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Monitoring, Evaluation, and Reporting (MER) Guidance (v.2.7): TREATMENT

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September 2023

Training Outline

Section 1: Indicator Changes in MER 2.7

Section 2: Overview of Indicators

Section 3: Data Use

Section 4: Additional Resources and Acknowledgments

Section 1: Indicator Changes in MER 2.7

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What's Changed?

Indicator	Change	Programmatic Rationale
TX_CURR	None	N/A
TX_ML	None	N/A
TX_NEW	The numerator was expanded to include disaggregation by CD4 count by Age/Sex	The CD4 at ART initiation result returned disaggregates allow for targeted programming directed at reducing mortality from advanced HIV disease.
TX_RTT	The numerator was expanded to include disaggregation by CD4 count by Age/Sex	The CD4 result returned disaggregate for restarting or reinitiating on ART allow for targeted programming directed at reducing mortality from advanced HIV disease.

Section 2: Overview of Indicators

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Summary of Indicators

Indicator Code	Indicator Description	Reporting Frequency	Reporting Level
TX_CURR	# of adults and children currently receiving antiretroviral therapy (ART)	Quarterly	Facility
TX_ML	# of ART patients (who were on ART at the beginning of the quarterly reporting period or initiated treatment during the reporting period) and then had no clinical contact since their last expected contact	Quarterly	Facility
TX_NEW	# of adults and children newly enrolled on antiretroviral therapy (ART)	Quarterly	Facility
TX_RTT	# of ART experienced patients who 1. experienced IIT during any previous reporting period, 2. successfully restarted ARVs within the reporting period and 3. remained on treatment until the end of the reporting period.	Quarterly	Facility
TX_PVLS[1]	*% of ART patients with a suppressed viral load (VL) result (<1000 copies/ml) documented in the medical or laboratory records/laboratory information systems (LIS) within the past 12 months*	*Quarterly*	*Facility*

1. TX_PVLS is covered in the Viral Load training.

TX_CURR

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Indicator Definition: TX_CURR

Indicator Definition: Number of adults and children currently receiving antiretroviral therapy (ART)

Numerator: Number of adults and children currently receiving antiretroviral therapy (ART)

Denominator: N/A

Disaggregate Groups	Disaggregates
Age/Sex [Required]	<1 F/M, 1-4 F/M, 5-9 F/M, 10-14 F/M, 15-19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39 F/M, 40-44 F/M, 45-49 F/M, 50-54 F/M, 55-59 F/M, 60-64 F/M, 65+ F/M, Unknown Age F/M
Key Population [Required]	PWID, MSM, TG, FSW, People in prisons
ARV Dispensing Quantity by Coarse Age/Sex [Required]	<3, 3–5, or ≥6 months of ARVs dispensed to patients by <15 F/M, 15+ F/M, Unknown Age F/M
Focused Population [Optional]	Focused population

TX_CURR: Focused Population Disaggregate

- **A focused population is a historically underserved population** (ex: individuals of a historically underserved race/ethnicity or tribal population).
- **Not a key population** (although individuals may be members of both) – **a population of significant interest** within an OU not tracked elsewhere within MER.
- Optional where relevant and feasible.
- **Requires GHSD-PEPFAR approval. Prior to entering data**, the country team should contact their PEPFAR Program Manager and GHSD_SI@state.gov to define one focused population for the OU.

How to Use: TX_CURR

Identify and address gaps by geographic area, age/sex, and population in the following:

- ART Coverage: TX_CURR / PLHIV
- Viral Load Coverage: TX_PVLS (D) / TX_CURR
- Access to services: Compare TX_CURR with indicators on cervical cancer screening, TB services, and OVC programming.

How to Collect: TX_CURR

Data Source(s):

- Facility ART registers/databases, program monitoring tools, or drug supply management systems

How to Calculate Annual Totals:

- Snapshot indicator. Results are cumulative at each reporting period.

How to Collect: TX_CURR (cont.)

Key Considerations (FAQs):

- **CURRENT is a state defined by treatment status when last seen**, so characteristics of these clients would be updated each time they are seen.
  - Age is an individual's age at end of reporting period or when last seen at the facility.

Who should be included/counted as CURRENT:

- **Patients on ART who initiated or transferred-in** during the reporting period
- **Patients who have received enough ARVs to last to the end of the reporting period,** including patients that pick up several months of ARVs at one visit.

Who should be excluded/not counted as CURRENT:

- Patients who died, stopped treatment, transferred out, or have not received ARVs in the last 28 days (one month) following their last missed appointment or missed drug pick-up.
- Patients who receive ARVs for post-exposure prophylaxis **(PEP)** or short-term ART only for prevention **(PrEP).**

How to Review for Data Quality: TX_CURR

- TX_CURR ≥ TX_NEW
- TX_CURR ≥ TX_RTT
- TX_CURR ≥ Disaggregates for ARV Dispensing Quantity
- **Numerator ≥ subtotal of age/sex disaggregation:** The total number of adults and children newly enrolled on ART should be greater or equal to the sum of the age/sex disaggregates.

