

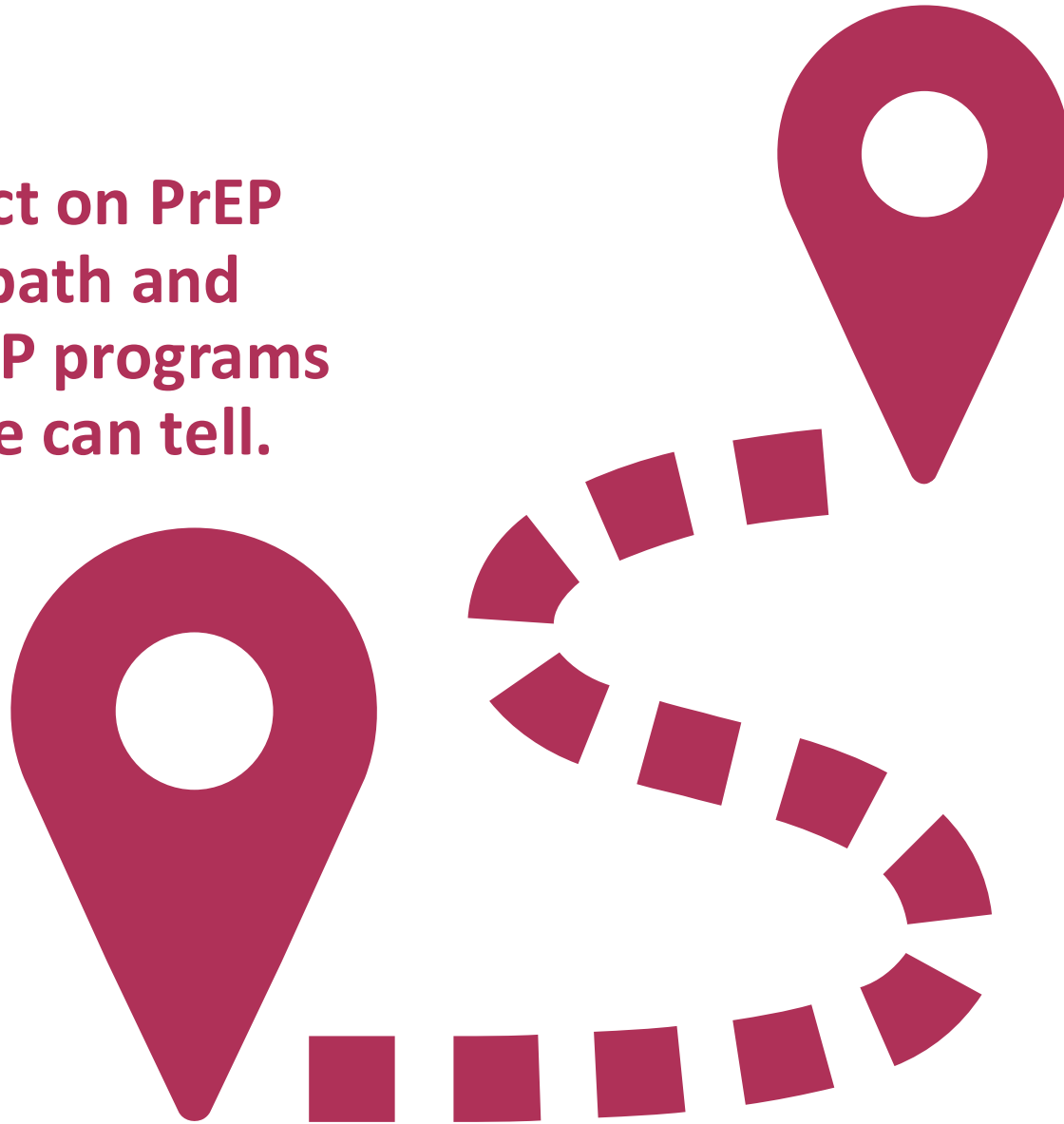
Strengthening M&E Systems in the Context of Choice

A PRESENTATION FOR THE 2024 AFRICA REGIONAL PREP WORKSHOP



Introduction

The data we collect on PrEP determines the path and priorities of our PrEP programs and the stories we can tell.



