

TARGET-SETTING GUIDE

Overview

The Pre-exposure Prophylaxis Implementation Planning, Monitoring, and Evaluation Tool, or PrEP-it, includes built-in documentation to help users understand and utilize its various functions. This guide accompanies the tool's target-setting module and provides country teams with a process for contextualizing, drafting, and organizing their targets for pre-exposure prophylaxis (PrEP¹). It outlines some of the considerations involved in this process and provides additional resources to help users make the required decisions on tool inputs and assumptions.

Target audience

This document is intended to support a national target-setting process that is country led by a diverse team that includes experts in PrEP program planning, finance, monitoring, evaluation, and implementation.

Why develop targets for PrEP?

PrEP programs aim to increase effective use among individuals and groups who would benefit from using PrEP to prevent HIV acquisition. Targets for PrEP may be needed as part of national strategic planning of HIV prevention programs, including estimating funding, product, staffing, demand creation, and other resource needs. PrEP targets may also be needed for decision-making by major global partners such as the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund for AIDS, Tuberculosis and Malaria, the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the Bill & Melinda Gates Foundation.

Targets for PrEP ideally should be developed for epidemiologic impact, such that achieved targets produce a meaningful reduction in HIV incidence by a set time. However, targets may be constrained by available resources, service delivery capacity, or logistics. Ideally, PrEP targets should be tied to the program implementation goal and objectives represented in a results framework or theory of change as part of an implementation plan. This framework supports the decision-making process by linking developed targets to program objectives. (See Appendix I for an illustrative example of a results framework and links to related resources.)

Before you begin

During the preparation phase, the following steps, decisions, and structures are needed to develop PrEP targets successfully and rapidly:

- 1. Describe the purpose of the target-setting exercise** and whether it also needs to include estimates of costs, commodity needs, and/or projected impact. Determine at what organizational level targets will be set. For example, will targets be set at the national level and disaggregated down to the subnational and site levels, or will targets be set sub-nationally and aggregated to the national level? The answers to these questions will inform who needs to be engaged in the process and the necessary inputs.
- 2. Engage key stakeholders.** It is important to identify and engage high-level program decision-makers who should be included in the planning process across all service points where PrEP will be integrated (e.g., family planning, sexual and reproductive health, etc.). That may include departments within and outside HIV programs and the Ministry of Health. Obtain buy-in from these stakeholders, including their commitment to participate in the process. Typical stakeholders are representatives from government ministries, donors (e.g., PEPFAR), multilaterals, implementers, advocates, and potential or current PrEP users. Those stakeholders should be provided sufficient information about the development of the targets, expectations of their engagement, and anticipated future needs for financial resources.
- 3. Create or use an established task force/working group** and consider developing terms of reference (see an example from [Costed Implementation Plans for Family Planning, pages 11–13](#)). This entity should include the relevant expertise required throughout the development, application, and evaluation of the implementation plan.
- 4. Conduct formative work** to assemble and review prior plans, situational analyses, and/or implementation data and reports that will inform implementation planning: goal, objectives and priority activities and PrEP targets (see an example from the [formative work outline, pages 8-13](#)). The help section on populations provides additional notes on what data should be collected.

¹ In this guide, "PrEP" refers to the use of antiretroviral drugs for HIV prevention, regardless of delivery modality (e.g., oral, vaginal ring, injectable, or implant).

5. **Determine if the costs of the targets are to be estimated. Consider engaging a consultant or a working group member with expertise in costing to gather and interpret the cost data.** An example of a scope of work (or terms of reference) is available for technical assistance in [target setting](#), and in [costing](#).
6. **Secure the financial and human resources** needed to develop the implementation plan, with included targets as a best practice. Financing can come from multiple sources. The cost implications of plan development include venues, meals, per diem, transportation, stationery, and other printed material associated with convening meetings. Major cost components include human resource costs for writers of the plan, technical experts on HIV prevention, costing consultants, and others identified for needed skills or expertise. If needed, the country team can make a formal request to global and or multilateral organizations for technical and consultancy support where appropriate.
7. **Develop a work plan** of activities for developing the implementation plan, including a timeline, partner roles, and responsibilities.

