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

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Training Outline

Section 1: Overview of the Technical Area

Section 2: Indicator Changes in MER 2.7

Section 3: Overview of Indicators

Section 4: Data Use

Section 5: Additional Resources and Acknowledgments

Section 1: Overview of Key Populations

Background: COP/ROP Guidance

Key populations refers to sex workers, gay men and other men who have sex with men, transgender people, people who inject drugs, and people in prisons or other enclosed settings.

1. **Know and Close the Gaps for KP HIV Prevention and Treatment Services**

    - Analyze existing survey, programmatic, and CLM data to identify gaps in service access and available information and create specific plans to fill them across the continuum of HIV testing, prevention, and treatment services, aligned with recently released WHO Guidelines, focusing on person-centered, differentiated service models.

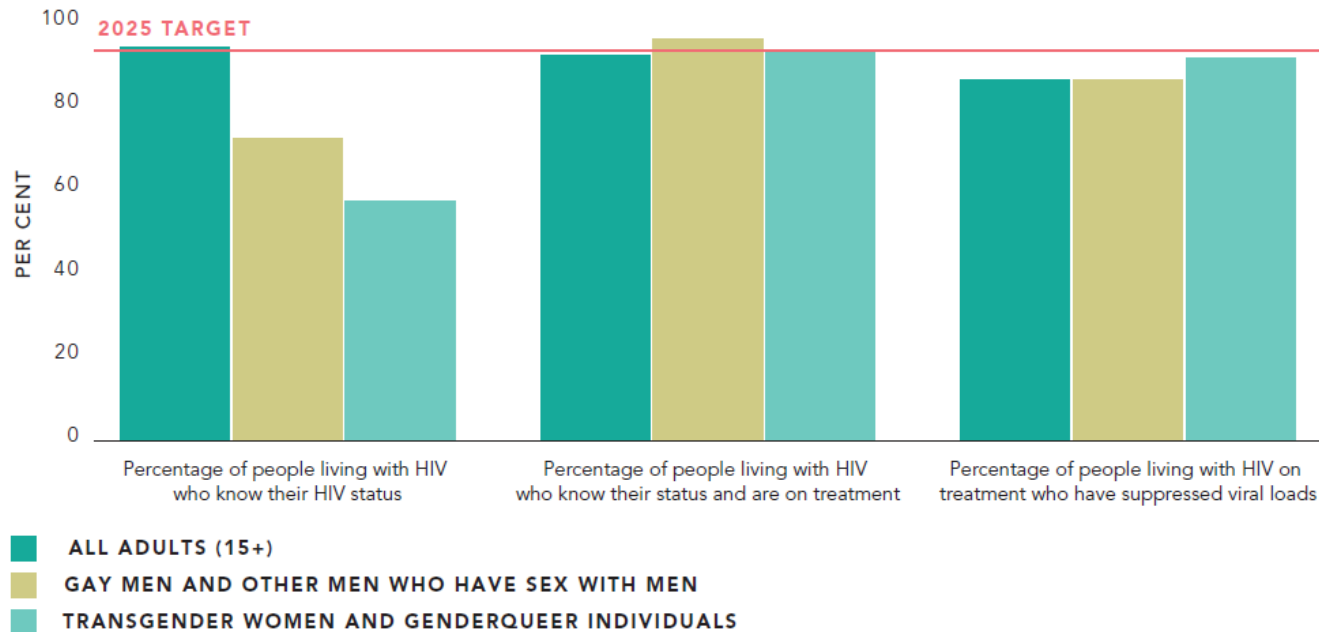2. **Bolster KP Community Leadership, Collaboration and Empowerment**

3. **Address Structural Barriers to Scaling Effective KP HIV Responses and Advance Progress Toward the 10-10-10 Societal Enabler Targets**
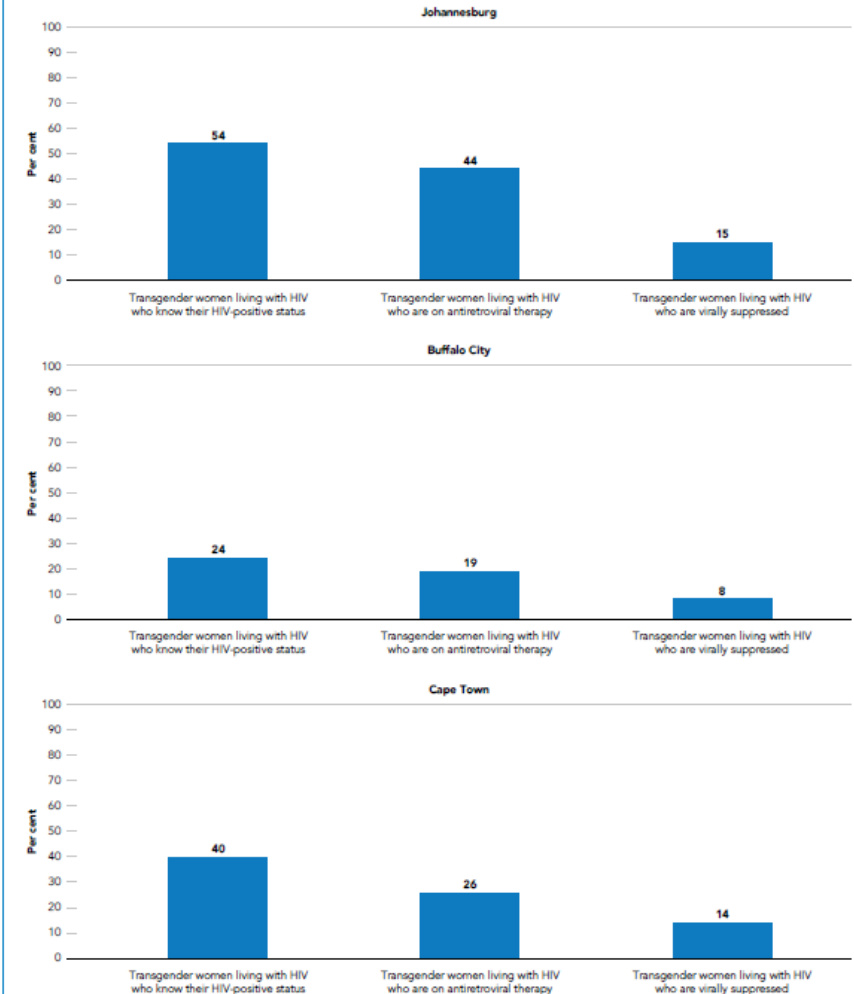
4. **Strategic Partnerships**

