# PrEP Visits

Number of client visits to a health facility or access point during which pre-exposure prophylaxis (PrEP) was provided, prescribed, and/or administered within the reporting period

## What it measures

PrEP Visits measures a key output of the PrEP program in terms of total volume of PrEP client visits.

## Rationale

This indicator is key to understanding resource utilization and projecting resource needs of a PrEP program (e.g. staff time, HIV tests, other lab tests and commodities). PrEP Visits, when disaggregated by first time initiation vs return, can be used to understand the scale of PrEP uptake and the progress of the program in terms of scale-up.

Including disaggregation by PrEP method supports monitoring the introduction of new PrEP methods and PrEP method choice, providing an indication of availability and utilization of each method.

PrEP Visits can provide client profile information to support disaggregation of the PrEP Dispensed indicator, when that indicator may be lacking details required for disaggregation.

## Numerator

Number of client visits during which a PrEP product (e.g. oral PrEP, DVR, CAB-LA) was provided, prescribed, or administered for the purpose of preventing HIV infection

## Denominator

Not Applicable

## Calculation

Not Applicable

## Method of Measurement

The numerator is generated by counting the total number of client visits during which PrEP was provided, prescribed, or administered during the reporting period (monthly, quarterly, or annually). Currently this could include oral PrEP, DVR, or CAB-LA. The numerator should count all visits at which a client was provided or prescribed PrEP. The numerator should not include visits at which a method was not provided or prescribed (e.g. PrEP discontinuation visits, counseling visits that do not result in PrEP initiation, etc).

For the disaggregation, visits should be classified as one of the following visit types: Initiation (first time ever on PrEP) or Return (first time on a new method of PrEP but not first time on ANY method of PrEP, refill of a previously used PrEP method, or restart after a period of non-use to be determined by program and /or national standards). Visit types are considered mutually exclusive so the sum of the data disaggregated by visit type should be equal to the total number of visits within the reporting period.

When disaggregating by Key Population (KP) or Priority Population (PP), client visits should be associated with only one KP or PP category with which the client most identifies. Visits should not be classified under multiple KP or PP categories in order to avoid double-counting. The sum of the data disaggregated by KP or PP (when including “General Population” as a category) should be equal to the total. As with all types of record-keeping used to disaggregate indicators by key population, efforts must be made to avoid disclosing the identities of PrEP users in the patient records and registers of facilities that offer PrEP. Priority should be given to client safety when collecting and reporting KP and PP disaggregations.

## Measurement Frequency

Data should be collected continuously at the facility level and aggregated periodically, preferably monthly or quarterly. The sum of the prior 12 months or 4 quarters should be used for annual reporting.

## Disaggregations

* PrEP Product (oral PrEP, DVR, CAB-LA)
* First Time Ever PrEP User (Initiation) vs. Returning PrEP User (Method Initiation, Refill, Restart)
* Key or Priority Population
* Age
* Sex

## Additional information requested

Not Applicable

## Strengths and weaknesses

PrEP Visits is a clear and focused measure – straightforward to define and collect with limited risk of misinterpretation or miscalculation. The indicator does not attempt to count individual clients or track individual clients longitudinally simplifying data collection and reducing the risk of double-counting. Indicator collection, aggregation, and interpretation are not impacted by discontinuous patterns of PrEP use as it is an aggregate measure of the overall scale of a PrEP program.

This indicator, while not explicitly named in WHO’s 2022 guidelines, is functionally included within their recommended minimum dataset for HIV prevention interventions.

PrEP Visits can provide details on client profile and information about visit type that may not be associated with PrEP Dispensed (product volume data), allowing for disaggregation of product volume by age, sex, KP/PP, and visit type.

This indicator will not account for the duration of PrEP use. It will not measure the treatment cost, quality, effectiveness, or adherence.

## Further Information

Consolidated guidelines on person-centred HIV strategic information: strengthening routine data for impact. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240055315>).

Proposed New National-level Indicators for M&E for all forms of PrEP. Promise/Choice M&E Working Group; 2021. <https://www.prepwatch.org/resources/proposed-new-national-level-indicators-for-me-for-all-forms-of-prep/>