1

WHAT DO WE NEED TO MONITOR TO UNDERSTAND PREP PROGRAMS?

How is PrEP M&E data used nationally and globally?

assess
progress
towards
targets



monitor
PrEP
method
choice



assess
resources
used vs.
program
outputs



project
resource
needs



estimate
coverage
of the
PrEP
program



estimate
epidemic
impact





What do we need to measure routinely to understand PrEP programs?

Magnitude of the PrEP program

- Uptake and use over time of each PrEP method
- Needs to take into account discontinuous use patterns

Characteristics of PrEP clients

- Age/sex and membership in key and other PrEP priority populations



A word about routine data collection

- Not everything we want to measure needs to be reported nationally
 - Some data needs to be collected for client management or site quality improvement but not reported up
 - For example, individual client history of PrEP use, other medications, etc.
 - Some data are best collected through research studies
 - For example, dispensing vs. use, method effectiveness, switching patterns
- Routine data collection should be **S**streamlined, **S**imple, and **I**nformative (**SSI**)

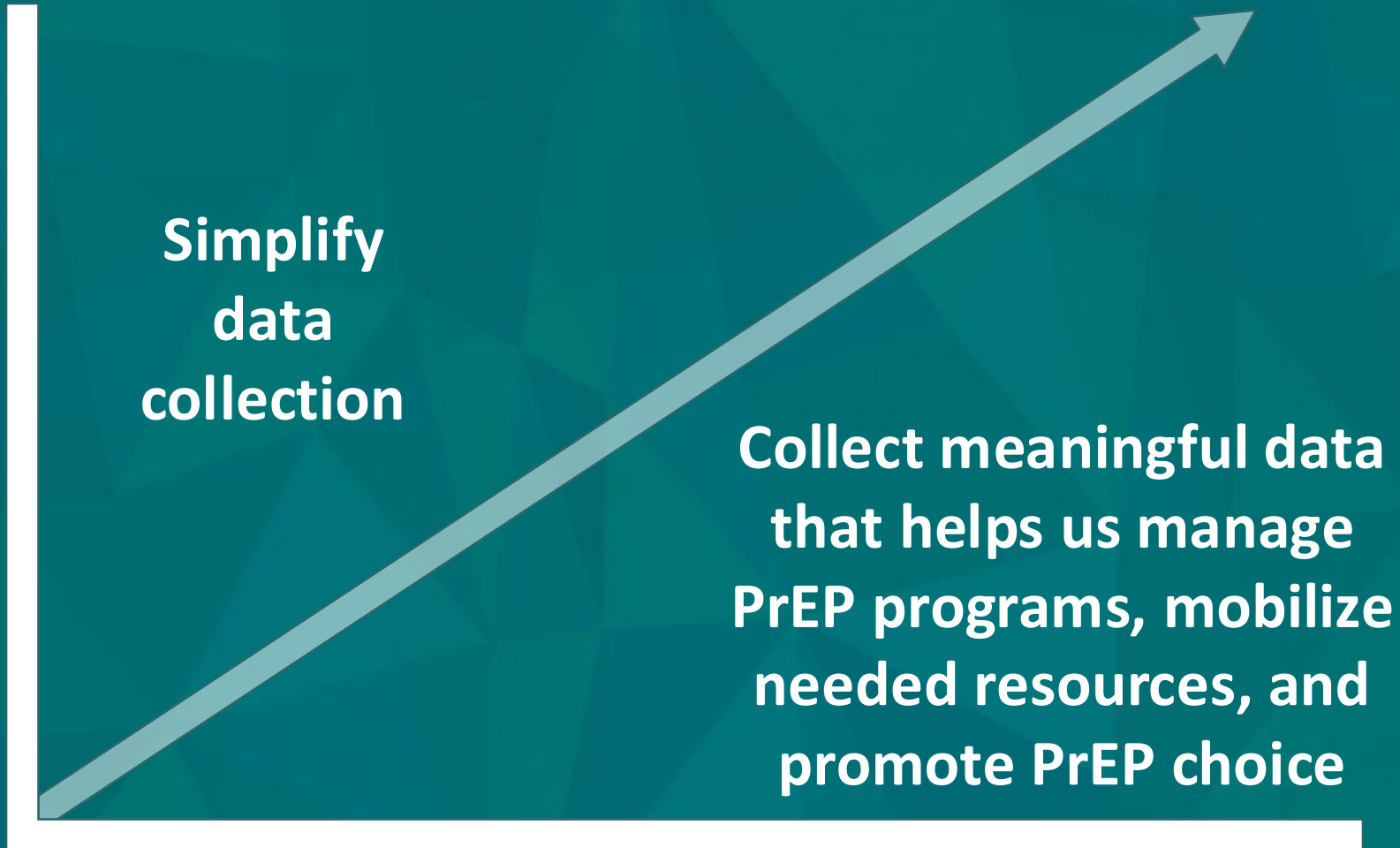
What are we currently measuring for PrEP?