Guiding Narrative Questions: TX_CURR

1. **What percentage of clients are picking up their ART drugs** on a quarterly basis? On a semi-annual basis?
2. **What percentage of clients are being seen for clinical follow-up visits** on a quarterly basis? On a semi-annual basis? On an annual basis?
3. **Describe differences in MMD uptake** across age and sex groups and sites/SNUs.

TX_ML

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Indicator Definition: TX_ML

Indicator Definition: Number of ART patients (who were on ART at the beginning of the quarterly reporting period) and then had no clinical contact since their last expected contact

Numerator: Number of ART patients (currently on ART or newly initiating ART) with no clinical contact or ARV pick-up for greater than 28 days since their last expected clinical contact or ARV pick-up

Denominator: N/A

Numerator Description:
Clinical contact is defined as any clinical interaction with the patient, such as clinical assessment by a healthcare worker or provision of medication.

Numerator Disaggregates: TX_ML

Disaggregate Groups	Disaggregates
Outcome by Age/Sex [Required]	• Died, Interruption in Treatment (IIT), Transferred Out, Refused (Stopped) Treatment) by: <1 M/F, 1-4 M/F, 5-9 M/F, 10-14 M/F, 15-19 M/F, 20-24 M/F, 25-29 M/F, 30-34 M/F, 35-39 M/F, 40-44 M/F, 45-49 M/F, 50-54 F/M, 55-59 F/M, 60-64 F/M, 65+ F/M, Unknown Age M/F ○ IIT after being on treatment for <3 months, 3-5 months, and 6+ months
Cause of Death by Age/Sex [Required]	HIV disease resulting in TB, HIV disease resulting in cancer, HIV disease resulting in other infectious and parasitic disease, Other HIV disease resulting in other diseases or conditions leading to death, Other natural causes, Non-natural causes, Unknown Cause by: <1 M/F, 1-4 M/F, 5-9 M/F, 10-14 M/F, 15-19 M/F, 20-24 M/F, 25-29 M/F, 30-34 M/F, 35-39 M/F, 40-44 M/F, 45-49 M/F, 50-54 F/M, 55-59 F/M, 60-64 F/M, 65+ F/M, Unknown Age M/F
Key Population Type [Optional]	• PWID, MSM, TG, FSW, People in prisons **by outcome** ○ Does **not** report outcome by age/sex ○ **Does** report IIT by length of time off treatment (<3, 3-5, 6+ months)

How to Use: TX_ML

- Increased understanding of fluctuations or steady growth in TX_CURR over time
- Tracing of patients when a patient has had no clinical contact for greater than 28 days since their last expected contact
- Timely identification of patient outcomes among patients known to have missed clinical visits or drug pickups

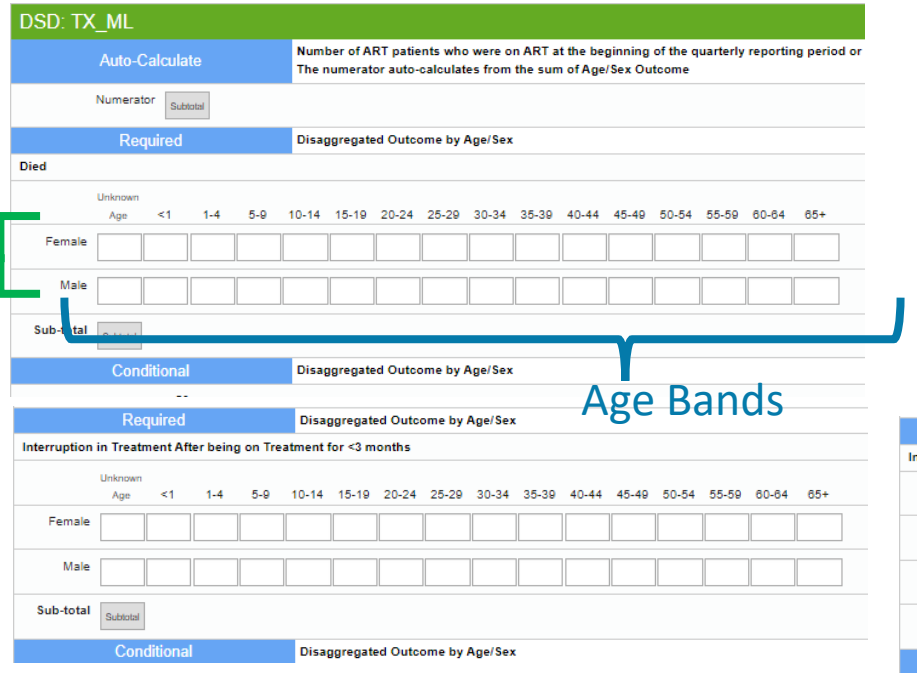
How to Collect: TX_ML

Data Entry Screen (1 of 2)

