

# M&E Needs for Introducing Novel Multipurpose Prevention Technologies (MPTs)

INSIGHTS AND CONSIDERATIONS FOR STRENGTHENING AND  
ADAPTING M&E SYSTEMS FOR MPT INTRODUCTION

July 2022



1. Share insights and considerations for adapting and strengthening M&E systems to support effective introduction of the dual prevention pill (DPP) and other multipurpose prevention technologies (MPTs) in development.
2. Outline recommendations on key remaining gaps and priority country-level needs for preparing M&E systems for DPP introduction.

## **1. Executive Summary**

2. Background

3. Methods

4. Review of Existing M&E Systems

a. Family Planning

b. HIV Prevention

5. Preliminary Insights for the DPP and other MPTs

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## M&E Planning for the DPP and Other MPTs

- Health systems will need to be capacitated to monitor and evaluate new product forms as they reach markets.
- For the DPP and other MPTs, advanced M&E planning is more critical than ever, as there are divergent practices, norms, and approaches that must be bridged across family planning and HIV prevention.

## Family Planning M&E Systems

- FP guidelines, tools, and reports reflect strong data availability. Key measures are integrated into national health information systems and regular demographic health surveys. Strong global initiatives support consistent, validated indicators.
- However, there is a heavy reliance on Couple Years Protection (CYP), which does not capture product use, client satisfaction, or choice, which will be crucial for understanding the role of MPTs in the method mix.

## HIV Prevention M&E Systems

- Data collection is often integrated into existing HIV-specific M&E platforms. There is relatively strong quantitative and qualitative data on product use and continuation through studies among diverse groups at risk of HIV, including AGYW and KPs
- However, M&E systems are not well integrated into national health information systems. Parallel data systems and inconsistent indicators are common, creating challenges for current data availability, as well as longer-term sustainability.

## Adapting Systems for the DPP and other MPTs and Next Steps

- While FP provides a model for well-coordinated, sustainable M&E, routine systems are not well-prepared to address all evidence needs for MPTs. This highlights the need for evidence generation through implementation projects to complement routine M&E.
- It will also be important to align on a minimum set of indicators for the DPP (and other HIV prevention methods) to support data visibility and information sharing. To avoid parallel systems, improved coordination between partners and governments is needed.
- Additional country-level planning is critical to drive next steps for strengthening M&E systems for MPTs.



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The DPP presents an opportunity to better integrate family planning and HIV prevention services; advanced planning is needed to adequately prepare M&E systems for program and impact monitoring

## Product Overview

- **Daily oral pill** for HIV and pregnancy prevention; 28-day regimen
  - Days 1-21: **TDF/FTC (oral PrEP) + LNG/EE**
  - Days 22-28: **TDF/FTC only** (corresponds to COC placebo days)<sup>1</sup>
- **Co-formulated bilayer tablet**, with differentiated colors for first 21 vs. last 7 days, in a **cold form blister in a wallet pack**
- Timelines from Viartis suggest the DPP **could be ready for FDA submission by end of 2023**

## Potential Advantages



**For Users:** An additional, integrated option to simultaneously prevent HIV and pregnancy



**For Health Systems:** Potential to integrate and streamline FP and HIV prevention service delivery



**For Policymakers and Global Health Community:** Opportunity to build MPT product introduction experience, bridging HIV and FP siloes

To order to prepare health systems to effectively deliver, monitor, and evaluate the DPP, it will be critical to understand adaptations required for M&E systems in advance.

This analysis aims to **identify preliminary considerations for adapting M&E systems for the DPP** by documenting differing practices in HIV prevention and family planning (FP). The outcomes of this analysis can inform country-level strengthening of M&E systems and the development of DPP M&E frameworks, as well as planning for other pipeline MPTs.

With a wide range of new HIV prevention products and MPTs in the pipeline, planning for sustainable, well-integrated M&E systems will be crucial for the efficient introduction and scale up of these products

## MPT R&D Pipeline Overview

### Early Development:

*Pre-clinical and Phase I trials*



Long-Acting  
Implants



Long-acting  
Injectables



Vaginal  
Rings



Vaginal  
Film



Micro-array  
Patch

### Late-Stage Development



Dual  
Prevention Pill  
(Oral PrEP/OC)

*BE studies in progress  
Possible submission  
to US FDA by end of  
2023*

Health systems will need to be capacitated to monitor and evaluate new product forms as they reach markets. Strengthening and adapting M&E systems for the DPP will be critical for efficiently **introducing later-stage pipeline MPTs and integration of contraceptive service delivery with novel and existing HIV prevention products, including:**



Cabotegravir Long-  
Acting Injectable  
(CAB-LA)



Daily oral  
PrEP



Post-  
Exposure  
Prophylaxis



Dapivirine  
Vaginal  
Ring

# M&E planning for novel MPTs must consider both the different phases of rollout, from evidence generation in early introduction to routine monitoring in scale-up, as well as diverse stakeholder priorities

## M&E Needs Will Vary by Time Period and Stakeholders Involved:

### Early Implementation Evidence Generation

Building an initial evidence base to inform introduction and scale-up will require intensive monitoring.

### Early Adoption and Introduction

Remaining evidence gaps, related to evaluating real-life delivery models and their ability to meet the needs of communities often requires enhanced monitoring.

### Wider Delivery and Scale-Up

As countries move towards higher volume delivery, streamlining M&E processes to avoid burdening providers and data collectors is critical.



**Governments:** Government involvement in early M&E is critical to ensure new products can be integrated into HMIS systems.



**Communities** should be engaged throughout M&E planning and may have separate evidence needs.



**Providers** will have their own data needs to ensure they can deliver quality services, especially in the context of a portfolio of prevention options.