Background

Figure 3. Inequalities in progress towards the 95–95–95 targets, by population, Zimbabwe, 2019

Source: UNAIDS epidemiological estimates, 2022 (https://aidsinfo.unaids.org/); Harris TG, Wu Y, Parmley LE, Musuka G, Mapingure MP, Chingombe I et al. HIV care cascade and associated factors among men who have sex with men, transgender women, and genderqueer individuals in Zimbabwe: findings from a biobehavioural survey using respondent-driven sampling. Lancet HIV. 2022;9(3):e182-e201.
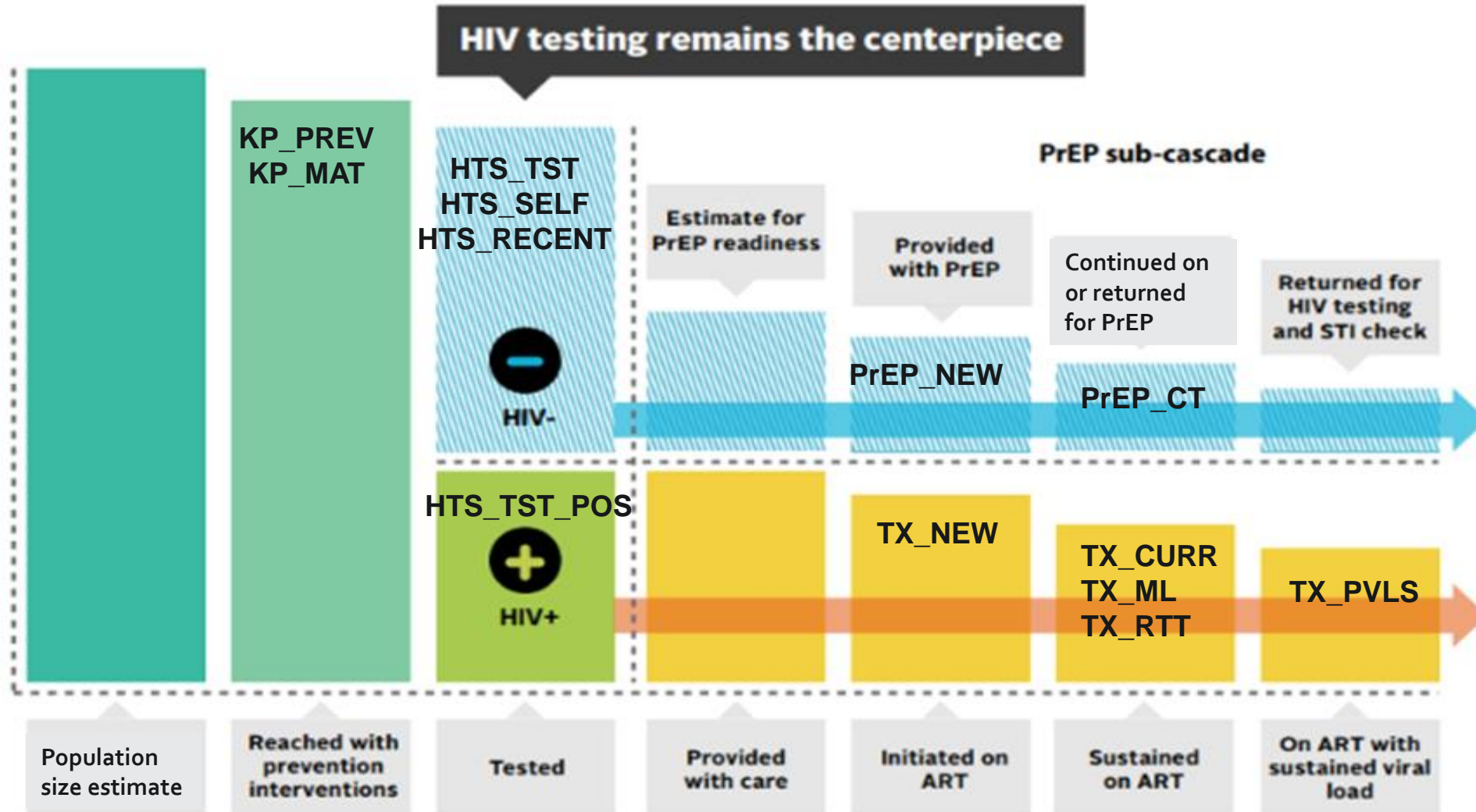

Rates of retention in antiretroviral therapy and viral suppression tend to be poor among transgender women

Figure 2.2 Testing and treatment cascade for transgender women living with HIV in three metropolitan areas in South Africa, 2018–2019

Key Populations Cascade

Section 2: Indicator Changes in MER 2.7

Indicator Changes in MER 2.7

Indicator	Change	Programmatic Rationale
KP_PREV	Updated definition to require offer of condoms, lubricant, and offer or referral to PrEP to count an individual under KP_PREV, unless prohibited in the setting	To strengthen the package of services offered to KP in alignment with COP/ROP guidance, technical considerations and the WHO 2022 Consolidated Guidelines for Key Populations
	Updated definition to include giving the option of distributing an HIV self-test as an alternative to traditional HTS	Update MER guidance in line with COP/ROP guidance, technical considerations and WHO 2023 Guidance on Self-testing
	Updated to include primary or secondary prevention interventions designed for key populations	Make consistent with HIV testing disaggregates under KP_PREV and explicit that partners can count outreach and support provided to KP of unknown, negative, or positive HIV status
	Updated definition to include reaching number of KPs at least once during reporting period.	Make explicit what is implied in the definition: KP need to be reached at least once during the reporting period to ensure they have access to prevention information and biomedical products

Summary of KP Indicators

Program Area Group	Indicator	Indicator Description	Reporting Frequency	Reporting Level
Prevention	KP_PREV	Number of key populations reached at least once with individual and/or small group-level HIV primary or secondary prevention interventions designed for the target population	Semi-Annual	Facility & Community
Prevention	KP_MAT	Number of people who inject drugs (PWID) on medication-assisted therapy (MAT) for at least 6 months	Annual	Facility

KP_PREV

Indicator Definition: KP_PREV

Indicator Definition: Number of key populations reached at least once with individual and/or small group-level HIV primary or secondary prevention interventions designed for the target population

Numerator: Number of key populations reached at least once with individual and/or small group-level HIV primary or secondary prevention interventions designed for the target population

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Denominator: N/A

Numerator Description:
The numerator can be generated by counting the number of unique individuals from an activity who are reached with primary or secondary prevention interventions designed for the intended key population.