Died

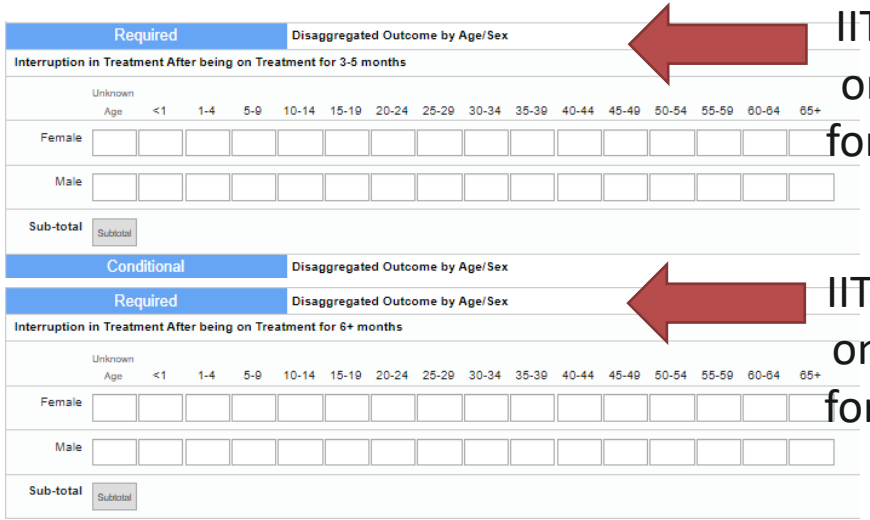
Sex

IIT after being on treatment for <3 months



Age Bands

Disaggregated Outcome by Age/Sex



IIT after being on treatment for 3-5 months

IIT after being on treatment for 6+ months

Not shown: Additional outcomes and cause of death disaggregates, 50+ age bands

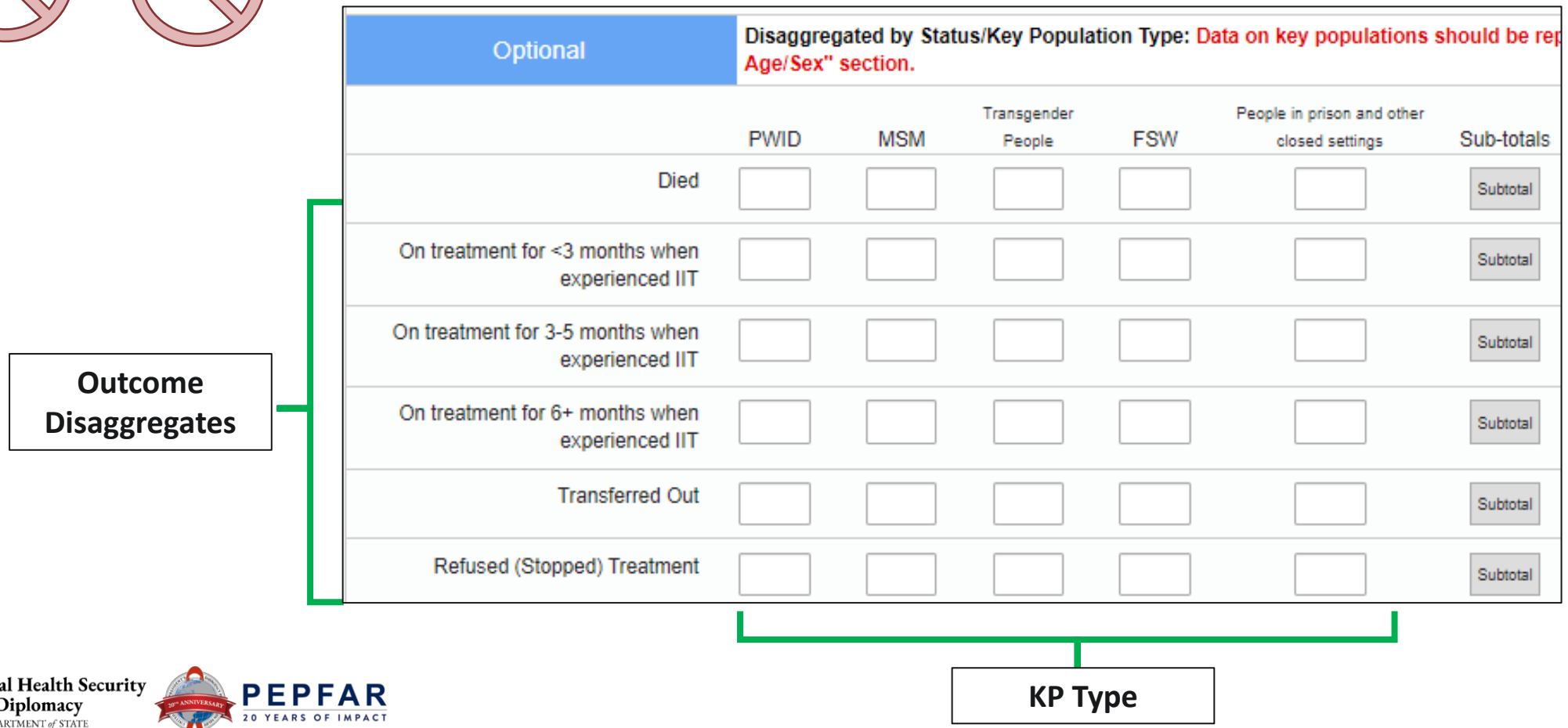
How to Collect: TX_ML

Data Entry Screen (2 of 2)

Sex

Age

Disaggregated Outcome by Status/Key Population Type



How to Collect: TX_ML

Data Source(s):

- Patient trackers, tracing logs, missed appointment reports, and other available sources should be routinely checked.
- When a patient has missed their most recent expected clinical contact, the clinic or other related staff should attempt to reach and reengage the patient as soon as possible.