**Donors** will likely have less engagement with routine monitoring systems for MPTs, but may have specific evidence needs for an “investment case”



# This analysis of M&E considerations for the DPP and other MPTs gathers learnings from decades of family planning experience and PrEP programs to inform recommendations for various phases of introduction

## Family Planning Programs



**1950** Contraceptive pill approved by US FDA



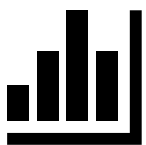
**>150 million** women using oral contraceptives globally as of 2020



Highest contraceptive coverage rates in **Eastern and South-Eastern Asia** and **Europe and Northern America**; highest oral contraceptive coverage in Europe and Northern America



**Diverse method mix:** condoms are the most common contraceptive method globally followed by IUDs, the pill, and injectables



Despite progress increasing coverage, **significant unmet need remains**. Highest unmet need and unintended pregnancy rates in sub-Saharan Africa

## PrEP Programs



**2012** TDF/FTC approved by US FDA



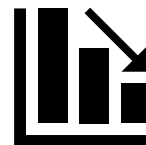
**1.9 million** cumulative oral PrEP initiations globally as of mid-2021



Largest share of cumulative oral PrEP initiations in **Eastern and Southern Africa**



**Limited range of options widely available**, but new product formulations are in development or early introduction (injectables, implants, rings)



New infections have decreased overall since 2010 but **progress has stagnated with 1.5 million new infections in 2020**. Highest rates of new infections are in among women in sub-Saharan Africa.

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This activity involved iterative phases of desk review, analysis, and consultation aimed at gathering insights from family planning and HIV prevention experts



**Review** family planning and HIV prevention guidelines, reports, tools, and published studies to identify strengths and weaknesses of existing M&E systems



**Consult** M&E, family planning and HIV prevention experts to validate and refine identified strengths and weaknesses



**Analyze and compare** findings across family planning and HIV prevention to inform preliminary considerations and insights for the DPP



**Develop preliminary recommendations** for country-level priorities, next steps, and pending questions to strengthen and adapt M&E systems for the DPP, based on additional expert consultation.

*Expert consultations gathered insights from representatives from:*



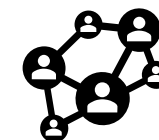
MOSAIC M&E WG



CHAI SRH Team



CIFF EME Team



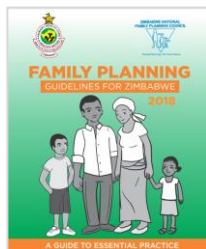
DPP Consortium  
& Ad Board



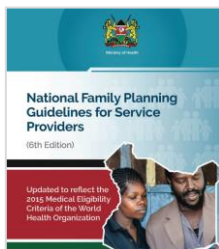
FP2030 (Webinar)

The analysis first identified strengths and weaknesses of both family planning and HIV prevention M&E systems through a review of country guidelines, program reports, and published literature<sup>1</sup>

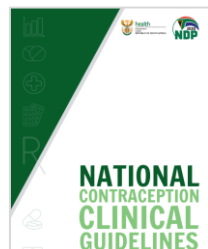
## National PrEP and Family Planning Guidelines



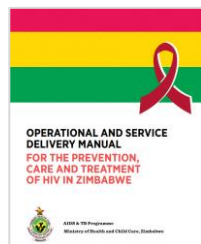
[Zimbabwe Family Planning Guidelines \(2018\)](#)



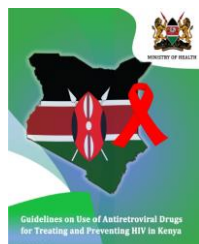
[Kenya Family Planning Guidelines \(2018\)](#)



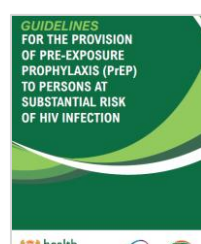
[South Africa Family Planning Guidelines \(2019\)](#)



[Zimbabwe Operational and Service Delivery Manual for the Prevention, Care, and Treatment of HIV \(2017\)](#)



[Guidelines on Use of ARV Drugs for Treating and Preventing HIV in Kenya \(2018\)](#)



[South African Guidelines for the Provision of PrEP to Persons at Substantial Risk of HIV Infection \(2020\)](#)

## Key Guidance, Databases, and Tools Including:

- D4I. Family Planning and Reproductive Health Indicators Database. [LINK](#).
- FP2030. Core Indicators. [LINK](#).
- ICAP. 2019. PrEP Training Package: M&E Tools. PEPFAR. [LINK](#).
- WHO. 2018. Implementation Tool for PrEP: Monitoring & Evaluation (Module 5). [LINK](#).
- Moreland and Curran. 2018. Guide for Monitoring and Evaluating Population-Health-Environment Programs, 2 Ed. MEASURE/USAID. [LINK](#).
- GEMS. 2017. Recommendations for M&E Drug Resistance in a PrEP Program. USAID/PEPFAR. [LINK](#).
- TRACK20. 2013. Family Planning Estimation Tool (FPET). [LINK](#).

## Reports and Published Literature Including:

- Dunbar et al. 2018. Understanding and measuring uptake and coverage of oral PrEP delivery among AGYW in sub-Saharan Africa. *Sexual Health*, 15. [LINK](#).
- O'Fallon and Bisgrove. 2016. M&E in Family Planning: Strengths, Weaknesses, and Future Directions. MEASURE/USAID. [LINK](#).
- Haldane et al. 2019. Community participation in health services development, implementation, and evaluation: A systematic review of empowerment, health, community, and process outcomes. *PLOS One*, 14(5). [LINK](#).
- RHSC. 2014. Market Shaping for Family Planning. Dalberg. [LINK](#).



While this literature review includes a range of country-level resources and guidelines, **findings will need to be validated in country** to inform prioritization of next steps.

# Strengths and weaknesses of family planning and HIV prevention M&E systems, as well as considerations and recommendations for the DPP were mapped across 6 focal areas



## Data Availability

- What data is readily available and at what time intervals?
- Does available data meet the needs of providers, clients, and other key decision-makers?



## Personnel & Training

- Who are the key stakeholders involved in M&E and how are they trained?
- Are stakeholders appropriately capacitated to support ongoing M&E?



## Methods

- What approaches and methodologies are used for data collection and evaluation?
- Do these methods support efficient and timely collection and use of data?



## Data Utilization & Knowledge Management

- What platforms are used to support data utilization and knowledge management?
- Are platforms effective and well-coordinated?



## Indicators and Measures

- What indicators are used in routine M&E?
- Do these indicators satisfy key program needs (safety monitoring, program planning, procurement, etc.)?



## Sustainability

- What mechanisms support sustainability and integration of M&E systems?
- Are M&E systems locally-owned and managed or primarily partner/donor-supported?

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# M&E systems for family planning include routine data collection through national HMIS systems, as well as various widespread multi-country data initiatives

## Routine M&E Systems



### Country Case Study: **South Africa**

The District Health Information System (DHIS) includes the following family planning indicators:

- Female and male condom distribution coverage
- Couple year protection rate
- Termination of pregnancy rate

Requests for new indicators for the National Indicator Data Set (NIDS) and DHIS can be submitted every 2 years to HIS office at NDoH.