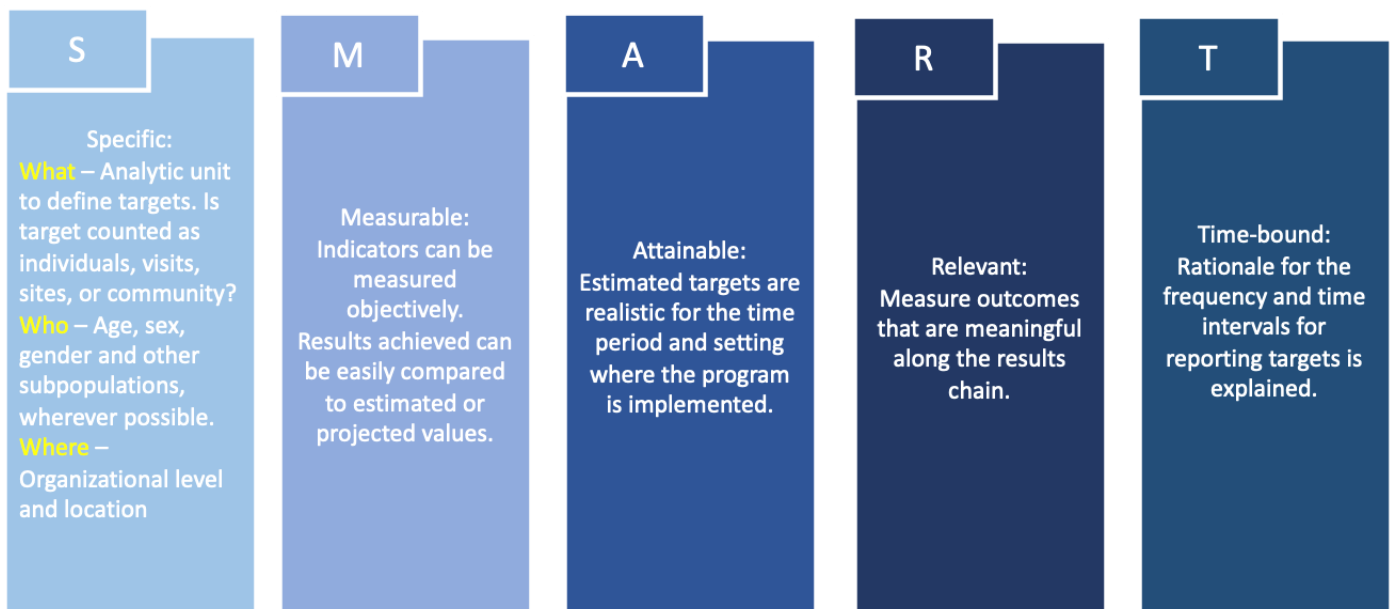
Contextualizing target-setting in PrEP-it audience

The following sections are intended to support teams that are using PrEP-it to develop PrEP targets. These sections are organized sequentially to align with the tool and support the analytic process for developing targets.

How will targets be set?

To enable programs to monitor achievements, developed targets should SMART: Specific, Measurable, Attainable, Relevant, and Time-based (Figure 1). The process of setting PrEP targets is iterative and consultative (Figure 2). PrEP-it currently supports target-setting based on coverage of each priority population, with coverage defined as the percentage of individuals within each population who may benefit from PrEP due to potential HIV exposure who are actively taking PrEP by the end of the user-defined target-setting period, taking continuation rates into account. In addition, data on method preferences and prior use patterns can inform conclusions about PrEP initiations, coverage by population, and distribution of PrEP methods across priority populations.