How to Calculate Annual Totals:

- **There should be no annual total.** The numerator should NOT be summed across reporting periods due to the active movement and potential reclassification of patients.

How to Review for Data Quality: TX_ML

- **Patient trackers, tracing logs, missed appointment reports, and other available sources should be routinely checked** to inform understanding of where efforts are required to better improve and/or ensure completeness of reporting.
- **There should be no annual total.** Data for this indicator are intended to provide context for TX_CURR results but the numerator should NOT be summed across reporting periods due to the active movement and potential reclassification of patients.

Guiding Narrative Questions: TX_ML

1. **Describe patient tracing efforts in more detail.** When does patient tracing occur (e.g., within 1 week of missed contact, within 4 weeks of missed contact, etc.)?

2. **For all clients that refused (stopped ART), what reasons were cited for refusal** [e.g., discrimination by the health facility, unfriendly services, inconvenient services (e.g., long wait times, asked to come back too frequently), faith healing, etc.]? How is the partner or country team working to address these issues and reengage these clients on life-saving ART?

3. **What percentage of IIT patients** (patients with no clinical contact for ≥ 28 days) **received an active follow-up visit** during the reporting period?

4. What is being done to address **facilities with above average mortality?** Or a higher-than-average number of **patients who were untraceable?**

TX_NEW

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Indicator Definition: TX_NEW

Indicator Definition: Number of adults and children newly enrolled on antiretroviral therapy (ART)

Numerator: Number of adults and children newly enrolled on antiretroviral therapy (ART)

Denominator: N/A

Numerator Description:
The indicator measures the ongoing scale-up and uptake of ART programs.

Numerator Disaggregates: TX_NEW

Disaggregate Groups	Disaggregates

NEW! CD4/Age/Sex [Required]	• CD4: <200:
	  • 5-9 F/M, 10-14 F/M, 15-19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39 F/M, 40-44 F/M, 45-49 F/M, 50-54 F/M, 55-59 F/M, 60-64 F/M, 65+ F/M, Unknown Age F/M
	• CD4: ≥200:
	  • 5-9 F/M, 10-14 F/M, 15-19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39 F/M, 40-44 F/M, 45-49 F/M, 50-54 F/M, 55-59 F/M, 60-64 F/M, 65+ F/M, Unknown Age F/M
	• Unknown CD4:
	  • <1 F/M, 1-4 F/M, 5-9 F/M, 10-14 F/M, 15-19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39 F/M, 40-44 F/M, 45-49 F/M, 50-54 F/M, 55-59 F/M, 60-64 F/M, 65+ F/M, Unknown Age F/M

Breastfeeding status at ART initiation [Required]	Breastfeeding at initiation of ART
Key Population Type [Required]	PWID, MSM, TG, FSW, People in Prison
Focused Population [Optional]	Focused population

How to Use: TX_NEW

- Monitor that targeted geographic areas and populations are being actively initiated on ART, as needed
  - Disaggregation of new on ART by age/sex at ART initiation and breastfeeding status at ART initiation
- Monitor HIV services cascade, specifically the successful linkage between HIV diagnosis and initiating ART.
- The CD4 at ART initiation result returned disaggregates allow for targeted programming directed at reducing mortality from advanced HIV disease

How to Collect: TX_NEW

Data Source(s):

- Facility ART registers/databases, program monitoring tools, or drug supply management systems

How to Calculate Annual Totals:

- Sum results across all reporting periods

Key Considerations (FAQs):

- **NEW** is a state defined by an individual **initiating** ART during the reporting period. It is expected that the characteristics of new clients are recorded at the time they newly initiate life-long ART.
- Patients who known to transfer in from another facility, or who temporarily stopped therapy and have started again should **not** be counted as new patients.
- **BF disaggregation:** Women who initiate ART while breastfeeding should be counted under this indicator but not in PMTCT_ART.

How to Review for Data Quality: TX_NEW

- **Numerator ≥ subtotal of each disaggregation:** The total number of adults and children newly enrolled on ART should be greater or equal to the sum of all of the age/sex disaggregates and pregnancy/ breastfeeding status.
- TX_NEW ≤ TX_CURR

How to Collect: TX_NEW (Cont.)