Org.	Source	Indicator	Definition	Aggregation
PEPFAR	MER 2.0 (Version 2.7)	PrEP_NEW	# of individuals newly enrolled on PrEP in the reporting period	Can be added across reporting periods
		PrEP_CT	# of individuals, excluding those newly enrolled, that return for a follow-up or reinitiation visit for PrEP during the quarter	Snapshot; cannot be added across reporting periods
UNAIDS	Global AIDS Monitoring 2023	People who received PrEP	Number of people who received pre-exposure prophylaxis (PrEP) at least once during the reporting period (reporting period is one year)	Snapshot: cannot be added across reporting periods

Issues with the current indicators

Indicator	Issues
PrEP_NEW (PEPFAR)	<ol style="list-style-type: none">(1) Doesn't measure use over time(2) Often people are counted as "new" multiple times
PrEP_CT (PEPFAR)	<ol style="list-style-type: none">(1) Difficult to collect and interpret(2) Cannot be aggregated across quarters
People who received PrEP (UNAIDS)	<ol style="list-style-type: none">(1) Difficult to track individuals over a year in absence of national EMR(2) Doesn't measure use over time

We can do better!



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HOW CAN WE IMPROVE M&E FOR PREP? A PROPOSAL FOR REVISED PREP INDICATORS

Why are we proposing a revision to PrEP indicators?

New learnings about Oral PrEP use and M&E through scale up

Expanding choice in PrEP methods

Why are we proposing a revision to PrEP indicators?

Operationalizing New WHO guidelines and proposed indicators for PrEP

Reported challenges with existing global indicators

Why are we
proposing a revision
to PrEP indicators?

Expanding choice in PrEP
methods

New methods of PrEP are being introduced (PrEP Ring, CAB PrEP) while even more are in development.

CHALLENGE: Introduction of these methods requires changes to M&E systems to better reflect choice

OPPORTUNITY: Necessary updates to M&E tools to include new methods represents an opportunity to do more than just disaggregate existing indicators but a chance to make larger improvements to how we collect data on PrEP

New learnings about Oral PrEP use and M&E through scale up

Expanding choice in PrEP methods

Why are we proposing a revision to PrEP indicators?

Operationalizing New WHO guidelines and proposed indicators for PrEP

Reported challenges with existing global indicators

Why are we proposing a revision to PrEP indicators?