Summary of Indicators with KP Disaggregates

Program Area Group	Indicator	Indicator Description	Reporting Frequency	Reporting Level
Prevention	**PrEP_NEW**	Number of individuals who have been newly enrolled on antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period.	Quarterly	Facility and Community
Prevention	**PrEP_CT**	Number of individuals, excluding those newly enrolled, that return for a follow-up visit or re-initiation visit to receive pre-exposure prophylaxis (PrEP) to prevent HIV during the reporting period	Quarterly	Facility and Community
Testing	**HTS_TST**	Number of individuals who received HIV Testing Services (HTS) and received their test results, disaggregated by HIV result	Quarterly	Facility and Community
Testing	**HTS_SELF**	Number of individual HIV self-test kits distributed	Quarterly	Facility and Community
Testing	**HTS_RECENT**	Number of newly diagnosed persons living with HIV who received a test for recent infection with a documented result	Quarterly	Facility and Community

Summary of Indicators with KP Disaggregates

Program Area Group	Indicator Code	Indicator Name	Reporting Frequency	Reporting Level
Treatment	TX_NEW	Number of adults and children newly enrolled on antiretroviral therapy (ART)	Quarterly	Facility
Treatment	TX_CURR	Number of adults and children currently receiving antiretroviral therapy (ART)	Quarterly	Facility
Treatment	TX_ML	Number 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
Treatment	TX_RTT	Number of ART patients with no clinical contact or ARV pick-up for greater than 28 days since their last expected contact who restarted ARVs within the reporting period	Quarterly	Facility
Treatment	TX_PVLS	Percentage 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

Numerator Disaggregates: KP_PREV

Disaggregate Groups	Disaggregates
KP Type [Required]	• MSM • TG • FSW • PWID • People in prisons and other closed settings
KP Type by Testing Services [Required]	• KP known positive by MSM, TG, FSW, PWID, people in prisons and other closed settings; • KP was newly tested by MSM, TG, FSW, PWID, people in prisons and other closed settings; • KP declined testing MSM, TG, FSW, PWID, people in prisons and other closed settings

Definitions of Disaggregates: KP_PREV

KP Type by Testing Services Disaggregates Definitions:

- **Known Positive:** Persons within each key population type for whom HIV testing is not indicated because they are known to be living with HIV. Clients tested positive in previous reporting periods should be counted as Known Positives.

- **Newly Tested:** Persons within each key population type for whom HIV testing is indicated because they do not know their HIV status or their last HIV-negative test was more than 3-6 months ago (or more/less frequently as indicated by National Guidelines) should either be offered an HIV test on site or given an HIVST for primary use.

- **Declined Testing:** Persons who, after receiving an explanation of the benefits of HIV testing and the reason for testing every 3-6 months (or more/less frequently as indicated by National Guidelines), decline to be tested on-site or accept an HIVST. HIV testing on site or KP- competent sites, programs should also respect the autonomy of clients to decline this service. Clients who decline testing can still receive other prevention services, as long as the benefits of HIV testing were explained and testing was offered.

How to Use: KP_PREV

- This indicator provides information on the total number of unique individuals that have received individual-level and/or small-group level intervention(s) at least once during the reporting period.

  - Small-group intervention is defined as less than or equal to 25 individual attendees in one setting.

- This indicator will help determine the reach of key populations and may help understand the relative saturation (coverage) of PEPFAR-supported KP prevention programs when reliable population size estimates are available.

- HIV testing services (HTS) or distribution of a HIV self-test are required to be offered (at least once during the reporting period and/or in accordance with WHO/national guidance) unless the individual had previously been tested positive for HIV.

  - Distributing a self-test kit (HIVST) intended for primary use (defined as for the individual's use rather than for a partner's or other person's use) meets this requirement.

  - If the individual is self-identified as HIV positive, then HTS provision will not be required.

How to Use: KP_PREV

An implementing partner may count an individual (with unknown HIV serostatus or self-identified as HIV-negative) as having received a prevention activity if, during the reporting period, they have:

1. provided or offered HTS or distributed an HIV self-test kit for the individual's own use,

2. provided or offered condoms and lubricant, **AND**

3. offered or referred for PrEP, independent of the modality.

If an individual is already known to be living with HIV at the time of the outreach, they should be offered at least condoms and lubricant in addition to any other intervention in the table to qualify as being counted under this indicator.

How to Use: KP_PREV

The table below lists the prevention interventions that IP should and may offer in addition to the required offered services.

Prevention Interventions for Key Populations
• **Offer HTS or HIVST intended for primary use* (Required)**
• **Offer condoms and lubricant (Required, unless prohibited by site or country i.e. prison setting or legal restrictions)**
• **Offer or refer to PrEP (independent of the modality), as applicable (Required)**
• Targeted information, education, and communication (IEC)
• Outreach/Empowerment
• Offer mental health or psychosocial support services, if applicable
• Offer or refer to STI screening, prevention, and treatment
• Link or refer to ART
• Offer or refer to prevention, diagnosis, treatment of TB
• Offer or refer to screening and vaccination for viral hepatitis
• Offer or refer to reproductive health (family planning; PMTCT), if applicable
• Refer to medication-assisted therapy (MAT), if applicable
• Offer or refer to needle syringe program (NSP), if applicable

*Partner should also report the number of individuals tested under the indicator "HTS_TST" if HTS was conducted (and results were given) as part of the outreach activity.

All distributed HIVST kits should be reported under HTS_SELF. The partner is not expected to document the result of the HIVST (as specified in the PEPFAR FY2024 Technical Considerations).

How to Collect: KP_PREV

- Tracking systems must be able to reduce double counting of individuals in a reporting period.