Key Considerations (FAQs):

- **Same day ART initiation should not be delayed due to pending CD4 results.** If CD4 results are pending longer than 1 week, they should report patient under “Unknown CD4 result” disaggregate. For smaller facilities without access to molecular testing, there will be majority of results in Unknown CD4 disaggregate
- All children under 5 years of age do not require CD4 count testing according to WHO guidance and should be recorded under Unknown CD4 disaggregate.

Guiding Narrative Questions: TX_NEW

1. If **TX_NEW does NOT equal HTS_TST_POS,** explain why.
2. If **TX_NEW result is markedly different from targets,** explain why.
3. **Describe your rationale for reporting TX_NEW vs. TX_RTT.** How are you ensuring that patients that transferred in, experienced an interruption in treatment (IIT), or stopped treatment are NOT being counted in TX_NEW at the time they reinitiate treatment?

TX_RTT

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Indicator Definition: TX_RTT

Indicator Definition: Number of ART patients who:
1) experienced an interruption in treatment (IIT) during any previous reporting period,
2) successfully restarted ARVs within the reporting period, and
3) remained on treatment until the end of the reporting period.

Numerator: Number of ART patients who experienced IIT during any previous reporting period, who successfully restarted ARVs within the reporting period and remained on treatment until the end of the reporting period.

Denominator: N/A

Numerator Description:
These are individuals who were previously on ART who restarted ARVs after being off treatment for ≥28 days (and therefore experienced IIT).

Numerator Disaggregates: TX_RTT

Disaggregate Groups	Disaggregates

NEW! CD4/Age/Sex [Required]	• CD4: <200:
	  • 5-9 F/M, 10-14 F/M, 15-19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39 F/M, 40-44 F/M, 45-49 F/M, 50-54 F/M, 55-59 F/M, 60-64 F/M, 65+ F/M, Unknown Age F/M
	• CD4: ≥200:
	  • 5-9 F/M, 10-14 F/M, 15-19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39 F/M, 40-44 F/M, 45-49 F/M, 50-54 F/M, 55-59 F/M, 60-64 F/M, 65+ F/M, Unknown Age F/M
	• Unknown CD4:
	  • <1 F/M, 1-4 F/M, 5-9 F/M, 10-14 F/M, 15-19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39 F/M, 40-44 F/M, 45-49 F/M, 50-54 F/M, 55-59 F/M, 60-64 F/M, 65+ F/M, Unknown Age F/M
	• Not eligible for CD4:
	  • <1 F/M, 1-4 F/M, 5-9 F/M, 10-14 F/M, 15-19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39 F/M, 40-44 F/M, 45-49 F/M, 50-54 F/M, 55-59 F/M, 60-64 F/M, 65+ F/M, Unknown Age F/M

Key Population Type [Required]	• PWID, MSM, TG, FSW, People in Prison
Duration of treatment interruption (IIT) before returning to treatment [Required]	• IIT of <3 months before returning to treatment • IIT of 3-5 months before returning to treatment • IIT of 6+ months before returning to treatment

How to Use: TX_RTT

- Ongoing contact with patients who miss appointments and/or to encourage supportive services to facilitate restarting ARV therapy.
- Identification and the return to treatment of those PLHIV with a history of ART but are currently lost or unknown to the health care system.
- The CD4 result returned disaggregate for restarting or reinitiating on ART allow for targeted programming directed at reducing mortality from advanced HIV disease.

How to Collect: TX_RTT

Data Source(s):

- Patient trackers, tracing logs, missed appointment reports, and other available sources should be routinely checked.
- When a patient has missed their most recent expected clinical contact, the clinic or other related staff should attempt to reach and reengage the patient as soon as possible.

How to Calculate Annual Totals:

- Data can be summed across reporting periods.

Key Considerations (FAQs):

- Same day ART initiation should not be delayed due to pending CD4 results. If CD4 results are pending longer than 1 week, they should report patient under “Unknown CD4 result” disaggregate. For smaller facilities without access to molecular testing, there will be majority of results in Unknown CD4 disaggregate
- All children under 5 years of age do not require CD4 count testing according to WHO guidance and should be recorded under Unknown CD4 disaggregate.

How to Review for Data Quality: TX_RTT

- Confirm that TX_CURR ≥ TX_RTT.

Guiding Narrative Questions: TX_RTT

1. **How long were people off ART?** What percentage of PLHIV returned to care were off ARVs for 12 months or more? What interventions supported their return to care?
2. **What portion of an increase in TX_CURR is attributable to TX_RTT** (vs. TX_NEW) in the reporting period?
3. Taken together, what does TX_NEW, TX_ML, TX_CURR, TX_NET_NEW, and TX_PVLS tell you about the **quality of the treatment program at the facility?**