Data disaggregated by delivery channel and age can only be obtained through surveys (see right).

Indicators accessed from [NDoH NIDS 2020 Indicators List](#)

## Non-Routine M&E Systems & Initiatives

**Performance Monitoring for Action (PMA):** Generates data across select health indicators in nine countries in Africa and Asia. Indicators cover a range of supply and demand topics including: contraceptive use, method mix, unmet need, demand, percent of recent births by intention, percent of users who chose contraceptive method by themselves or jointly, choice, and stock-outs.




**Demographic and Health Surveys (DHS):** Includes a range of family planning indicators with reach across over 90 countries. Indicators include unmet need and method mix.

**Track20 (FP2020):** Generates data on a set of core indicators that are collected annually for 69 countries. Core indicators cover method mix, as well as annual expenditure on family planning.





# While FP M&E systems are relatively strong, there are still significant gaps and weaknesses in data availability, methods, and indicators

	Strengths	Weaknesses
 <b>Data Availability</b>	<ul style="list-style-type: none"><li>✓ Strong data availability with many indicators included in DHS and widespread integration into national data systems</li><li>✓ Improved tracking of commodity costs in recent years</li></ul>	<ul style="list-style-type: none"><li>× Limited focus on youth, vulnerable populations, equity, access, choice, and quality of services</li><li>× Weak data on markets, service delivery costs, stockouts program cost-effectiveness, and financing</li><li>× Insufficient data on contraceptive decision-making over time, discontinuation, and method switching</li></ul>
 <b>Methods</b>	<ul style="list-style-type: none"><li>✓ Strong leadership and coordination of methods through dedicated roles and projects (e.g., Track20)</li><li>✓ Increasing use of novel methods, including GIS</li></ul>	<ul style="list-style-type: none"><li>× Heavy reliance on DHS data, which is too infrequently collected</li><li>× Increasingly high data burden</li><li>× Few longitudinal studies undertaken</li></ul>
 <b>Indicators and Measures</b>	<ul style="list-style-type: none"><li>✓ Easily accessible databases of well-validated indicators</li><li>✓ Timely addition of new indicators for new products</li></ul>	<ul style="list-style-type: none"><li>× Impact indicators like couple years of protection (CYP) may be overused/improperly used</li><li>× Insufficient measures for service delivery quality, quality of care, integration, human rights, and choice</li></ul>

# Significant work is still needed to strengthen FP M&E systems so they can inform continuous, data-driven decision-making in a sustainable way



## Personnel & Training

### Strengths

- ✓ Relatively strong capacity across organizations and projects with focused M&E staff
- ✓ Provider training is systematic and institutionalized across programs

### Weaknesses

- × Insufficient training for service providers in documentation and data management
- × Diminishing donor investment and prioritization of doctoral trainees for M&E



## Data Utilization & Knowledge Management

- ✓ Improved dissemination and presentation of data through initiatives to improve supply chain planning
- ✓ Increased prevalence of user-friendly data tools

- × Limited visibility on data utilization for decision-making; not clear if information is channeled down through health system
- × M&E results not linked to program strategies or national planning



## Sustainability

- ✓ Vast majority of countries have effectively integrated FP M&E into health information systems (HIS)
- ✓ Improvements in routine HIS
- ✓ Strong global initiatives

- × Insufficiently resourced HIS in many countries
- × Insufficient capacity of HIS staff and systems
- × M&E leadership and capacity building is partner-run

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# Oral PrEP has not been widely integrated into routine M&E systems (national HMIS) or non-routine HIV data projects and initiatives

## Routine M&E Systems



### Country Case Study: Kenya

The national platform for oral PrEP includes the following reportable indicators:

- Number eligible for PrEP
- Number initiated on PrEP
- Number continuing on PrEP
- Number restarting PrEP
- Number currently on PrEP
- Number tested HIV positive while on PrEP
- Number diagnosed with STI
- Number discontinued PrEP

However, data quality is variable across these indicators. In particular, challenges for estimating the number currently on PrEP persist. Kenya's ARV dispensing tool (ADT) also tracks PrEP commodities.

Indicator list provided from CHAI country team, as of Q1 2021

## Non-Routine M&E Systems & Initiatives

**Population-Based HIV Impact Assessment (PHIA):** Cross-sectional, HIV-focused household surveys to assess current status and effectiveness of national programs.




**Demographic and Health Surveys (DHS):** Includes a data collection on HIV transmission knowledge, sexual behavior, and various other HIV risk factors, but does not yet widely include oral PrEP indicators.

**AIDS Indicator Survey:** Sub-set of DHS capturing demographic information as well as HIV/AIDS-related knowledge, attitudes, and behavior and data on orphans and vulnerable children.




**Various biobehavioral surveys:** Often capture data on HIV prevalence, testing, and treatment coverage, as well as key population size estimates and behaviors.



Because oral PrEP is a relatively new intervention, M&E systems are still fragmented across projects and programs and have not been sufficiently transitioned into national health information systems







	Strengths	Weaknesses
 <b>Data Availability</b>	<ul style="list-style-type: none"><li>✓ Quarterly HIV data collection across many countries ensures timely data</li><li>✓ Highly disaggregated data often available through studies and demo projects (though not at scale or in routine monitoring)</li></ul>	<ul style="list-style-type: none"><li>× Insufficient data on service delivery costs and program cost-effectiveness by delivery channel</li><li>× Very limited data on priority populations (e.g., no population size estimates for key populations across many countries) and demand</li></ul>
 <b>Methods</b>	<ul style="list-style-type: none"><li>✓ Significant quantitative and qualitative data from implementation projects</li><li>✓ Increasing focus on simplifying M&amp;E methods to reduce data collection burden</li></ul>	<ul style="list-style-type: none"><li>× Lack of systematic evaluation approaches for PrEP programs, especially for demand generation strategies</li><li>× High prevalence of paper-based data collection causes inefficient process for data entry and indicators are not integration into national systems</li></ul>
 <b>Indicators and Measures</b>	<ul style="list-style-type: none"><li>✓ Follow-up visit indicator included in some contexts, providing data on continuation</li><li>✓ Increasing coordination of indicators across countries with some supply-side indicators</li></ul>	<ul style="list-style-type: none"><li>× Indicators are not consistent across partners and programs</li><li>× Challenges measuring effective use, which may not be continuous use for all individuals</li><li>× Indicators on demand or unmet need not captured in current systems</li></ul>