Operationalizing New WHO guidelines and proposed indicators for PrEP

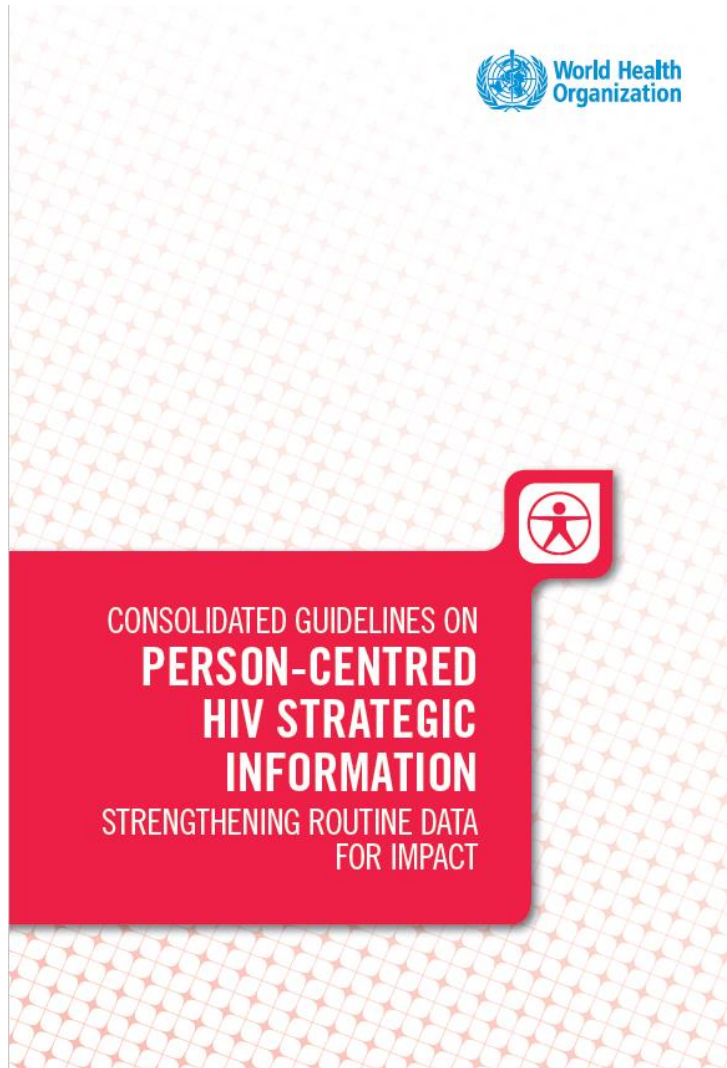
In 2022, WHO released [“Consolidated Guidelines on Person Centered HIV Strategic Information: Strengthening routine data for impact”](#)

- New guidelines and indicators for PrEP M&E
- Guidance on standard minimum data set and priority indicators partially informed by recommendations on PrEP measurement from the MOSAIC PrEP M&E Working Group

Our recommended revisions to PrEP indicators can help to operationalize the new guidelines.

What are we proposing?

What are we proposing?



A group of M&E experts and PrEP implementers from across the MOSAIC consortium developed an approach to operationalize the new WHO guidance based on learnings about the realities of PrEP data systems.

What are we proposing?

WHO's new guidelines include a recommended minimum data set along with a new core indicator for PrEP programs:

Volume of PrEP Prescribed

Table 2.2 Recommended minimum dataset for HIV prevention interventions

Intervention	Minimum dataset
HIV testing	<ul style="list-style-type: none">• HIV test sample date• type of HIV test (for example, rapid test, dual syphilis/HIV)• HIV test result
Condom programming	<ul style="list-style-type: none">• date individual was provided with condoms (where recording this information is practical and appropriate, this could include provision of condoms to people from key populations in the context of outreach)
Pre-exposure prophylaxis (PrEP)	<ul style="list-style-type: none">• date PrEP prescribed (includes initial prescription and repeats)• date PrEP dispensed (if available from dispensing pharmacy or community distribution)• PrEP product prescribed (for example, oral; long-acting formulation/device, such as dapivirine vaginal ring (DPV-VR), injectable cabotegravir (CAB-LA))• volume of PrEP product prescribed/dispensed (for example, number of pills, number of devices)• date individual attends follow-up appointment
Post-exposure prophylaxis (PEP)	<ul style="list-style-type: none">• date PEP prescribed• date individual completes PEP course (ascertained at follow-up)
Needle-syringe programmes (NSP)	<ul style="list-style-type: none">• date injecting equipment provided• number of needles-syringes provided
Opioid agonist maintenance treatment (OAMT) for opioid dependence	<ul style="list-style-type: none">• date OAMT initiated• date OAMT dose received• date OAMT take-away dose(s) dispensed• first date maintenance dose received• date of loss to follow-up or OAMT stopped
Voluntary medical male circumcision (VMMC)	<ul style="list-style-type: none">• date VMMC received• date of follow-up• date of adverse event related to VMMC reported• type of severe adverse event.