Section 3: Data Use

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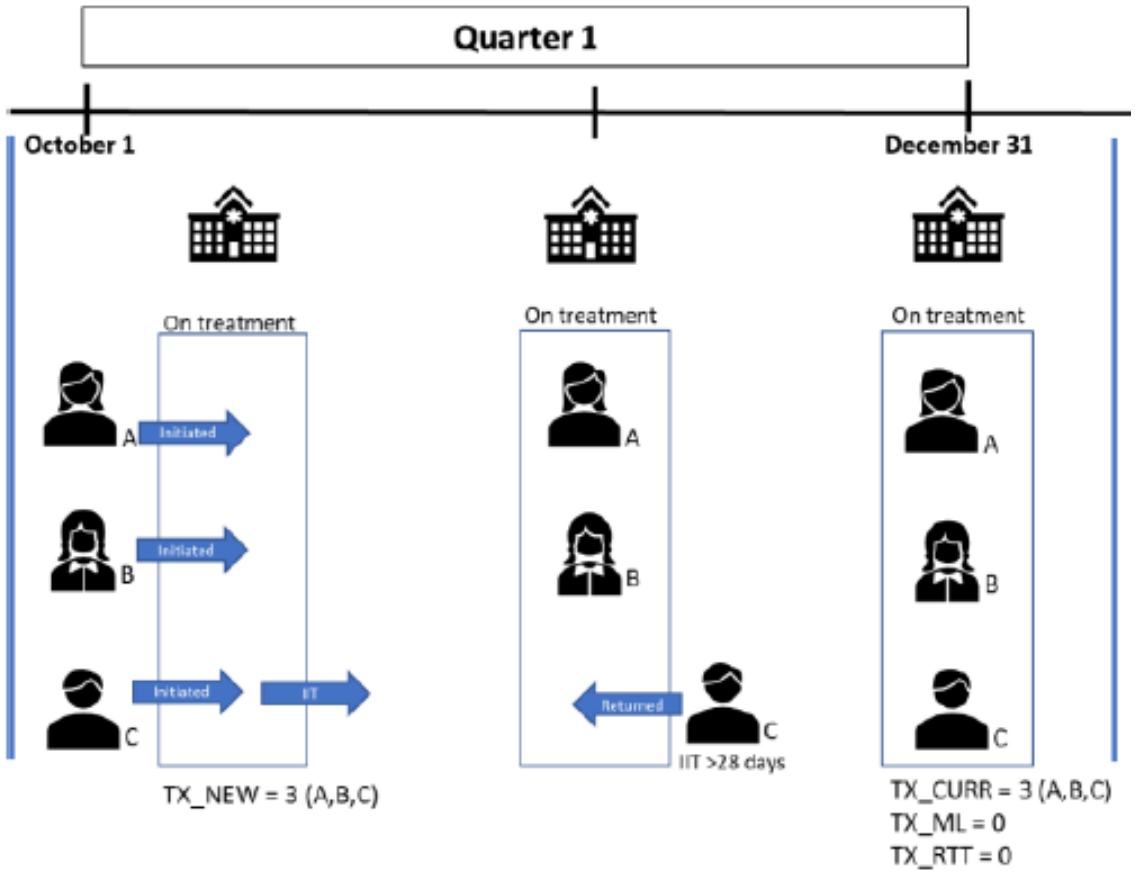
Relationship Between Treatment Indicators

TX_CURR, TX_NEW, TX_ML, and TX_RTT

Quarter 1: Patient C was newly initiated on treatment. During the reporting period, Patient C did not attend an appointment and had no clinical contact for 28 days after that appointment. Patient C was then contacted and came in for an appointment. At the end of the reporting period, Patient C is on treatment.

- **Patient C is counted in TX_CURR** because they were on treatment at the end of the reporting period.
- **Patient C is <u>not</u> counted in TX_ML** because they restarted treatment after >28 days of being off treatment and are on treatment at the end of the reporting period.
- **Patient C is <u>not</u> counted in TX_RTT** because patients are excluded from TX_RTT in the quarter in which they initiated treatment. A patient cannot be included in TX_NEW and TX_RTT in the same reporting period.