As M&E systems are integrated into national health information systems, there is a need to balance data needs for decision-making with ensuring providers are not overburdened by data collection

	Strengths	Weaknesses
 <b>Personnel &amp; Training</b>	<ul style="list-style-type: none"><li>✓ PrEP training, including M&amp;E modules, adapted to virtual platforms across many countries</li><li>✓ Evidence of increasing reporting rates with effective training</li></ul>	<ul style="list-style-type: none"><li>× Low reporting rates in some countries</li><li>× Burdensome reporting requirements for providers, especially where there are parallel systems</li><li>× Reliance on ARV-trained providers who are likely to be over-burdened in many settings</li></ul>
 <b>Data Utilization &amp; Knowledge Management</b>	<ul style="list-style-type: none"><li>✓ Data dashboards consolidate insights across delivery channels and partners available in some countries</li><li>✓ Quarterly data collection supports timely evidence-based decision-making</li></ul>	<ul style="list-style-type: none"><li>× Inefficient data collection processes and parallel systems can lead to delays and data quality, limiting data utilization</li><li>× Challenges defining success and understanding impact through existing indicators</li></ul>
 <b>Sustainability</b>	<ul style="list-style-type: none"><li>✓ Integration of PrEP M&amp;E processes into national systems has begun in some countries</li><li>✓ Increasing focus on simplifying PrEP M&amp;E to support sustainability</li></ul>	<ul style="list-style-type: none"><li>× High prevalence of parallel data systems across partners and programs</li><li>× PrEP use indicators not widely integrated into national data systems, DHS or other demographic surveys</li><li>× Coordination challenges across partners, especially with rapid turnover of PEPFAR implementing partners</li></ul>

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


# This review of M&E systems informed identification of insights and considerations for M&E planning for MPTs in both implementation projects and early introduction

	During Implementation Projects	During Early Introduction
 <b>Data availability</b>	Evidence generation needed in key areas (e.g., <b>adherence and continuation</b> ) where there may be limited data availability in routine M&E.	Advanced planning and clear <b>mapping of requirements and processes</b> to include indicators in national health information systems needed to ensure ongoing data availability.
 <b>Methods</b>	While implementation projects may leverage <b>resource-intensive M&amp;E methods</b> , ongoing sensitization to align on expectations for routine monitoring is critical.	Leveraging <b>demographic health surveys</b> will be crucial for ongoing evaluation of MPTs over time and understanding the role of MPTs in the broader contraceptive method mix.
 <b>Indicators &amp; Measures</b>	Indicators used in early implementation projects should be informed by <b>national evidence needs and priorities</b> .	During the earliest phases of introduction planning, stakeholders should align on a <b>minimum set of indicators</b> for integration into national M&E systems.
 <b>Data utilization &amp; knowledge management</b>	Knowledge management plans and platforms should prioritize <b>continuous information sharing with governments and co-ownership of project outcomes</b> .	<b>Clear ownership and responsibility over data utilization</b> and knowledge management processes, considering both HIV prevention and family planning stakeholder needs, is critical.
 <b>Personnel &amp; Training</b>	Early implementation projects should focus on sustainable capacitation, <b>supporting personnel and M&amp;E training through national systems</b> .	<b>Coordination between HIV prevention and FP programs</b> will be crucial for updating curricula and tools. MPT pre-service training will provide an efficient pathway for rapid scale-up.
 <b>Sustainability</b>	Early collaboration on M&E planning and knowledge sharing between <b>partner-led implementation projects and governments</b> will support sustainability.	With a growing MPT portfolio, establishing <b>efficient processes for integrating new products</b> into M&E systems is critical for long-term sustainability.



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# Considerations identified through the review informed development of preliminary recommendations for near-term next steps and areas for further investigation and engagement at country level

 <b>Data availability</b>	Country-level engagement with stakeholders involved in HIV prevention, family planning, and health information system management to identify <b>requirements, processes, and timelines for including new indicators in national M&amp;E systems.</b>
 <b>Methods</b>	Engagement between partners involved in implementation project planning and MoH stakeholders to <b>align on M&amp;E methods for early evidence generation.</b>
 <b>Indicators &amp; Measures</b>	Engagement and consultation across partners involved in implementation project planning and Ministries of Health to align on priority indicators for early evidence generation and to ensure projects are designed to inform <b>identification of a minimum set of indicators for national systems.</b>
 <b>Data utilization &amp; knowledge management</b>	Ensure <b>data utilization and knowledge management plans are co-developed</b> between partners involved in early implementation projects and governments to support continuous information sharing and co-ownership of project outcomes.
 <b>Personnel &amp; Training</b>	Conduct <b>country-level mapping of health provider capacity against existing data collection processes,</b> training mechanisms and processes to support data collection, and timelines and requirements for revising training curricula and tools for new data collection processes.
 <b>Sustainability</b>	Ensure early collaborative <b>planning between partners and Ministries of Health on M&amp;E considerations engages key family planning and HIV prevention stakeholders</b> to support longer-term sustainability and buy-in on MPTs.

# Consultations and discussion also highlighted several key gaps and pending questions that must be addressed at country-level during the next phase of work



At country-level, the next phase of work must address key open questions to inform planning, design, and implementation of effective M&E systems for the DPP:

What **evidence generation** is needed to inform product adoption and introduction decision-making?

- Who are the **key stakeholders or groups** involved in adoption and introduction decision-making for an MPT?
- What **clinical data** is required to inform adoption and introduction decision-making?
- What **implementation data** (e.g., delivery, costs) is required to inform adoption and introduction decision-making?

How is **successful DPP rollout defined** at epidemic, health system, community and individual-level?

- What **available systems** and processes can be leveraged to monitor success at each level?
- What **metrics and indicators** can be used to measure progress and success at each level?
- **How often is data needed** against these metrics and indicators?
- What **new data collection systems and sources** are needed to collect these data?

What **system changes** are needed to ensure ongoing data visibility for decision-making?

- What are the **requirements for including new indicators** in national health information systems?
- What are the **timelines and processes** for new indications?
- What **working groups or platforms must be engaged** to build buy-in for M&E changes?
- What **resources** are needed to revise data collection tools?