Figure 1. SMART targets



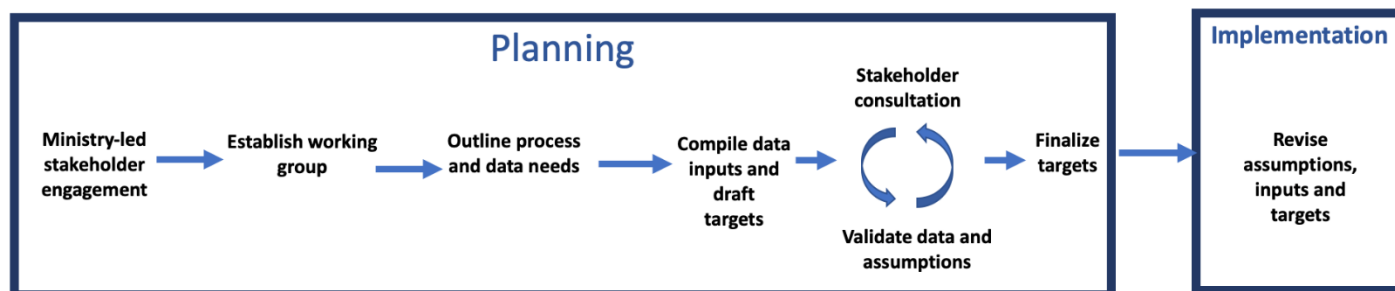
Currently, PrEP-it includes targets for three indicators: 1) PrEP initiations, or the number of individuals newly starting PrEP; 2) PrEP_CT, which measures continued use of PrEP among patients who returned for a follow-up or re-initiation visit, excluding those who are newly enrolled [PrEP initiations as defined by the [PEPFAR Monitoring, Evaluation and Reporting Indicator Reference Guide 2.6](#); and 3) currently on PrEP, which is the number of individuals actively taking PrEP in the last month of the target-setting period, taking scale-up patterns and continuation rates into account.

As noted above, coverage targets ideally should be set based on epidemiologic impact and adjusted for attainability and feasibility. PrEP-it can estimate the epidemiologic impact of targets. Assumptions, considerations, and decisions

that inform estimates of anticipated coverage levels should be documented. The team should describe variables along the implementation pathway anticipated to affect coverage levels and should identify existing data that can inform those assumptions.

Alternatively, if targets were predetermined based on logistical or other constraints, rather than estimated based on coverage, the team can enter those targets directly into PrEP-it. Users will need to enter only an estimate of the number of clients (individuals) who will be initiated. The analytic team may have estimated targets based on resource considerations, such as funding level, service delivery capacity (including product availability), or other logistical constraints. Whenever possible, target-setting assumptions should be explicit and tied to the implementation objectives and activities.

Figure 2. Target-setting process: iterative from planning through implementation



For whom are PrEP targets being set?

The WHO [Consolidated Guidelines on HIV Prevention, Testing, Treatment, Service Delivery, and Monitoring](#), published in July 2021, recommend “Oral pre-exposure prophylaxis (PrEP) containing TDF should be offered as an additional prevention choice for people at substantial risk,” defined as an incidence rate of 3 per 100 person-years or higher (see page 70 of the guidelines). The WHO identified “men who have sex with men, transgender women and heterosexual men and women who have sexual partners with undiagnosed or untreated HIV infection” as populations with substantial risk. The document also mentions that “PrEP programmes should consider local context and heterogeneity in risk,” encouraging country programs to define their own priority populations for PrEP. Examples may include sex workers, adolescent girls and young women (AGYW), people who inject drugs (PWID), older women who may have a higher likelihood of HIV exposure, pregnant and breastfeeding persons, fisher folk, people in prisons and other enclosed settings, and migrants. In addition, individuals requesting PrEP, regardless of their membership in the aforementioned populations, should also be prioritized due to their self-acknowledgement of substantial HIV risk.