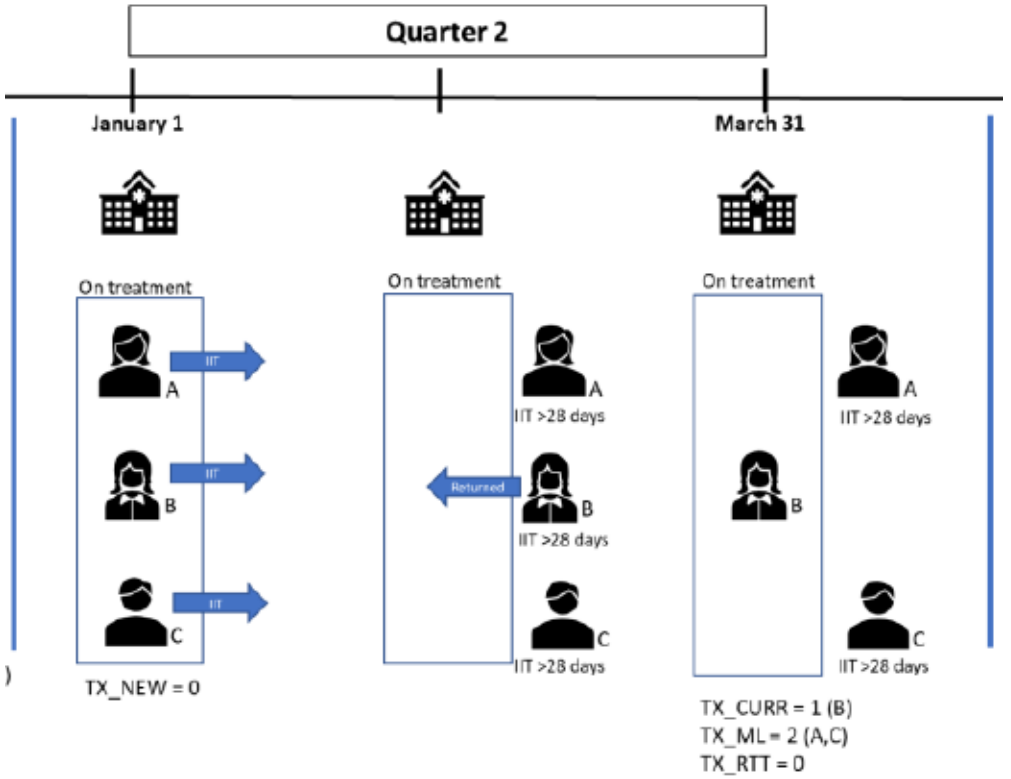


Relationship Between Treatment Indicators

TX_NEW, TX_CURR, TX_ML, and TX_RTT

Quarter 2: Patients A, B, and C started the reporting period on treatment, but all did not attend an appointment and had no clinical contact for 28 days after that appointment. Patient B was successfully contacted and came in for an appointment. At the end of the quarter, Patient B is on treatment.

- **Patient B is counted in TX_CURR** because they are on treatment at the end of the reporting period.
- **Patient B is not counted in TX_ML** because they are on treatment by the end of the reporting period**.**
- **Patient B is not counted in TX_RTT** because they were on treatment at the end of the **previous** reporting period.
- **Patients A and C are counted in TX_ML** because they started the reporting period on treatment but experienced an interruption in treatment and were not on treatment at the end of the reporting period. Patients A and C are eligible to be counted in TX_RTT in the next reporting period if they 1) are successfully re-engaged during the next reporting period and 2) are on treatment at the end of the **next** reporting period.

