none is currently under development	There is no existing national AHD scale-up plan, but one is currently under development	A national AHD scale-up plan has been developed but not implemented	A national AHD scale-up plan has been developed, and is being actively implemented in some subnational units (*e.g., regions, districts)*	A national AHD scale-up plan has been developed, is being implemented nationwide, and key milestones are being regularly monitored.

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Standard Operating Protocols (SOPs)	There are no existing national AHD SOPs, none are currently under development and no AHD SOPs developed by IPs are in use at project level	There are no existing national AHD SOPs, but they are currently under development *AND/OR* AHD SOPs developed by IPs are in use at project level	National AHD SOPs have been developed for some diseases but not all diseases in the minimum AHD package	National AHD SOPs have been developed for all diseases in the minimum AHD package BUT not all of them are in use	National AHD SOPs have been developed for all the diseases in the minimum AHD package AND all of them are in use
Coordination	Coordination of AHD activities at the national level has not been addressed	National coordination of AHD activities is being planned or discussions and meetings are ongoing	AHD activities fall under the scope of existing groups; progress updates are presented in standing meetings not focused on DSDM *(e.g., a care and treatment TWG)*	AHD activities are coordinated by a dedicated task team or sub-group as part of comprehensive DSDM coordination and progress updates are routinely presented in DSD meetings	There is a National DSD Focal Person or someone in similar coordination role at the national level whose role includes spearheading AHD activities
Engagement of Recipients of Care	Representatives from the community of people living with HIV (PLHIV) are not involved in any activities related to AHD and there are currently no plans to engage them	PLHIV are not currently engaged in AHD activities, but engagement is planned, or meetings and discussions are ongoing	PLHIV are meaningfully engaged in AHD implementation	PLHIV are meaningfully engaged in implementation and evaluation of AHD	PLHIV are meaningfully engaged in implementation and evaluation of AHD, as well as oversight of AHD policy (*e.g., through inclusion in DSD task force or another group)*
Training	The National HIV training curriculum does not include a module on AHD identification and management	National AHD training materials have not been developed, but materials originally developed by implementing partners piloting AHD are currently in use	There is a National AHD training curriculum or module(s) but trainings have not yet started	There is a national in-service AHD training curriculum or module(s) in place and systematic trainings are ongoing based on the scale up plan	There is a national in-service AHD training curriculum or module(s) in place and systematic trainings based on the scale up plan have been completed for all health facilities

Diagnostic capability 1: **Capacity to identify AHD (advanced immunosuppression)**	PLHIV are not routinely assessed for advanced immunosuppression using CD4 testing *AND/OR* Insufficient information is available to estimate	PLHIV are routinely assessed for advanced immunosuppression using CD4 testing in < 25% of health facilities	PLHIV are routinely assessed for advanced immunosuppression using CD4 testing in 25% to 50% of health facilities	PLHIV are routinely assessed for advanced immunosuppression using CD4 testing in 50% to 75% of health facilities	PLHIV are routinely assessed for AHD using CD4 testing in > 75% of health facilities
Diagnostic capability 2: **Capacity to identify opportunistic infections and comorbidities:** Xpert MTB/Rif assay, TB LAM, and CrAg	Access to the diagnostic tests and procedures needed to identify key OIs (Xpert MTB/Rif assay, TB LAM, CrAg) is rarely or never available *AND/OR* Insufficient information is available to estimate	Access to at least one of the three "minimum package" diagnostic tests is available *on site* at > 75% of referral health facilities	Access to one of the three "minimum package" diagnostic tests is available at > 75% of all health facilities (on site or by referral) *AND* has a national sample & client referral system to ensure access to AHD diagnostics by lower-level HF	Access to two of the three "minimum package" diagnostic tests are available at > 75% of all health facilities (on site or by referral) *AND* has a national sample & client referral system to ensure access to AHD diagnostics by lower-level HF	Access to all three of the "minimum package" diagnostic tests are available at > 75% of all health facilities (on site or by referral) *AND* has a national sample & client referral system to ensure access to AHD diagnostics by lower-level HF
Facility Coverage	National implementation of the AHD minimum package has not begun	Fewer than 25% of health facilities providing ART have the minimum package of AHD services available (on site or by referral) *AND/OR* Available information is insufficient to estimate the proportion of facilities	25-49% of health facilities providing ART have the minimum AHD package available (on site or by referral)	50-75% of health facilities providing ART have the minimum AHD package available (on site or by referral)	Over 75% of health facilities providing ART have the minimum AHD service package available (on site or by referral)