  - The numerator can be generated by counting the number of deduplicated individuals who were reached and had completed the appropriate prevention intervention(s) designed for the intended key population.

  - For example, this means that when a unique individual receives HTS plus condoms and lubricant at more than one occasion during the reporting period, **the person is counted only once** for being reached for this indicator.

- **Deduplication of all returning beneficiaries within the Q3-Q4 reporting period (April 1 – September 30) will also need to take place in Q4 reporting if they had already been counted under KP_PREV in Q1-Q2 of the same fiscal year.**

- If possible, a unique identifier can be assigned to each individual.

How to Review for Data Quality: KP_PREV

How to Review for Data Quality:

Data should be reviewed regularly for the purposes of program management, to monitor progress to wards achieving targets, and to identify and correct any data quality issues. Potential data quality issues with KP_PREV are:

- Numerator = sum of the disaggregation: The number of KP reached with individual and/or small-group level preventive interventions should be equal to the sum of KP disaggregates.

- Despite persons potentially falling into more than one KP disaggregate (e.g., FSW who injects drugs), IPs should be instructed to report an individual in only one KP category with which they most identified.

How to Calculate Annual Total:

Sum across both reporting periods; deduplicating unique individuals already reached and reported in Q1-Q2 of the same fiscal year in Q4 reporting.

Guiding Narrative Questions: KP_PREV

1. Did the IMs deduplicate all returning beneficiaries in Q3-Q4 who have already been counted in Q1-Q2 of this fiscal year? If not, why not?

2. Are there mechanisms in place (i.e. unique identifier) with which IMs can deduplicate multiple outreach encounters within a fiscal year? What are these mechanisms? If mechanisms are not in place, how does the IM report individuals and not encounters within the fiscal year?

3. Do the testing service disaggregations equal the total number of KP_PREV reported? If not, why not?

4. What were the barriers in collecting testing service disaggregations for this indicator?

5. For each KP group reached, please describe the minimum set of services provided to that group, in addition to services that may depend on the client's individual risk or circumstances, as determined by the KP program. Be clear to describe if recommended interventions could **not** occur, and why they could not (e.g., policies preventing offer or referral to condoms in prison settings).

KP_MAT

Indicator Definition: KP_MAT

Indicator Definition: Number of people who inject drugs (PWID) on medication-assisted therapy (MAT) for at least 6 months within the reporting period

Numerator: *Number of people who inject drugs (PWID) on medication-assisted therapy (MAT) for at least 6 months within the reporting period*

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Denominator: N/A

Numerator Description:
This indicator provides information on the total number of individuals who have been on treatment for at least 6 months within the reporting period.

Numerator Disaggregates: KP_MAT

Disaggregate Groups	Disaggregates
Sex	• Male • Female

How to Use: KP_MAT

- When proper and sufficient dosage is administered, medication-assisted therapy (MAT) is highly effective in reducing opioid use and the injecting behaviors that put opioid-dependent people at risk for HIV.

- MAT can help improve continuity of treatment for those who are on ART.

- All people who are dependent on opioids should be offered and have access to this service. The implementation of MAT programs should facilitate and enhance access to HIV-specific services for PWID including HIV testing services, linkages to ARV treatment programs, PMTCT for female PWID, and a range of other prevention and harm reduction services.

- Implementing partners providing MAT referrals-only should not use this indicator unless the services being provided meet the KP_MAT_TA requirement outlined in the PEPFAR- support definitions.

  - Please refer to the "KP_PREV" indicator to see if the services provided meet reporting criteria for that indicator as well.

How to Collect: KP_MAT

- This indicator provides information on the total number of individuals who have been on medication-assisted therapy (e.g., methadone, buprenorphine, or buprenorphine/naloxone to treat drug dependency) for at least 6 months within the reporting period.

- Data for this indicator can be generated by counting the number of individuals who are currently receiving MAT or received at least 6 months of MAT in the reporting period in accordance with the nationally approved treatment protocol (or WHO/UNAIDS standards) at the end of the reporting period.

- This indicator counts all individuals who have completed at least 6 months of MAT even if they drop out, die, or experience interruption in treatment, as long as they completed the minimum of 6 months of MAT within the reporting period.

- This indicator does not count individuals who initiate treatment too late in the reporting period to be able to reach a minimum of 6 months by the time of reporting.

How to Review for Data Quality: KP_MAT

How to Review for Data Quality:

This indicator makes use of program data as part of an ongoing cohort. The MAT register and/or patient-level data can be used to determine the number of people starting MAT in the defined period, as a cohort, and the number of those who are still in treatment at 6 months and who were on MAT for at least 6 months during the reporting period.

Data should be reviewed regularly for the purposes of program management, to monitor progress towards achieving targets, and to identify and correct any data quality issues.

How to Calculate Annual Total: N/A. Data is reported only once annually at Q4.

Guiding Narrative Questions: KP_MAT

1. Were the individuals who initiated MAT too late in this reporting period (at least 6 months prior) excluded from the results?

Section 4: Data Use

Data Visualization and Use Examples

Panorama Dossier: Key Populations, Single OU
Chapter: Key Populations
Page: KP Trends by KP