# Annex

## **1. Bibliography**

2. Indicators

3. Review of Strengths and Weaknesses

a. Family Planning

b. HIV Prevention

## Guidance, Databases, and Tools

- D4I. Family Planning and Reproductive Health Indicators Database. [LINK.](#)
- FP2030. Core Indicators. [LINK.](#)
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1. Bibliography

**2. Indicators**

3. Review of Strengths and Weaknesses

a. Family Planning

b. HIV Prevention

# Commonly Used Oral PrEP Indicators – WHO Core Indicators

Indicator	Freq.	Source	Notes
PrEP uptake: percentage of eligible people who initiated oral PrEP	Continuous at facility-level; aggregated with reporting frequency of other routinely collected indicators (e.g., monthly or quarterly)	Facility-level service delivery – clinic registers	Suggested core indicator in WHO implementation tool
Continuation on PrEP: percentage of PrEP users who continued on PrEP for 3 consecutive months	Continuous at facility-level; aggregated with reporting frequency of other routinely collected indicators (e.g., monthly or quarterly)		Suggested core indicator in WHO implementation tool
PrEP-associated toxicity prevalence: percentage of people who received PrEP who have discontinued or interrupted PrEP due to serious ARV-associated toxicity	Continuous at facility-level; aggregated with reporting frequency of other routinely collected indicators (e.g., monthly or quarterly)		Suggested core indicator in WHO implementation tool
HIV positivity among people on PrEP: percentage of people who test HIV-positive among those who received PrEP at least once and had at least one follow-up HIV test	Continuous at facility-level; aggregated with reporting frequency of other routinely collected indicators (e.g., monthly or quarterly)		Suggested core indicator in WHO implementation tool
Number of individuals eligible for PrEP based on screening	Continuous at facility-level; aggregated with reporting frequency of other routinely collected indicators (e.g., monthly or quarterly)		Required to calculate WHO core indicator
Number of individuals offered PrEP	Continuous at facility-level; aggregated with reporting frequency of other routinely collected indicators (e.g., monthly or quarterly)		
Number of individuals who initiate PrEP	Continuous at facility-level; aggregated with reporting frequency of other routinely collected indicators (e.g., monthly or quarterly)		
Number of individuals who received PrEP at least once	Continuous at facility-level; aggregated with reporting frequency of other routinely collected indicators (e.g., monthly or quarterly)		
Number of people who received oral PrEP and have discontinued or interrupted PrEP due to a serious ARV-related toxicity	Continuous at facility-level; aggregated with reporting frequency of other routinely collected indicators (e.g., monthly or quarterly)		
Number of people who had a positive HIV follow-up test among people who received PrEP at least once	Continuous at facility-level; aggregated with reporting frequency of other routinely collected indicators (e.g., monthly or quarterly)		
Number of people who received oral PrEP at least once in the last 12 months, and who had at least one follow up HIV test.	Continuous at facility-level; aggregated with reporting frequency of other routinely collected indicators (e.g., monthly or quarterly)		



## Commonly Used Oral PrEP Indicators – Additional Indicators

Indicator	Freq.	Source	Notes
PrEP Continuation: Number of individuals, excluding those newly enrolled, that return for a follow-up visit or re-initiate visit to receive PrEP	Quarterly	Facility-level service delivery – clinic registers	PEPFAR indicator, PrEP_CT – new indicator as of FY22 Q1 (replaces PrEP_CURR)
Number of individuals screened for PrEP	Continuous at facility-level; aggregated with reporting frequency of other routinely collected indicators (e.g., monthly or quarterly)		
Number of facilities capacitated/trained to offer PrEP	Aggregated with reporting frequency of other routinely collected indicators (e.g., monthly or quarterly)	Site readiness tools	
Number of facilities offering PrEP	Aggregated with reporting frequency of other routinely collected indicators (e.g., monthly or quarterly)	Health management information systems	
Number of facilities with PrEP drugs in stock	Aggregated with reporting frequency of other routinely collected indicators (e.g., monthly or quarterly)		
Number of facilities reporting monthly on M&E platform	Aggregated with reporting frequency of other routinely collected indicators (e.g., monthly or quarterly)		

# Commonly Used Family Planning Indicators Reported for all 69 FP2020 countries – Track20 Core Indicators

Indicator	Freq.	Source
Number of additional users of modern methods of contraception	Annual	Estimated using population data (UNDP World Population Prospects or country-specific population projections) and national cross-sectional survey data
Contraceptive prevalence rate, modern methods (mCPR)	Annual	Estimated using national cross-sectional survey data
Percentage of women with an unmet need for modern methods of contraception	Annual	
Percentage of women whose demand is satisfied with a modern method of contraception	Annual	
Number of unintended pregnancies	Annual	Estimated using modeling; requires total number of live births (usually available from UNDP) and % of births for which pregnancy is report as wanted later or not at all (national cross-sectional survey data or regional average used)
Number of unintended pregnancies averted due to modern contraceptive use	Annual	Estimated using modeling; requires national cross-sectional survey data
Number of unsafe abortions averted due to modern contraceptive use	Annual	
Number of maternal deaths averted due to modern contraceptive use	Annual	
Percentage distribution of users by modern method of contraception	Annual	National cross-sectional survey data; service statistics
Percentage of facilities stocked out, by method offered, on day of assessment	Annual	Data obtained from PMA2020 survey reports, or from country reports by UNFPA Supplies. Data can also be obtained from government logistic reports, or from DHS SPA reports.
Percentage of primary SDPs that have at least 3 modern methods of contraception available on day of assessment	Annual	
Percentage of secondary/tertiary SDPs that have at least 5 modern methods of contraception available on day of assessment	Annual	
Annual expenditure on family planning from government domestic budget	Annual	Data obtained either directly from a country's government, a series of surveys conducted by UNFPA and the Netherlands Interdisciplinary Demographics Institute (NIDI), the World Health Organization's System of Health accounts country reports, or from Track20's own Family Planning Spending Assessment (FPSA).
Couple years of protection (CYP)	Annual	Commodity distribution data obtained from national health/logistic management information systems

## Additional Family Planning Indicators Reported in a Subset of FP2020 Countries – Track20 Core Indicators

Indicator	Freq.	Source
Method information index	Annual	DHS and PMA2020 surveys (select years only)
Percentage of women who were provided with information on family planning during recent contact with a health service provider	Annual	
Percentage of women who decided to use family planning alone or jointly with their husbands/partners	Annual	
Adolescent birth rate	Annual	
Contraceptive discontinuation rate	Annual	DHS surveys (select years only)
Contraceptive method switching	Annual	