Volume of PrEP Prescribed

Definition: Total volume of each PrEP product prescribed or dispensed to PrEP clients within a period

Simply defined, limited room for misinterpretation

Use : This indicator shows the magnitude of *cumulative PrEP access over time* and can be used to forecast future commodity needs

Describes the scale of the PrEP program without requiring tracking of individuals and their patterns of use

Source: ideally available from electronic medical records, but may be sourced from facility or pharmacy records of the quantity of PrEP products prescribed or dispensed to clients.

Generally already available through HMIS or logistics systems

Proposed Disaggregations : PrEP Product, Gender, Age, Key Population, Provider Type, Setting, and Location

Unless collected through electronic medical records, volume data is generally **not** associated with client characteristics

Addressing limitations of Volume of PrEP Prescribed

Proposed Disaggregations : PrEP Product , Sex, Age, Key Population, Provider Type, Setting, and Location

PrEP CLIENT # _____ **HIV PRE-EXPOSURE PROPHYLAXIS (PrEP) CLIENT CARD**

(given at start of PrEP)

District _____ Facility _____ Marital Status Single Married

Patient Name _____ Divorced Widowed

Biological Sex: M F Age _____ DOB _____ Phone (Whose) #1 _____

Physical Address _____ #2 _____

Headman/Chief _____ #3 _____

Entry point for PrEP:

- Community (specify)
 - Health facility outreach
 - Community program (specify) _____
- Health facility (specify service delivery point)
 - Adolescent corner/clinic
 - ANC/PNC
 - ART
 - OPD
 - Other (specify) _____

Population Group

- Sex Worker
- MSM
- Prisoner
- Factory worker
- General population
- Pregnant&breastfeeding
- Transgender
- Adolescent

History of PrEP

Ever been on PrEP: Yes No

Stopping PrEP

Date PrEP stopped: _____

Indication for stopping PrEP: _____

If PrEP stopped due to new HIV infection:

Date initiated on ART _____

Unique ART Number _____

PrEP Initiation

Date of most recent negative HIV test before PrEP initiation: _____

Date of PrEP Initiation: _____ Baseline creatinine: _____

CrCl: _____

Regimen _____

Indication for starting PrEP: _____

Other Details/Tests

LNMP _____

Pregnancy Test: _____

Hepatitis B Screening: _____

RPR/VDRL Screening: _____

While population disaggregations may not be reported in association with product volume data, they are collected as part of each client visit. Collecting PrEP Visits, in conjunction with Volume of PrEP Prescribed can help fill gaps.

PrEP Visits

While not one of WHO's priority indicators for HIV prevention, PrEP Visits is included within the recommended minimum dataset for PrEP.

Definition : total number of client visits during which PrEP is prescribed and/or dispensed within a period

Use : While volume data measures *how much* PrEP was provided, visit data can provide information for understanding *who* is receiving PrEP. Visits data can easily aggregated and used to understand program scale-up (initiation visits) and resource utilization.

Source: Visit data is generally already collected as a fundamental part of PrEP M&E systems.

Disaggregations : visit type, PrEP method, age/sex, population, setting, and location

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Using Volume of PrEP Prescribed + PrEP Visits

With the **Volume of PrEP Prescribed** (*magnitude of the PrEP program*) and **PrEP Visits** (*characteristics of PrEP clients*) we can estimate the total number of days, months, or years of product dispensed based on the duration of HIV prevention provided by each unit of product (Person-Years of PrEP).

Person-Years of PrEP Dispensed (PYP)

by method, population, age/sex, etc

Use: PYP measures the scale of the PrEP program (overall and by method and subpopulation) and can be used to estimate the coverage and impact of a PrEP program by population, age, gender, and/or location.