This shows the trends for TX_CURR, TX_NEW and TX_PVLS by KP group in a country over multiple quarters.
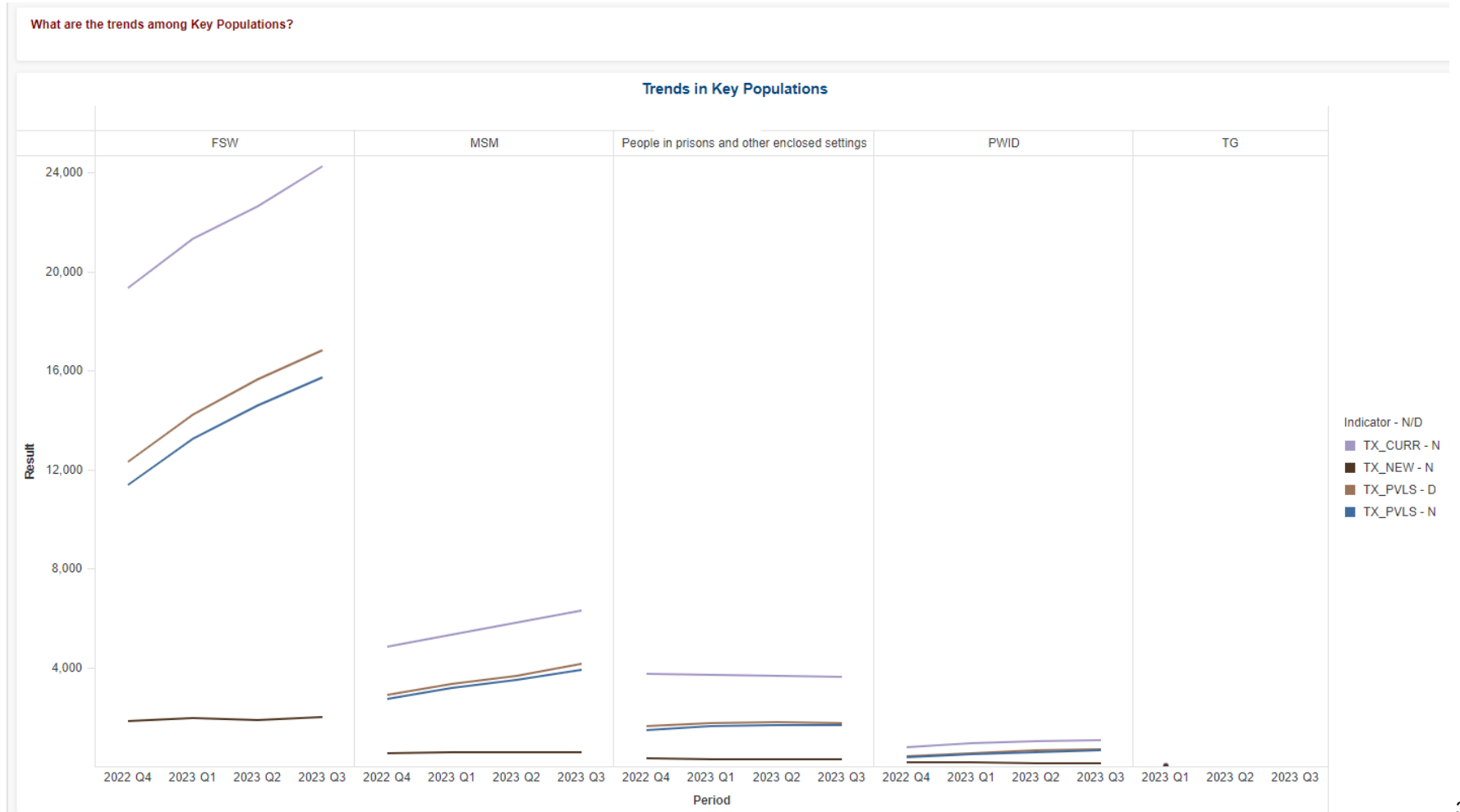
Data Visualization and Use Examples (cont.)

Panorama Dossier: Key Populations, Single OU
Chapter: Key Populations
Page: KP Trends by KP

This shows the trends over time for PrEP_NEW and PrEP_CT, by KP group.
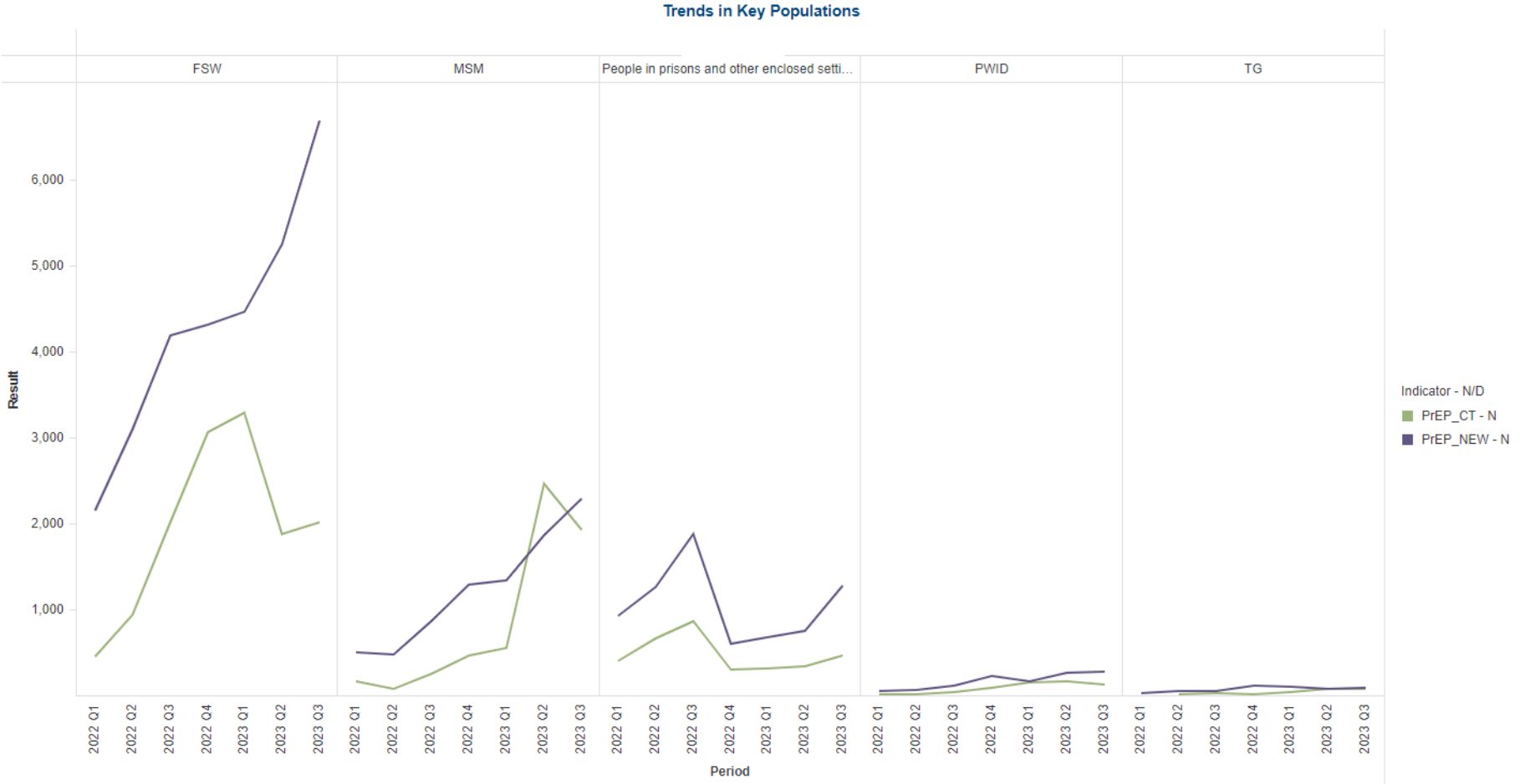
Data Visualization and Use Examples (cont.)