For each population, PrEP targets should be rights-based and realistic in representing expected achievement given the heterogeneity within and among the populations that services intend to reach. The final resulting targets should be as simple, grounded, and transparent as possible (Figure 2). If one uses assumptions that are unrealistic given the operating environment, and potential resources available, the targets and goals might not align.

When setting targets for each population, PrEP-it users will have to provide the population size, the percentage of that population in geographic areas prioritized for PrEP, HIV prevalence within the population, and the percentage of HIV-negative members of that population indicated for PrEP. PrEP-it provides country-specific reference values for many of these indicators, but often ministries of health have access to the most up-to-date estimates. Other sources are prior program, research, or survey data (e.g., [Population-based HIV Impact Assessments](#) and [Demographic and Health Surveys](#)). When summarizing the available data to be used as estimates of input assumptions, users should consider selection bias, information bias, and other ways that the input assumptions may misrepresent the program reality. Selection bias can happen if population size or HIV incidence and prevalence rates do not reflect the reality for each priority population at that time or in that geographical location of PrEP implementation. Incidence rates by population might differ across the county’s subnational units.

Targets produced within PrEP-it result from assumptions about these critical program variables. Census and population-based surveys can be used to estimate the size of some priority populations. For populations such as female sex workers (FSWs), men who have sex with men (MSM), transgender (trans) women, and PWID,

biobehavioral surveys with size estimations can provide population size estimates. The [KP Atlas](#) has compiled results from many of these studies and can provide estimates of how many people among key populations (KP) for HIV prevention — typically defined as MSM, trans women, FSWs, PWID, and prisoners — may benefit from PrEP use due to potential exposures to HIV due to condomless sex or injection practices. The planning team should consider how and where KP size estimations were conducted, and whether the estimates are national or apply only to specific localities. In instances where either program or non-population-based survey data are being used, assumptions applied to make the estimate generalizable to the national level should be described. These assumptions about the observed sample used to obtain estimated number of people also inform assumptions about geographic distribution.

Are specific subnational units prioritized for more intensive PrEP demand creation or provision?

In countries with high levels of geographic variation in HIV incidence, national targets for some priority populations may be developed for specific subnational geographic areas, which may have been established as national priorities or may have been determined through stakeholder input. Subnational prioritization is often based on HIV prevalence or areas of low viral load suppression where incidence rates may be expected to be higher; however, other factors may inform which areas are selected. Users can set targets for any priority population within PrEP-it, nationally or in prioritized geographic areas.

AGYW are a prioritized population for PrEP in many settings, and whether or not AGYW are indicated for PrEP may depend on their geographic location or other contextual factors that heighten their likelihood of exposure to HIV. Identifying AGYW who may benefit from PrEP has been challenging, especially because self-perception of the likelihood of HIV exposure risk tends to be low among this group. Meanwhile, health providers, parents, and other community influencers often stigmatize sexual activity among AGYW, increasing the challenge of assessing likelihood of HIV risk for this population. Screening tools to help identify individual AGYW who may benefit from PrEP have shown variable performance in identifying those who may benefit from PrEP and have the potential to increase stigma in the very population PrEP should help. In addition, even in countries with the highest HIV incidence, it has been challenging to identify subnational geographic areas where AGYW are at substantial risk. At the same time, HIV prevention clinical trials continue to find HIV incidence of 3% or higher among AGYW enrolled in comparison groups.

These observations together suggest that high HIV incidence among AGYW may occur in “hot spots” — neighborhoods or communities — within subnational areas. Therefore, the PrEP-it developers created a tool to assist PrEP program planners in identifying hot spots using estimates of HIV prevalence among AGYW and incorporating these identified hot spots into the target-setting process. The research upon which this tool is based involves converting HIV prevalence to incidence and does not necessarily apply to other priority populations or age groups.

What is the target-setting period?