1. Bibliography

2. Indicators

## **3. Review of Strengths and Weaknesses**

a. Family Planning

b. HIV Prevention

1. Bibliography
2. Indicators
3. Review of Strengths and Weaknesses

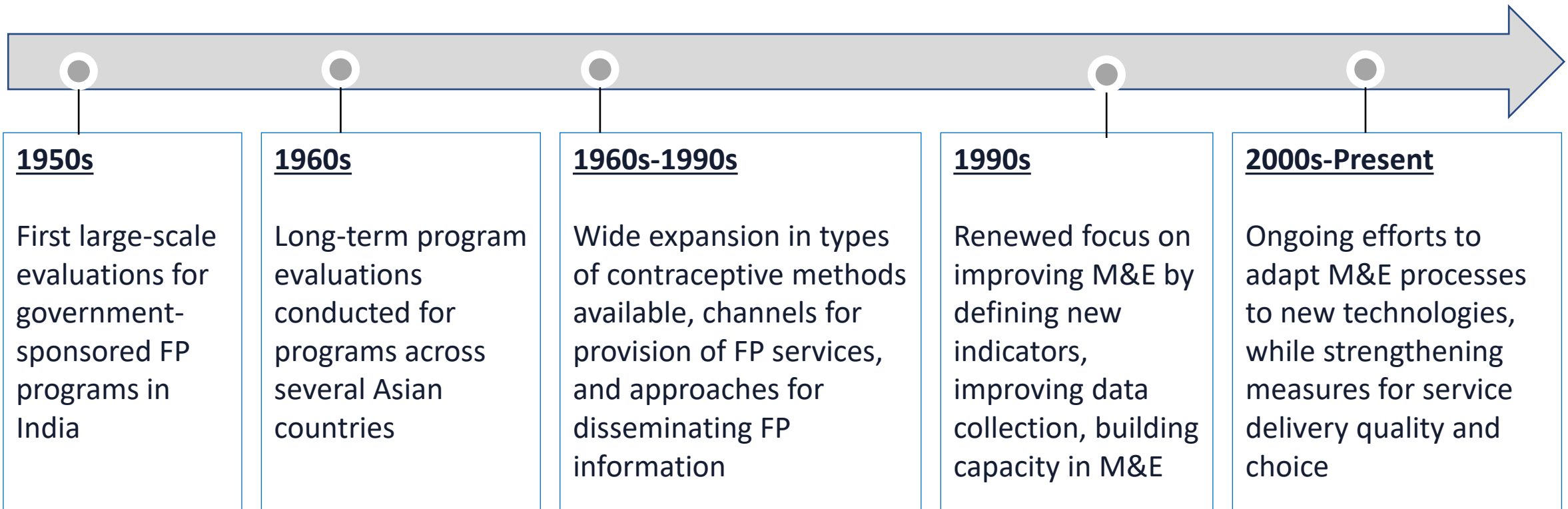
- a. Family Planning**

- b. HIV Prevention

# FP programs have decades of experience with M&E, with a strong early focus on evaluation and recent focus on supporting more robust, systematic monitoring processes



The primary goal for the M&E of FP programs is to improve the quality and effectiveness of FP services, policies, and planning with resulting beneficial impacts on health and quality of life<sup>1</sup>





## Data Availability



### Strengths

- ✓ Institutionalized data collection across consistent and validated set of indicators
- ✓ Key indicators included in DHS and other demographic surveys (e.g., contraceptive prevalence rate (CPR) disaggregated by product, unmet need, demand for FP, delivery channels accessed)
- ✓ Improved tracking of commodity costs in recent years (though limited data availability for private sector)



### Weaknesses

- × Limited focus on youth and vulnerable populations and lack of disaggregated data to understand these groups
- × Weak data on markets, stockouts, service delivery costs, program cost-effectiveness, and financing and minimal data collection equity, access, and quality of services
- × Insufficient data on actual product use (late start, missed pills, etc.) choice, client satisfaction, discontinuation, and method switching in routine M&E systems



### Key Recommendations for the DPP

- Ensuring inclusion of the DPP as a contraceptive option in demographic surveys will enable data visibility on role of DPP in the contraceptive method mix and its impact on contraceptive prevalence. Advanced planning will be important as demographic surveys are not frequently updated.
- The DPP will need to be targeted towards women with specific needs and preferences (e.g., preference for short-acting, daily pill burden is not a barrier) so improved data availability choice, method switching, client satisfaction will be critical



**Questions to Inform Country-Level Planning:** what country-level mechanisms exist to support data availability on product choice for the DPP, especially among more effective long-acting contraceptives?



## Methods



### Strengths

- ✓ Strong leadership in FP program evaluation through dedicated roles and projects (e.g., [Track20](#)) has supported use of coordinated methods across countries
- ✓ Qualitative program data frequently used to contextualize quantitative data
- ✓ Integration of novel methods, including geographic information system (GIS)



### Weaknesses

- × Heavy reliance on infrequent demographic surveys for full set of indicators across methods (besides CYP)
- × Increasingly high data collection burden on providers as new indicators and products are added to contraceptive packages
- × Limited longitudinal studies undertaken
- × Methods do not include standard process quality measures



### Key Recommendations for the DPP

- Longitudinal studies may be critical for addressing key evidence gaps for the DPP related to effective delivery, use, switching, and user experience; limited data from other longitudinal contraceptives studies may be challenging for comparison
- As the first MPT to be introduced since condoms, early DPP implementation will likely require more frequent data collection that is available through DHS data to drive continuous evidence-based, implementation decision-making



**Questions to Inform Country-Level Planning:** As not all questions on DPP implementation can be answered through routine monitoring, what is needed to ensure study data can be effectively used to inform government and donor decision-making for the DPP?





## Indicators and Measures



### Strengths

- ✓ Timely addition of new indicators for new products in demographic health surveys
- ✓ Easily accessible database of validated indicators (e.g., [Track20 Core Indicators](#)) supports coordination across countries and programs
- ✓ Indicators capture demand and unmet need for family planning (though not necessarily for specific products)



### Weaknesses

- × Indicators not sufficiently disaggregated at subnational levels (e.g., rural vs. urban)
- × Insufficient measures for product switching, discontinuation, service delivery quality, quality of care, integration, human rights, and free choice
- × Impact indicators like couple years of protection (CYP) may be overused/improperly used, and do not capture access, actual product use, or quality



### Key Recommendations for the DPP

- Leveraging commodity-based impact measures, like couple years of protection, may provide an efficient approach for understanding HIV prevention impact without increasing data collection burden
- Indicators on client choice and adherence are also needed to understand the role of the DPP among other contraceptive options



**Questions to Inform Country-Level Planning:** what country-level timelines, requirements, and stakeholder sensitization may be needed to ensure inclusion of DPP indicators in FP databases and information systems?



