

PrEP-it: Frequently Asked Questions

Getting Started

Q. The country I am working in is not on the dropdown list. Can I still use PrEP-it?


A. Yes, the countries and regional programs on the dropdown list have access to national default values associated with them. For all other countries, users can select “Other”. By choosing “Other”, one does not have access to default values but can use all the other features of PrEP-it.

Populations

Q. I created a custom population but then changed my mind. Now the formula that looks up the appropriate acronym isn't working. Is there a way to fix this?

A. Yes. Once you write over a formula, as in Column C of the Populations tab, it will not automatically revert back to the original formulas if you change your mind. To restore the formula, select a cell from C6 to C16 that is either above or below to cell you are trying to reset and make sure that cell has a formula that begins with =IFERROR(VLOOKUP... Do NOT use C5, which has a different formula. Place your cursor on the lower right-hand corner of the cell with the formula in it and drag it to the cell you want to reset. This will restore the formula so that the appropriate acronym appears when you make a priority population selection using the dropdown list.

Select priority populations	
Serodiscordant couples	SDCs
Female sex workers	FSWs
Men who have sex with men	MSM
Adolescent girls/young women 15-19	AGYW 15-19
Adolescent girls/young women 20-24	AGYW 20-24
Custom group	high risk men
-	-



Drag formula up to restore formula.

Continuation

Q. What if I don't know my continuation rates? Can I leave this blank?

A. No, PrEP-it requires at least one set of continuation rates in order to link to other tabs in the tool to set targets, estimate costs and impact, and to project future visits. If you do not have data on the proportion of PrEP initiates continuing to use PrEP at months 1, 3, 6, and 12, you can provide your best estimate. To assist with making these estimates, one can either enter in a sample of client-level data into the [Continuation Calculator](#) or copy values from the reference table that has empirical data from other studies.

Initiation

Q. I added a custom indicator (# referrals), and I want to know what proportion of all those screened are referrals. This is not automatically calculated, so how can I find this?

A. Custom indicators are totaled on the Initiation Results tab, but custom metrics need to be specified by the user. For the example you provided, you can look to the graphic below and see how one could specify and calculate the metric “% screened referred” by using the formula that divides the total referrals by the total screened. A similar approach can be taken for other custom indicators and metrics.

% screened referred	=S53/S46		
% custom metric 2			
% custom metric 3			
	All Year Totals		
PrEP Cascade metrics, of those screened	SDCs	FSWs	MSM
% screened deemed eligible for PrEP	100%	100%	92%
% screened offered PrEP	86%	96%	85%
% screened initiated PrEP	77%	75%	51%
	All Year Totals		
PrEP Cascade data	SDCs	FSWs	MSM
# tested for HIV	714	366	501
# tested HIV negative	716	334	474
# screened for PrEP, one-step screening	664	287	336
# deemed eligible for PrEP	664	287	310
# offered PrEP	572	275	287
# initiated PrEP (including reinitiations)	509	215	170
# reinitiated PrEP	119	80	72
# seroconversions to HIV positive on PrEP	0	0	0
# experienced serious side effects	0	0	0
referrals	275	165	121
# custom indicator 2 (specify)	0	0	0
# custom indicator 3 (specify)	0	0	0

Capacity

Q. Instead of entering in clinics and other service delivery units, I want to enter capacity information at the district level and aggregate up to the national level. Will this approach work?

A. Yes, this approach will work to provide with you an estimated aggregated national monthly capacity. Keep in mind; however, that this approach may lead to an overestimation of monthly capacity because the staffing, laboratory, and demand for PrEP may not be evenly distributed among service delivery units, causing bottlenecks that reduce the ability to utilize the full capacity of each district. As such, estimating capacity based on service delivery units (e.g. clinics, mobile teams) is the preferred approach.

Costs Lite

Q. Can you explain the percentages next to the default cost table?

A. Yes. Based on an analysis of several PrEP cost studies, on average, other recurrent and capital costs are 10.7% and 0.37% of personnel and lab costs, respectively. One can adjust these percentages in the orange cells to the right of the table, if deemed appropriate.

Default costs per visit.