The working group should have information on the time period for which they want to set targets, depending on the purpose of the target-setting exercise. Targets are usually developed for at least one year, and frequently for two to five years, based on whether targets are for a budget cycle, a national multi-year strategy, or other purpose. In some circumstances, targets may be developed for longer periods and later revised as implementation and other data emerge. As part of routine monitoring, targets achieved are often reported on an annual and semi-annual level, which provides additional opportunities to reassess the initially set targets.

Evaluating draft targets

Program targets

Once the first draft targets have been generated, the team should evaluate them along with stakeholders and consider whether any of the input data or assumptions, particularly coverage goals, need to be revised. The group should examine and discuss feasibility factors such as cost and product availability constraints, other factors affecting supply and demand, and potential unforeseen or unintended consequences of the targets. Examples of such factors include human resource constraints, such as staff availability and attrition, training, and retraining; logistical constraints due to geographic or political challenges; conflicting targets both within and across the HIV program; potential effects of overstretched service providers; and degraded quality of services, and evidence of unintended consequences with integrated services.

If numbers of initiations look unreasonably high — for example, the target number of initiations is larger than the eligible population size — coverage targets may be set higher than continuation rates. If this happens, users should consider lowering coverage targets below the percentage of each priority population that continues to take PrEP six months after initiation. If coverage targets are reasonable compared with continuation rates but the numbers of initiations are still too high, it might be necessary to reevaluate and tighten definitions of those “indicated for PrEP” based either on behavior or location in a high-transmission area. In most countries that include large, broadly defined populations such as AGYW and pregnant women among their PrEP priority populations, prioritizing high-transmission geographic areas for provision of PrEP to these populations can ensure that PrEP is available to those who need it most. To ensure that targets reflect policies allowing anyone who self-identifies as needing PrEP to access it, targets that incorporate geographic prioritization can be slightly inflated to reflect PrEP availability in other locations for those who request it.

Targets should be re-evaluated throughout planning and implementation with the use of monitoring and evaluation data and periodic stakeholder consultations. Stakeholders (including beneficiaries) will provide insight on whether targets reflect variations in the HIV epidemiology (e.g., how those targets will be distributed geographically) and programmatic realities that make them achievable or conversely can stymie achievement. Stakeholders from the highest-burden HIV settings may provide insight on how PrEP targets and resulting activities could affect or be affected by HIV-related stigma and discrimination, for example.

Costing targets

The type of costs to include in costing should be based on the purpose: additional information regarding this process is detailed in Methodological Principle 3 of the [OPTIONS PrEP Costing Guidelines](#). If costs are being estimated for budget purposes, some cost categories may need to be excluded. For example, if the purpose of the costing is to project the PrEP budget for the Ministry of Health, and personnel costs are not included in the PrEP budget because they lie in other parts of the budget that cover health systems, the personnel costs can be excluded from the costing. Please note that any estimates of the cost per HIV infection averted, including costs used as part of the AGYW geographic prioritization tool in PrEP-it, should use full costs (site level and above site level) regardless of which entity is covering the costs.