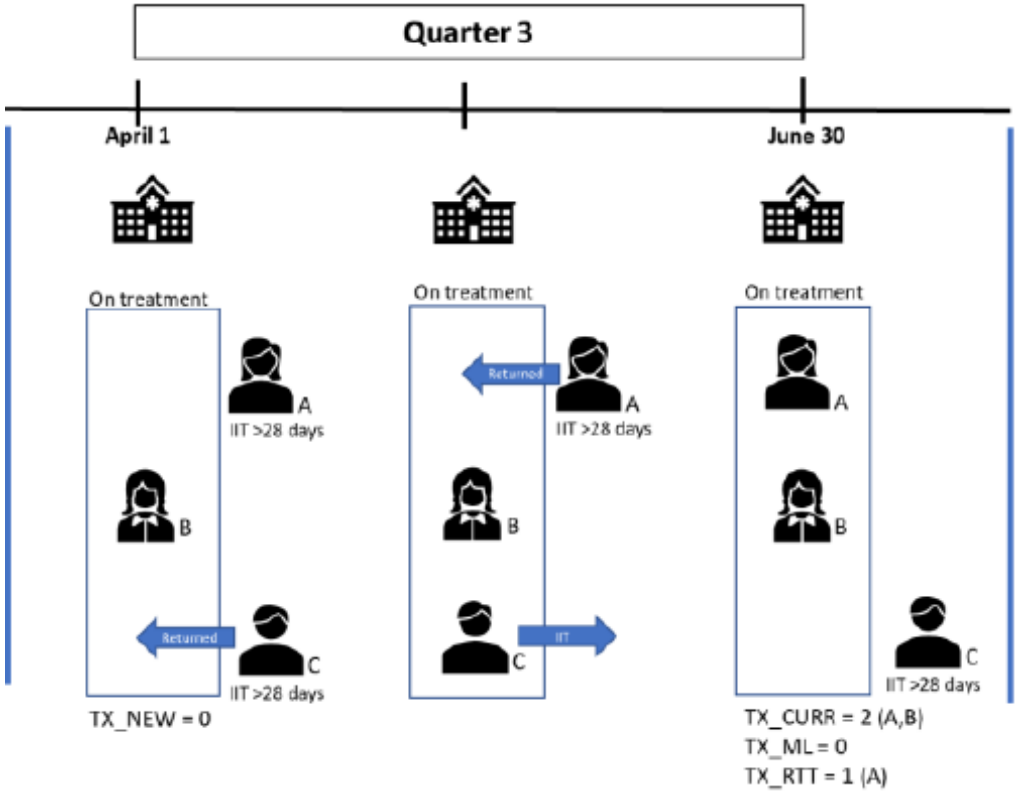


Relationship Between Treatment Indicators

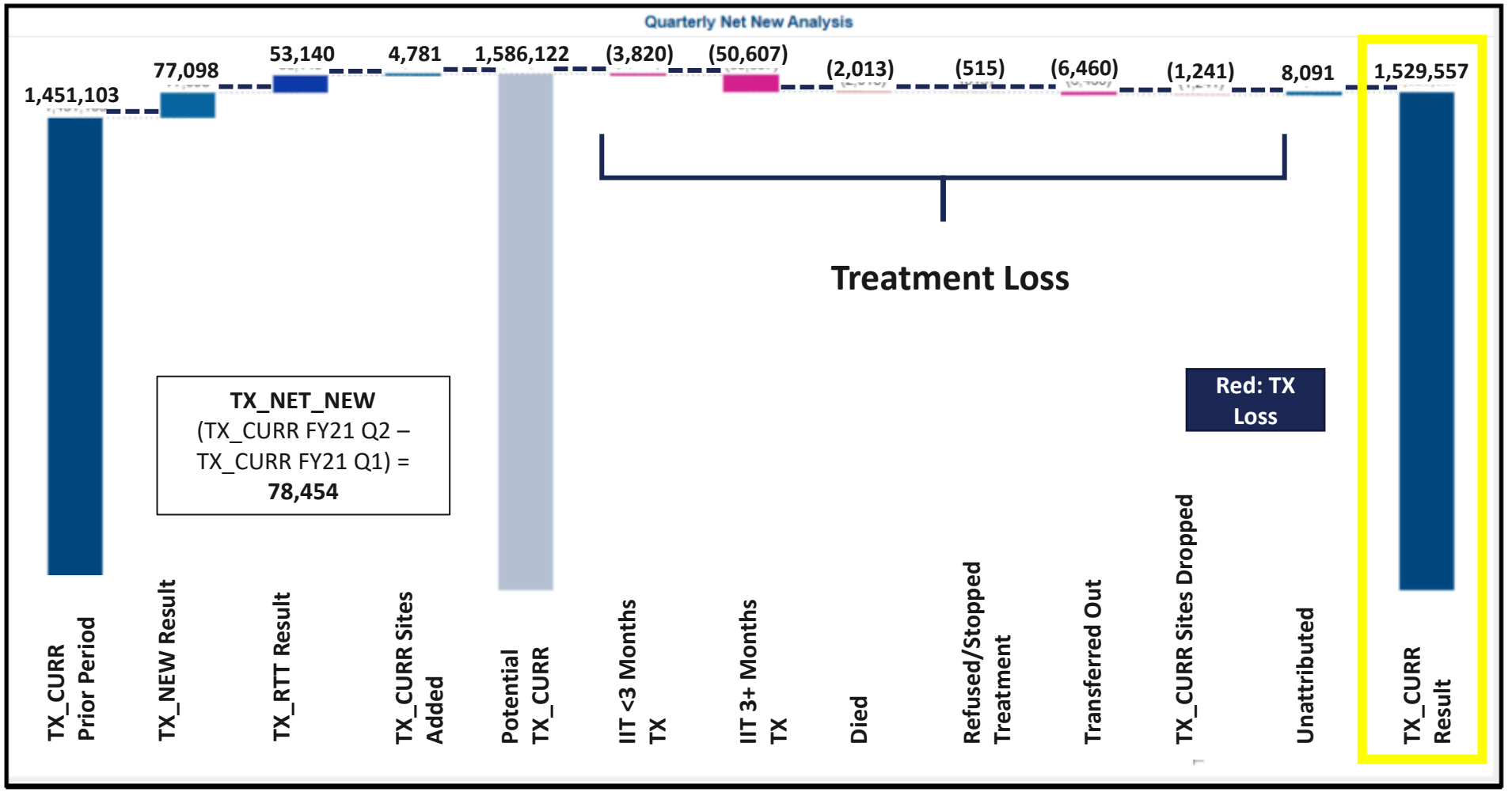
TX_NEW, TX_CURR, TX_ML, and TX_RTT

Quarter 3: Patients A and C started the reporting period not on treatment. Patient A was successfully contacted and came in for an appointment. Patient C was contacted and came in for an appointment but experienced an interruption in treatment again during the reporting period. By the end of the reporting period, Patients A and B are on treatment.

- **Patients A and B are counted in TX_CURR** because they are on treatment at the end of the reporting period.
- **Patient A is counted in TX_RTT** because they were not on treatment at the end of the previous reporting period, were returned to treatment during the reporting period, and were on treatment at the end of the reporting period.
- **Patient C is <u>not</u> counted in TX_ML** in this reporting period because Patient C did not start the reporting period on treatment. Patient C is not counted in TX_RTT because Patient C did not remain on treatment until the end of the reporting period.



Bringing It All Together



Potential treatment client loss in one PEPFAR program in FY21 Q2

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Section 4: Additional Resources and Acknowledgements

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Acknowledgments

- Thank you to Katy Godfrey (GHSD), Paige Schoenberg (GHSD), Michelle Selim (GHSD), Grace Ferguson (GHSD), and Steven Towers (GHSD)

Thank you!

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