## Personnel & Training



### Strengths

- ✓ Relatively strong capacity across organizations and projects
- ✓ Focused M&E staff in many programs
- ✓ Systematic and institutionalized provider training across programs



### Weaknesses

- × Insufficient training for service providers in documentation and data management, limiting data quality
- × Diminishing donor investment and prioritization of doctoral trainees for M&E



### Key Recommendations for the DPP

- While FP training is institutionalized, PrEP training remains relatively siloed, so additional HIV-related monitoring requirements for the DPP will require additional training to support data collection within FP M&E systems
- Integrated HIV and FP training may support more efficient use of resources in the context of diminishing investment in FP M&E



**Questions to Inform Country-Level Planning:** If FP providers are prioritized for DPP delivery, what are the most efficient mechanisms for rolling out PrEP training and what processes are required for integrating PrEP modules into pre-service training for FP providers?



## Data utilization & knowledge management



### Strengths

- ✓ Improved dissemination and presentation of data, particularly through initiatives to improve procurement and inform supply-side planning (e.g., annual family planning market reports)
- ✓ Increased prevalence of user-friendly data tools (e.g., [FP2030 Data Dashboard](#))



### Weaknesses

- × Limited visibility on data utilization for decision-making; not clear if information is disseminated through health system
- × M&E results not linked to program strategies or national planning, so feedback loop and program improvement based on data is limited.



### Key Recommendations for the DPP

- New platforms for engagement, integration, and collaboration for DPP data utilization and decision-making across SRH and HIV stakeholders may be required
- While closer integration between FP and HIV prevention services is needed, data utilization and knowledge management will likely need to be owned and driven by one program area as indicators will be housed under one health area. Country-level engagement is required to effectively plan and coordinate ownership over indicators.



**Questions to Inform Country-Level Planning:** What country-level platforms exist for coordination and engagement between HIV prevention and SRH stakeholders and how can these be strengthened to support DPP introduction?



## Strengths

- ✓ Vast majority of countries have integrated some level of FP M&E into health information systems (HIS)
- ✓ Improvements in routine HIS in recent years
- ✓ Strong global initiatives supporting FP M&E (e.g., TRACK20 as part of FP2020, PMA)



## Weaknesses

- × Poor coordination across projects, leading to parallel data systems
- × Insufficiently resourced HIS in many countries
- × Insufficient capacity of HIS staff and systems
- × M&E leadership and capacity building is partner-run



## Key Recommendations for the DPP

- Including the DPP in national data systems alongside existing FP indicators may support the transition of M&E for other HIV prevention products into integrated, sustainable, nationally-owned data systems. However, these systems are under-resourced across many countries
- In order to understand how the DPP compares to other contraceptive products, there may be data collection needs that require additional investment outside of national data systems



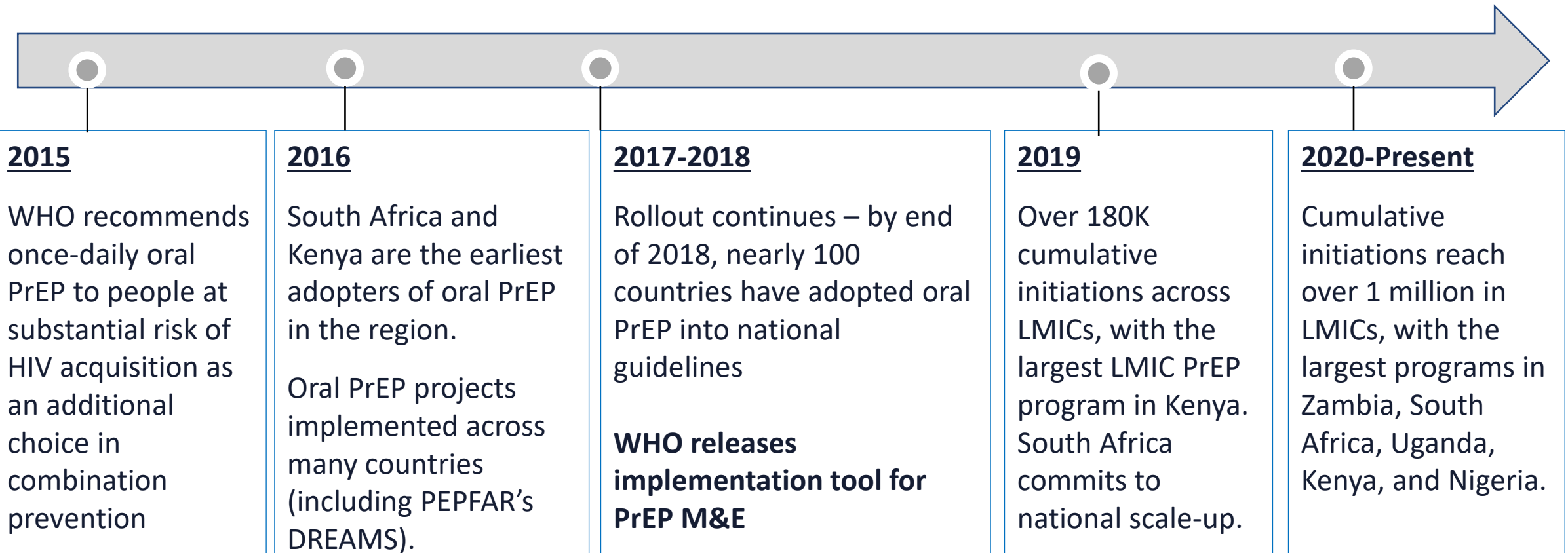
**Questions to Inform Country-Level Planning:** How can evidence generation for the DPP be balanced with the need to support ongoing country progress towards sustainability for FP M&E systems?

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2. Indicators
3. Review of Strengths and Weaknesses
  - a. Family Planning
  - b. HIV Prevention**

# Oral PrEP programs are far younger than FP programs, so countries have significantly less experience developing and supporting effective M&E systems



According to WHO, the role of M&E for HIV prevention is to measure results, improve performance, identify trends, and increase accountability. However, with limited program experience, governments and other stakeholders are still defining M&E systems for PrEP.