Panorama Dossier:
Key Populations,
Single OU

Chapter: Key
Populations

Page: Viral Load
Cascade
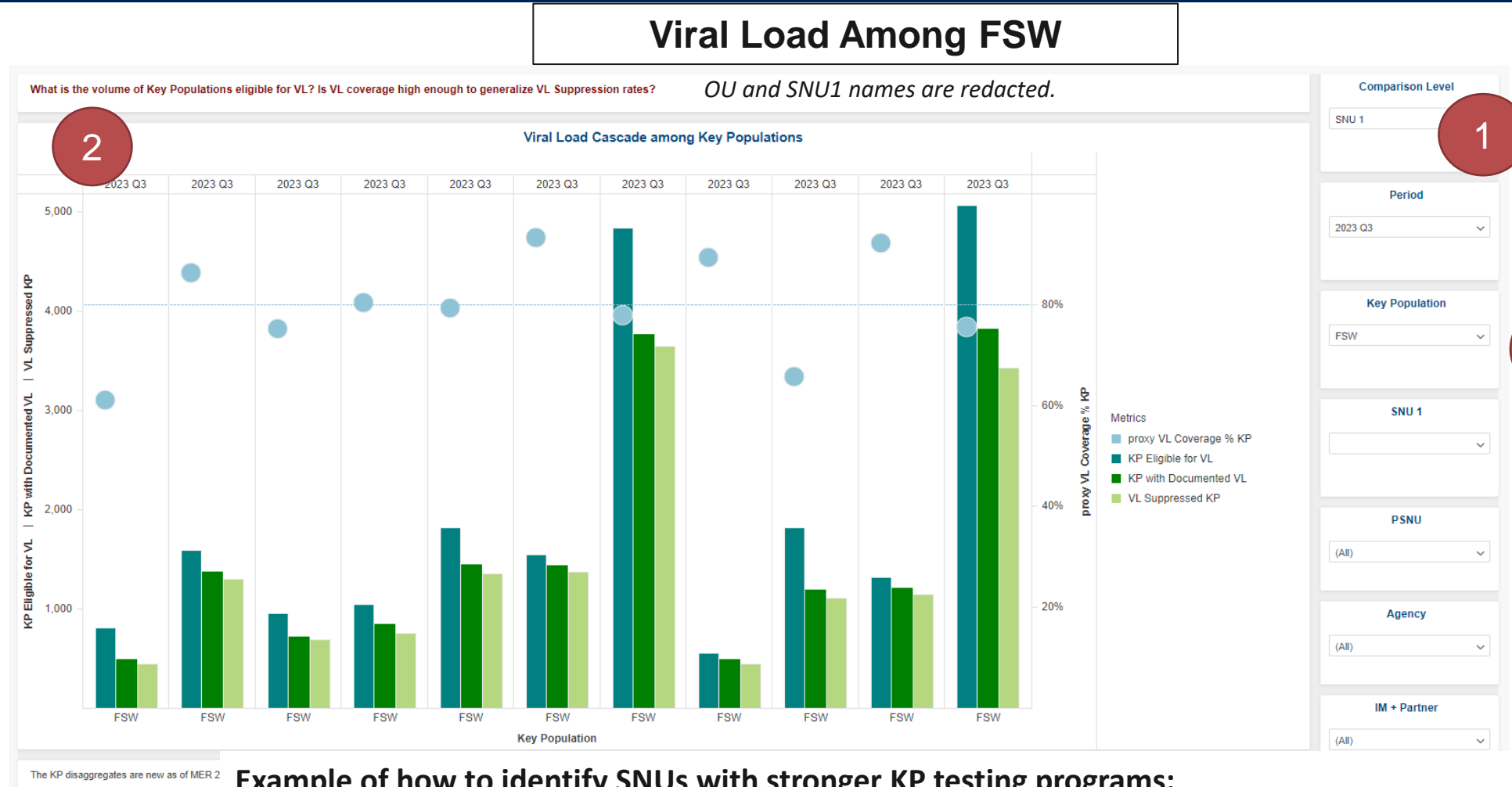
Example of how to identify SNUs with stronger KP testing programs:
1) Change "Comparison Unit" to SNU 1
2) Find the SNU 1 with the lowest viral load coverage
3) Refine further to find the SNU2, partner and KP group with the lowest viral load coverage

Data Visualization and Use Examples (cont.)

Additional dossiers with KP visuals:

- Key Populations Single OU & Global

- Clinical Cascade Single OU

- Testing Single OU & Global

- Treatment Single OU & Global

- Viral Load Single OU & Global

- Prevention Single OU & Global

Prevention Dossier

1) How many MSM and FSW have been identified as HIV negative in the area of interest (e.g. OU, SNU1, etc)?

2) How many have been reached with KP prevention services?