Calculating *Person-Years of PrEP (PYP)*

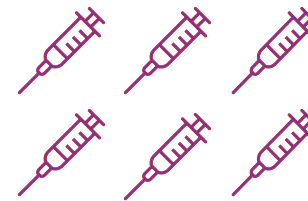
How do we calculate PYP?

- For each method (oral/ring/injectable), the total number of units is multiplied by the duration of HIV prevention provided by one unit of that method.
- Assumptions:
 - 1 bottle of oral PrEP = 1 Person-Month of PrEP = 1/12 Person-Year of PrEP
 - 1 Monthly PrEP ring = 1 Person-Month of PrEP = 1/12 Person-Year of PrEP
 - 1 CAB PrEP injection = 2 Person-Months of PrEP (after first injection) = 2/12 Person-Year of PrEP

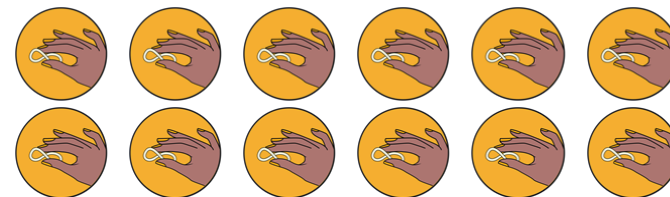
1 PYP (oral PrEP)



1 PYP (CAB PrEP)



1 PYP (Ring PrEP)

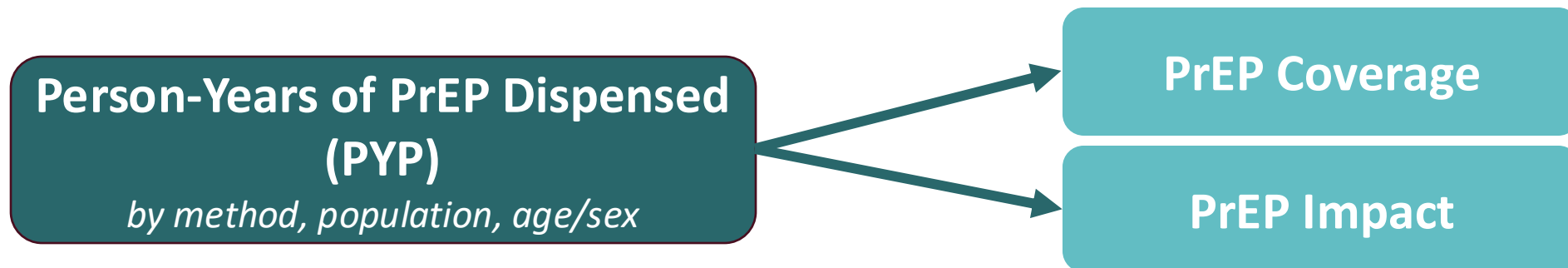


Proposing New Indicators for PrEP M&E

Based on data available from routine data collection systems, we propose that operationalizing the WHO guidance could be achieved by collecting:



Using these two indicators together would allow for calculation of



- Goal of these new indicators:**
- Better measure the impact, coverage, and magnitude of the PrEP program
 - Streamline and simplify PrEP reporting for national M&E in the context of method choice

How can we use the proposed indicators?

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Person-Years of PrEP Dispensed (PYP)

by method, population, age/sex



What's Next?

Considerations for Ministries of Health related to new WHO Guidance

- At a minimum, we suggest that Ministries of Health consider adopting Volume of PrEP Prescribed as a new indicator in national M&E systems based on WHO updated guidelines
 - Ministries of Health may consider also adopting PrEP Visits, to provide supplemental data that may not be available related to volume data.
- We acknowledge that changing data collection systems and adding new indicators is not a simple task. Ministries are already balancing different data and reporting requirements from different organizations while also trying to limit the burden that data collection places on providers.
- As a community, we should be working towards a harmonization of indicators and a simplification of data collection in order to streamline PrEP M&E and improve the utility of the data collected.

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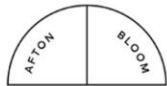
PANEL DISCUSSION: REVISING PREP M&E FOR CHOICE AT THE COUNTRY LEVEL

**We're on the path
to improving
PrEP M&E**



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