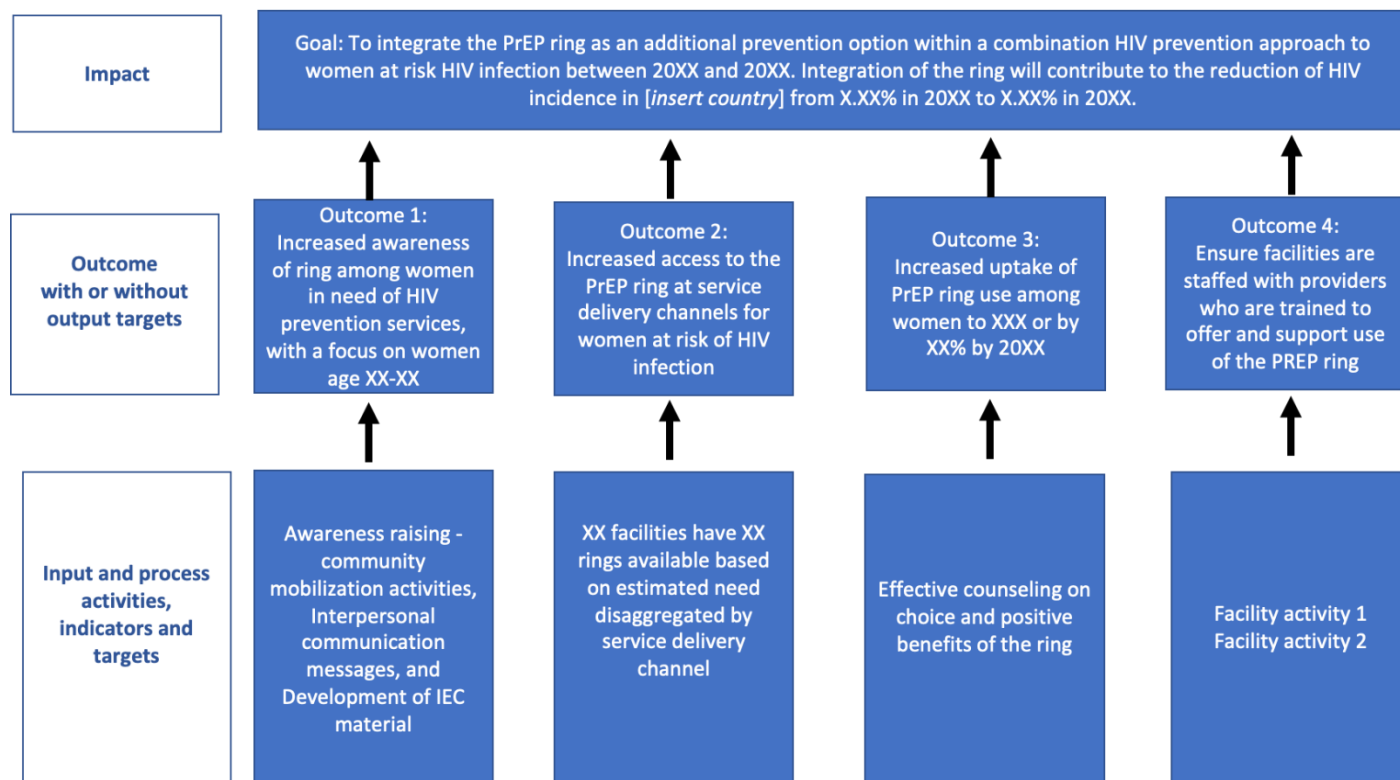
When examining the costs of targets, users should keep in mind that target costs will reflect not just the costs of each line item per visit, but also the continuation rates for each population. Populations with lower continuation rates will have lower costs per person initiated, because clients are taking less product and coming back for fewer visits.

Additional resources

- [Mahy M, Marsh K, Sabin K, Wanyeki I, Daher J, Ghys PD. HIV estimates through 2018: data for decision-making. AIDS. 2019;33\(Suppl 3\):S203-S211.](#)
- [UNAIDS. Next generation tools for subnational HIV strategic information in sub-Saharan Africa. 2019.](#)

Appendix I

An example of a results framework illustrates the continuum from implementation goal to prioritized activities. An editable version of a results framework template is available [here](#).



A detailed description and guidance on developing a results framework can be found in this report by [Toffolon-Weiss, Bertrand, and Terrell](#), July 1999, [Evaluation Review](#) 23(3), and in this [USAID technical note](#). Illustrative examples are available of goals, objectives, and results frameworks at global levels (e.g., from [UNAIDS](#) and PEPFAR's [DREAMS program](#)) or at national levels (e.g., [Zimbabwe](#), [Zambia](#), or [Kenya](#)).