3) How many have been newly enrolled on PrEP and how many returned for a PrEP follow-up visit?
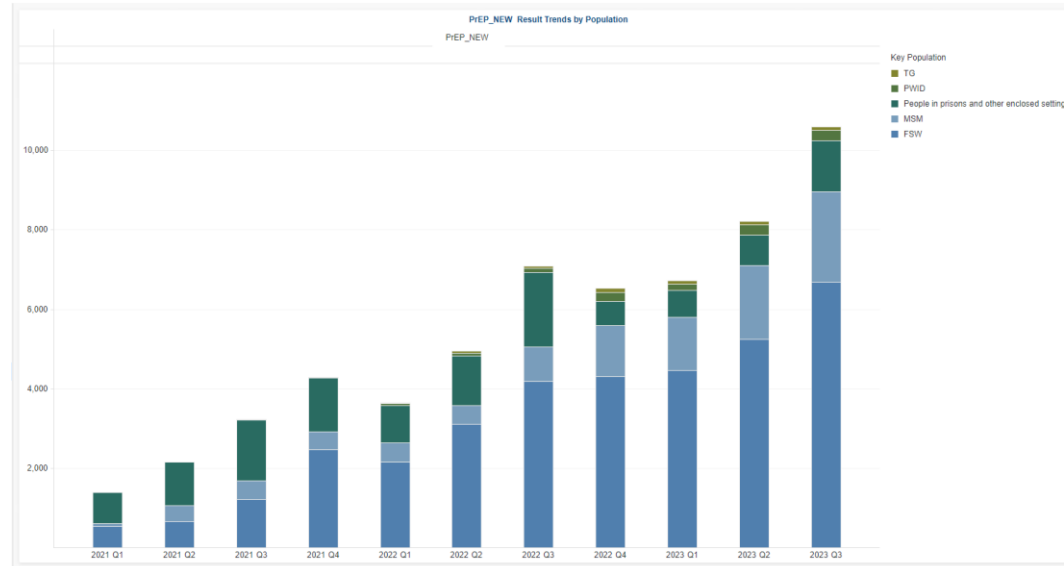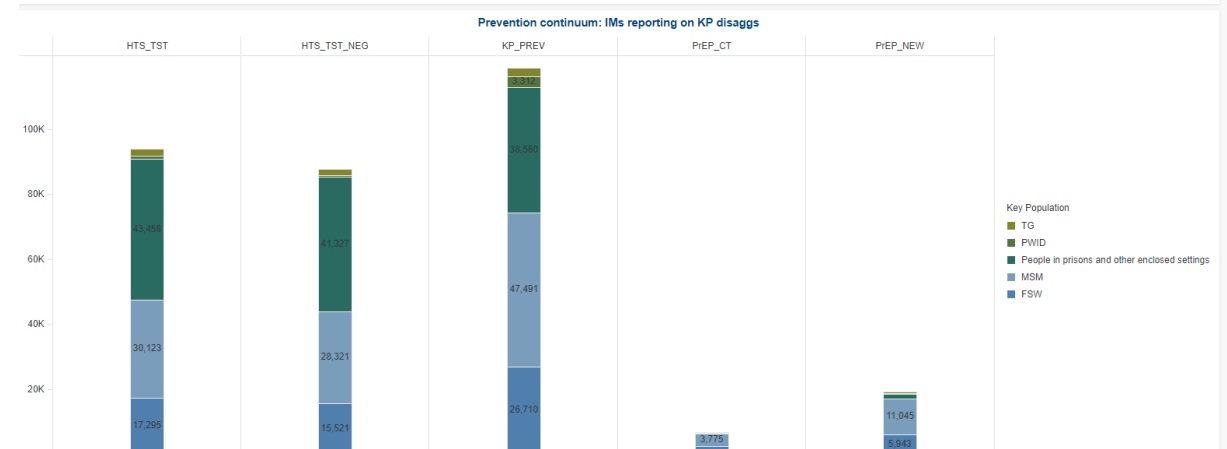
Source: pepfar-panorama.org; Prevention Dossier

Data Visualization and Use Examples (cont.)

Use the Panorama Analytic Workspace (PAW) Target Setting Tool dossier and the KP_PREV cascade page in the Key Populations Chapter to review the relationship between KP_PREV, HTS_TST, PrEP_NEW targets.
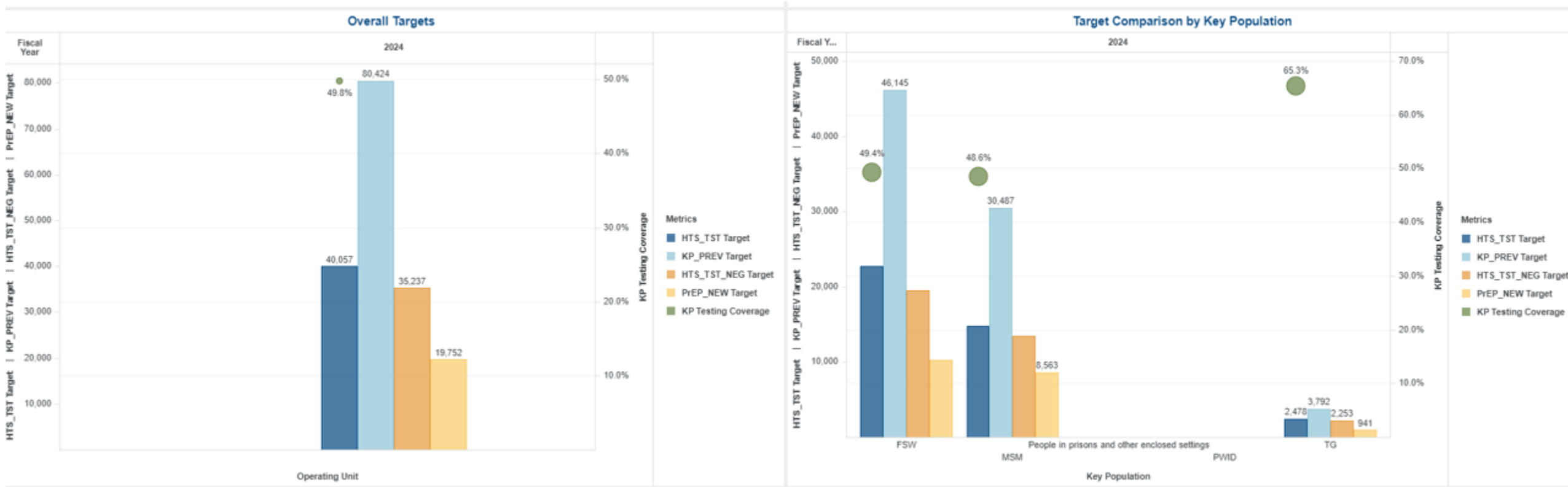
Data Visualization and Use Examples (cont.)