Country X	SDC		Key Pops		AGYW		
Cost categories	Initiation	Continuation	Initiation	Continuation	Initiation	Continuation	
Personnel	\$ 9.12	\$ 6.46	\$ 5.72	\$ 3.60	\$ 5.41	\$ 3.13	
Labs	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	\$ 1.00	
Other recurrent	\$ 1.08	\$ 0.80	\$ 0.72	\$ 0.49	\$ 0.69	\$ 0.44	10.7%
Capital costs	\$ 0.04	\$ 0.03	\$ 0.02	\$ 0.02	\$ 0.02	\$ 0.02	0.37%
Total	\$ 11.24	\$ 8.29	\$ 7.47	\$ 5.11	\$ 7.12	\$ 4.58	

Targets

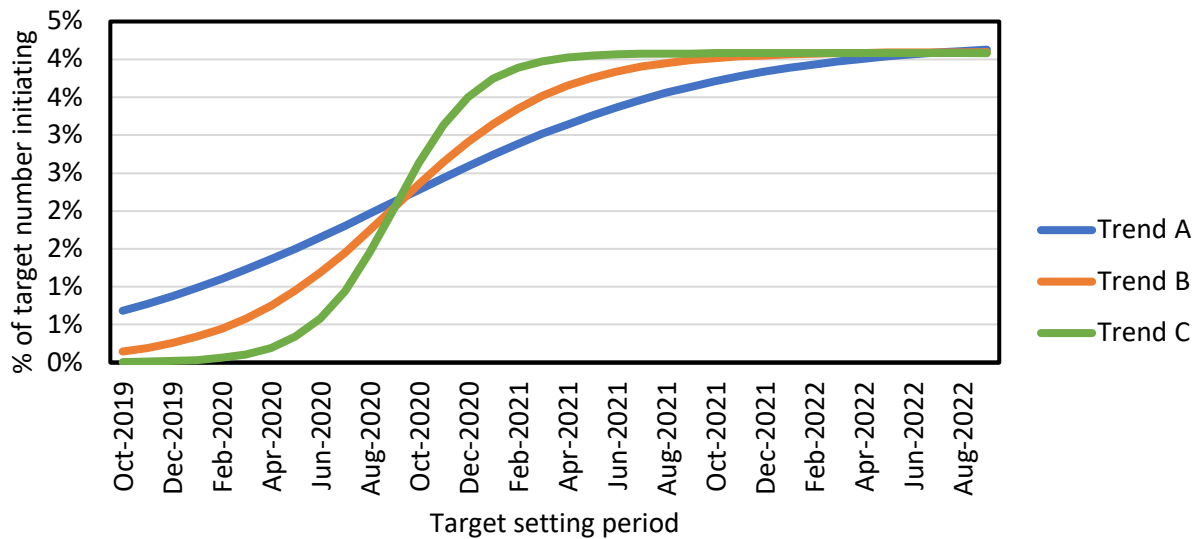
Q. I cannot use macros on my computer. Is there another way to run Solver when setting targets via Option 1?

A. Yes. See instructions starting on page 56 of the user-guide. [link].

Q. I am specifying an S-shaped curve for my scale-up trend. How does one select a value for “initial speed of scale-up”?

A. There is no *right* answer on the rate of speed for scale-up, because it is related to the length of the target-setting period and the mid-point when scale-up is most rapid. The example below shows three scale up trends with the same mid-point but different but a different speed of scale-up (Trend A= 0.15, Trend B=0.3, Trend C=0.6). The higher the value, the steeper the slope, indicating faster scale up. One should adjust the default value provided until they get a good visual representation of how they plan to roll-out PrEP over the target-setting period.

Target-setting scale up trends:
% of clients initiating PrEP by month



Impact

Q. When should I use the adjustment factor?

A. The adjustment factor represents the relative risk of the individuals receiving PrEP compared to the overall indicated population. Therefore, one should use the adjustment factor if they believe individuals receiving PrEP are at higher risk than the overall priority population to which they belong. One example may be for adolescent girls and young women if they are being selected for PrEP based on living in geographic areas of higher incidence or are being risk screened and are at higher risk for HIV than the total population of adolescent girls and young women in the country. See page 41 of the user guide for more details.

Continuation Calculator

Q. If I client was supposed to return after 30 days after initiation but didn't come back until 60 days, should I record their visit in Return 1 or Return 2?

A. Return 1. For each return visit after initiation, the date and # drug supply should be recorded in the next open visit space. There should not be any gaps in the returns, regardless of whether clients are late for their appointment.