Client Coverage 1: Assessing for AHD among people at risk of AHD	In this domain, “AHD screening coverage” means the proportion of people at risk of AHD for whom CD4 testing and/or WHO clinical stage is documented during the reporting period People at risk of AHD for whom screening is recommended include: 1. PLHIV newly enrolled on ART. 2. PLHIV returning after treatment interruption. 3. PLHIV with virologic failure. 4. PLHIV who are seriously ill. Note: All children under five diagnosed with HIV should be considered to have AHD.				
	None of the four groups of people at risk of AHD listed above are routinely assessed for advanced immunosuppression using CD4 testing or WHO clinical staging *AND/OR* There is **insufficient** information to determine the AHD screening coverage for all the four groups of people at risk of AHD listed above.	**At least one** of the four groups of people at risk of AHD listed above are routinely assessed for advanced immunosuppression using CD4 testing or WHO clinical staging *AND/OR* There is sufficient information to determine the AHD screening coverage for **one** of the four groups of people at risk of AHD listed above *AND* The AHD screening coverage data for the group is < 50%.	**At least two** of the four groups of people at risk of AHD listed above are routinely assessed for advanced immunosuppression using CD4 testing or WHO clinical staging *AND/OR* There is sufficient information to determine the AHD screening coverage for **two** of the four groups of people at risk of AHD listed above *AND* The AHD screening coverage data in at least **one** group is >50%.	**At least three** of the four groups of people at risk of AHD listed above are routinely assessed for advanced immunosuppression using CD4 testing or WHO clinical staging *AND/OR* There is sufficient information to determine the AHD screening coverage for **three** of the four groups of people at risk of AHD listed above *AND* The AHD screening coverage data in at least **two** groups is >50%.	**Four** of the four groups of people at risk of AHD listed above are routinely assessed for advanced immunosuppression using CD4 testing or WHO clinical staging *AND/OR* There is sufficient information to determine the AHD screening coverage for **all four** groups of people at risk of AHD listed above *AND* The AHD screening coverage data in **all four** groups is >75%.
Client Coverage 2: **Screening of people with advanced immunosuppression for prevalent opportunistic infections/ comorbidities**	National implementation of AHD screening has not begun *AND/OR* Insufficient information is available to estimate the proportion of PLHIV screened for prevalent OI/comorbidities	Fewer than 25% of clients with advanced immunosuppression receive screening services for TB and CM as per the national AHD package *(e.g., TB LAM, CrAg)*	25-49% of clients with advanced immunosuppression receive the screening services for TB and CM as per the national AHD package *(e.g., TB LAM, CrAg)*	50-75% of clients with advanced immunosuppression receive the screening services for TB and CM as per the national AHD package *(e.g., TB LAM, CrAg)*	Over 75% of clients with advanced immunosuppression receive the screening services for TB and CM as per the national AHD package *(e.g., TB LAM, CrAg)*