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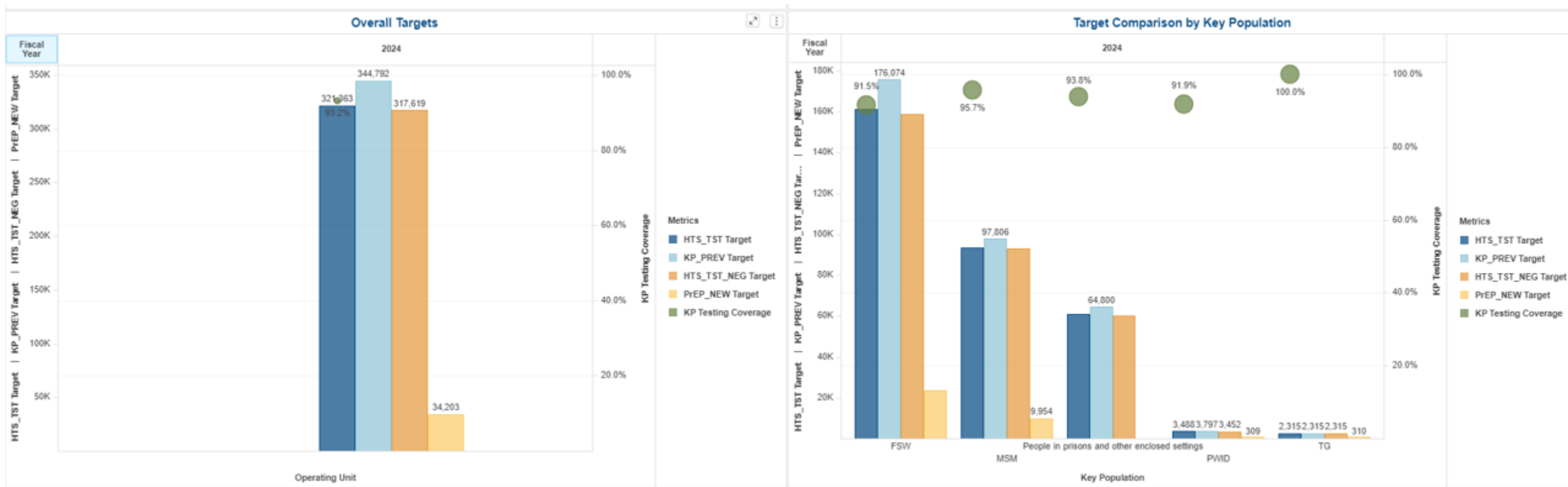
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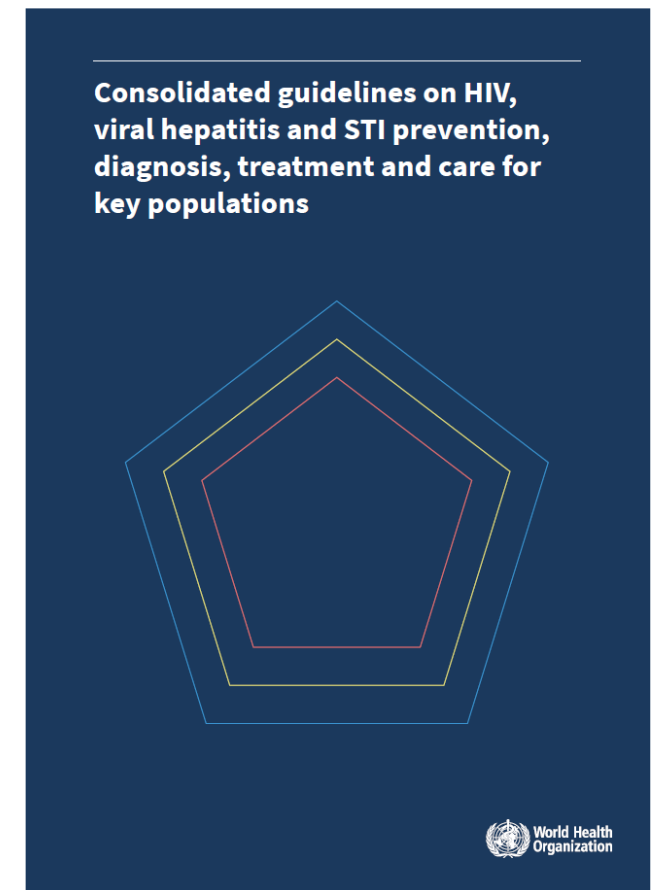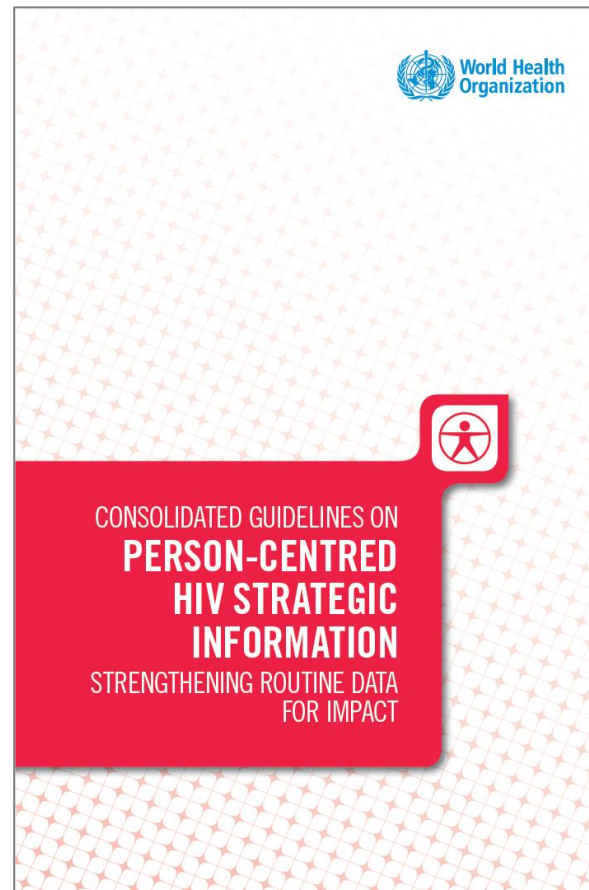
Additional Resources and Acknowledgements

Additional Resources:

- *[WHO Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations](#)*, *2022*

- *[WHO Consolidated guidelines on person-centred HIV strategic information: strengthening routine data for impact](#)*, *2022*

Acknowledgements

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