## Data Availability



### Strengths

- ✓ Quarterly HIV data collection processes across many countries ensures timely data availability
- ✓ Some programs equipped to estimate duration on PrEP
- ✓ Highly disaggregated data by sex, age, key population group available through studies and demo projects (though not at scale or as part of routine monitoring)



### Weaknesses

- × Insufficient data on service delivery or demand generation costs and program cost-effectiveness by delivery channel
- × Very limited data on priority populations (e.g., unreliable/missing population size estimates for key populations across many countries in SSA)
- × Limited data on demand and unmet need



### Key Recommendations for the DPP

- In some countries data collection for PrEP occurs as part of HIV-specific M&E processes. Depending on which delivery channels are prioritized for the DPP, advanced planning will be needed to integrate M&E processes into other health areas
- Ongoing data availability on duration of use will be important for the DPP, as the DPP may not be the right product for women who wish to cycle on and off PrEP



**Questions to Inform Country-Level Planning:** What delivery channels will be prioritized in early adopting countries and how will this impact data availability and M&E needs for the DPP?



## Methods



### Strengths

- ✓ Significant quantitative and qualitative data from implementation projects
- ✓ Current clients on PrEP and coverage can be estimated using new initiations, follow-up, and restart visits
- ✓ Increasing focus on simplifying M&E methods to reduce data collection burden



### Weaknesses

- × Lack of systematic evaluation approaches for PrEP programs, especially for demand generation strategies
- × High prevalence of paper-based data collection causes inefficient process for data entry
- × Indicators not widely integrated into DHS, national health information systems or other population-based surveys



### Key Recommendations for the DPP

- DPP M&E will need to optimize data collection through a range of methods, including cross-sectional studies, population surveys, longitudinal studies, and routine monitoring
- While there is significant data available on PrEP use from studies, understanding the role of the DPP and its impact will require leveraging methods more commonly used in family planning, including population surveys, like DHS



**Questions to Inform Country-Level Planning:** What country-level barriers exist for including HIV prevention indicators in demographic health surveys and other population surveys, which are methods that are not currently leveraged for PrEP monitoring?





# Indicators and Measures



## Strengths

- ✓ Follow-up visit indicator included in some programs, providing data on continuation
- ✓ Increasing coordination of indicators across countries, as programs gain experience and share lessons learned
- ✓ Supply-side indicators monitored in some contexts (e.g., facilities offering PrEP)



## Weaknesses

- × Indicators not consistent across partners and programs
- × Challenges measuring effective use, which may not be continuous for all individuals
- × Indicators for demand or unmet need not captured in existing PrEP M&E systems



## Key Recommendations for the DPP

- To understand the impact and role of the DPP in the prevention product portfolio, indicators capturing continuation and adherence will be important to evaluate how the DPP impacts use, especially as compared to oral PrEP alone
- Because oral PrEP monitoring indicators are still being defined or refined across many programs, it will be important to ensure there is a clear understanding of timing and processes needed to include new indicators for the DPP in national systems



**Questions to Inform Country-Level Planning:** What country-level processes and time considerations need to be accounted for to rapidly and efficiently include new indicators for the DPP (and other HIV prevention indicators) within existing national M&E systems?



## Personnel & Training



### Strengths

- ✓ PrEP training, including M&E modules, adapted to virtual platforms across many countries during COVID
- ✓ Evidence of increasing reporting rates with effective training
- ✓ Increasing number of providers trained in oral PrEP delivery and M&E as many countries continue scale-up



### Weaknesses

- × Low reporting rates have led to limited data visibility
- × Burdensome reporting requirements for providers, especially where there are parallel systems
- × Reliance on ARV-trained providers who are likely to be over-burdened in many settings



### Key Recommendations for the DPP

- Current HIV prevention options are limited; as such, providers will need additional training for M&E in the context of product choice within a growing portfolio, including the DPP and new long-acting prevention products
- While HIV prevention providers will be familiar with DPP requirements associated with monitoring safety and efficacy for the oral PrEP component, it will be critical to ensure providers are sensitive to ensuring women have ownership over pregnancy decision-making in the context of additional monitoring for a contraceptive



**Questions to Inform Country-Level Planning:** What delivery channels and provider cadres will be prioritized for the DPP provision in early adopting countries and what M&E training and support will be needed for these providers?



# Data Utilization & Knowledge Management



## Strengths

- ✓ Data dashboards to consolidate insights across delivery channels and partners available in some countries
- ✓ Quarterly data collection supports timely evidence-based decision-making



## Weaknesses

- × Inefficient data collection processes and parallel systems can result in delays and/or data quality issues limiting effective data utilization
- × Challenges defining success and understanding impact through existing indicators



## Key Recommendations for the DPP

- As with oral PrEP, ensuring effective sharing of learnings from early adopting countries and early implementation projects will be critical to support wider scale-up of the DPP
- Coordinated evidence generation in early introduction that prioritizes sharing learnings will reduce duplication and drive efficiency in data collection, particularly for research areas that will not feasibly be monitored in routine M&E systems



**Questions to Inform Country-Level Planning:** What in-country knowledge management platforms will be best placed to support data utilization for the DPP?



## Strengths

- ✓ Integration of PrEP M&E processes into national systems has begun in some countries
- ✓ Increasing focus on simplifying PrEP M&E to support sustainability



## Weaknesses

- × High prevalence of parallel data systems across partners and programs
- × PrEP use indicators not widely integrated into national data systems, DHS, or other demographic surveys
- × Coordination challenges across partners, especially with rapid turnover of PEPFAR implementing partners



## Key Recommendations for the DPP

- Because the DPP is a dual indication product with contraception, it will be important to ensure that it is included in key existing FP M&E mechanisms, including in DHS and other population surveys. Inclusion of the DPP in these surveys may support inclusion of additional HIV prevention indicators, improving sustainability of HIV prevention M&E
- Experience with oral PrEP demonstrates that early coordination on minimum indicators is critical for supporting longer-term sustainability, avoiding parallel data systems and inefficiencies due to partner turnover, and comparing programs at global-level



**Questions to Inform Country-Level Planning:** As programs move to simplify oral PrEP monitoring requirements to support sustainability and reduce data collection burden on providers as scale-up continues, how can we balance evidence generation needs for DPP introduction?