CrAg, TB LAM, cervical cancer screening, screening for psychosocial risk factors, etc.					
Client Coverage 3: **Prevention of opportunistic infections/ comorbidities amongst people with advanced immunosuppression** OI prophylaxis (e.g., TPT, CTX, cryptococcal prophylaxis)	National implementation of the OI prevention services in the AHD minimum package has not begun *AND/OR* Insufficient information is available to estimate the proportion of eligible PLHIV receiving OI prevention services	Fewer than 25% of eligible clients receive the OI prevention services in the national AHD package *(TPT and CTX prophylaxis as well as cryptococcal pre-emptive treatment)*	25-49% of eligible clients receive the OI prevention services in the national AHD package *(TPT and CTX prophylaxis as well as cryptococcal pre-emptive treatment)*	50-75% of eligible clients receive the OI prevention services in the national AHD package *(TPT and CTX prophylaxis as well as cryptococcal pre-emptive treatment)*	More than 75% of eligible clients receive the OI prevention services in the national AHD package *(TPT and CTX prophylaxis as well as cryptococcal pre-emptive treatment)*
Client Coverage 4: **Management of opportunistic infections/ comorbidities**	National implementation of AHD prevention and management has not begun *AND/OR* Insufficient information is available to estimate the proportion of eligible PLHIV receiving OI management services	Fewer than 25% of eligible clients receive the OI management services in the national AHD package *(e.g., treatment of TB, cryptococcus and other OIs)*	25-49% of eligible clients receive the OI management services in the national AHD package *(e.g., treatment of TB, cryptococcus and other OIs)*	50-75% of eligible clients receive the OI management services in the national AHD package *(e.g., treatment of TB, cryptococcus and other OIs)*	More than 75% of eligible clients receive the OI management services in the national AHD package *(e.g., treatment of TB, cryptococcus and other OIs)*
Supply Chain Management for AHD Commodities	Supply chain planning for AHD related commodities has not been done and no discussions are ongoing	AHD related commodities forecasting, quantification and funding request discussions are ongoing	AHD related commodities forecasting, quantification and procurement plans finalized but operationalization of the supply plan for diagnostic supplies and OI drugs has been	AHD related commodities forecasting, quantification and procurement completed for AHD minimum package of care, with effective procurement planning, warehousing and last mile distribution	An **integrated** AHD related commodities forecasting, quantification and procurement implemented for **all relevant opportunistic infections** with effective procurement plan, warehousing and

			delayed OR stock-outs of commodities reported in the past 3 months	in place and no stock-outs reported in the past 3 months.	distribution and consumption in place and no stock-outs reported in the past 3 months.
M&E System	Some data necessary for M&E of AHD services (e.g., data needed to determine eligibility, track recipients enrolled in AHD services, determine recipient outcomes, etc.) may be documented, but not in a systematic and structured way	At least some necessary AHD-related data elements are being documented in a systematic and structured way, but none are reported routinely via national M&E tools/HMIS *AND* Revisions to national M&E tools to structure routine reporting or collection of additional AHD data are planned	At least one necessary AHD-related data element is being systematically documented, and reported but data elements are not comprehensive (e.g., not all data are included) and/or are not fully integrated into national M&E tools or the national HMIS	Most of the necessary AHD-related data elements are being systematically collected, reported, analyzed, and reviewed regularly and refinements to the data elements are needed to fully integrate into national M&E tools or the national HMIS for HIV/ART services.	All the necessary AHD-related data elements are being systematically collected, reported, analyzed, and reviewed regularly and are integrated into national M&E tools and the national HMIS for HIV/ART services.
Quality of AHD Services	Quality standards for AHD services have not been defined and are not currently in development	National quality standards for AHD services are in development or have been defined, but no evaluations of quality using national standards have been completed	At least one evaluation of AHD service quality has been conducted using the national quality standards, but the results do not indicate that standards have been met	At least one evaluation of AHD service quality has found that the program meets established national quality standards	Repeated evaluations of AHD service quality have found that the program meets established national quality standards
Impact of AHD Services	No evaluations of the national AHD package of care* have been completed and no evidence of impact is available at this time	Implementation of the national AHD package of care has been evaluated, using either process (e.g., client and/or provider satisfaction, retention in EAC, etc.) or outcome (e.g., viral suppression, morbidity, mortality, efficiency, etc.) indicators, but no	At least one evaluation of implementation of the national AHD package of care has been conducted, with evidence indicating impact in either process or outcome indicators	At least one evaluation of implementation of the national AHD package of care has been conducted, with evidence indicating impact in both process and outcome indicators	Repeated evaluations of implementation of the national AHD package of care have been conducted, with evidence indicating ongoing impact in both process and outcome indicators

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		evidence of impact is available at this time			

*By "package of care" we mean the national minimal package of AHD screening, diagnostic and treatment services