# PrEP Dispensed

Number of units of each method of PrEP product dispensed within the reporting period

## What it measures

PrEP Dispensed measures the scale of the PrEP program in terms of the total volume of PrEP products dispensed to clients.

## Rationale

This indicator is key to understanding the uptake of PrEP, the scale of the PrEP program and estimating the impact of a PrEP program. It supports monitoring PrEP method choice, providing an indication of availability and utilization of each method. PrEP Dispensed also provides essential information for procurement planning and quantification.

## Numerator

Number of units of each PrEP product (e.g. oral PrEP, DVR, CAB-LA) dispensed

## Denominator

Not Applicable

## Calculation

Not Applicable

## Method of Measurement

The numerator is generated by counting the total units of each PrEP product dispensed to a client during the reporting period (monthly, quarterly, or annually). Currently this could include oral PrEP (measured in terms of a month supply of pills), DVR (measured in terms of individual rings), and CAB-LA (measured in terms of individual injections). The indicator is intended to be adaptable to any new methods that become available.

Where disaggregation by Initiation vs Return is possible, PrEP Dispensed 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). These categories are considered mutually exclusive so the sum of the data disaggregated should be equal to the total products dispensed.

When disaggregating by Key Population (KP) or Priority Population (PP), product volume dispensed should be associated with only one KP or PP category with which the client most identifies. Product volume dispensed 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)

*Where available:*

* 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 Dispensed is a clear and focused measure – straightforward to define and collect with limited risk of misinterpretation or miscalculation. 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 is aligned with WHO’s 2022 guidelines’ new Core Indicator for PrEP : Volume of PrEP Prescribed.

Collection of PrEP Dispensed enables the calculation of Person-Years of PrEP Dispensed (PYP), a single measure of the full scale of PrEP product use provided by a PrEP program in terms of Person-Time. PYP can be used to estimate the coverage and impact of the PrEP program.

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

PrEP product dispensing data is often captured within pharmacy records and/or logistics systems which are not designed to capture client information. As a result, PrEP product dispensing data may not be associated with client profile information (age, sex, key population status, etc) and disaggregation may not be possible using product data alone.

In some systems, there may not be a distinction in existing data collection systems between medications used for PrEP and medications used for Treatment. This will limit a country’s ability to report on this indicator.

## 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/>