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

Prevention | GHSD

September 2023

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 Prevention



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Overview of Prevention

- There is a well-documented evidence base that shows that perpetration and experience of gender-based violence impacts uptake of and access to HIV prevention and treatment services.
- A strengthened continuum of response between violence prevention and clinical post-violence response services should be integrated into the HIV clinical cascade at key points, including within HIV prevention interventions, HIV testing (particularly index testing, recency testing, and partner notification), HIV care and treatment, PMTCT, ANC, KP, DREAMS, and OVC services.

Section 2: Indicator Changes in MER 2.7



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What's Changed?

Indicator	Change	Programmatic Rationale
PrEP_NEW	<ul style="list-style-type: none"> Added reporting disaggregates including pregnancy/breastfeeding status, PrEP distribution, and PrEP type. Updated guiding narrative questions 	To align with COP guidance, include additional eligible populations, and reflect usage of other PrEP options.
PrEP_CT	<ul style="list-style-type: none"> Added additional reporting disaggregates including PrEP distribution and PrEP type. Updated guiding narrative questions 	To align with COP guidance and reflect usage of other PrEP options.
PP_PREV	<ul style="list-style-type: none"> Added distribution of an HIV self-test kit (HIVST) for primary use as an option where HTS was mentioned instead of referral for HTS. 	Persons who 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/may be given an HIVST for primary use instead of a referral for HTS. An individual who receives an HIVST kit should also receive information about who to contact or a clinic to visit for confirmatory testing should the HIVST have a reactive result.



Section 3: Overview of Indicators



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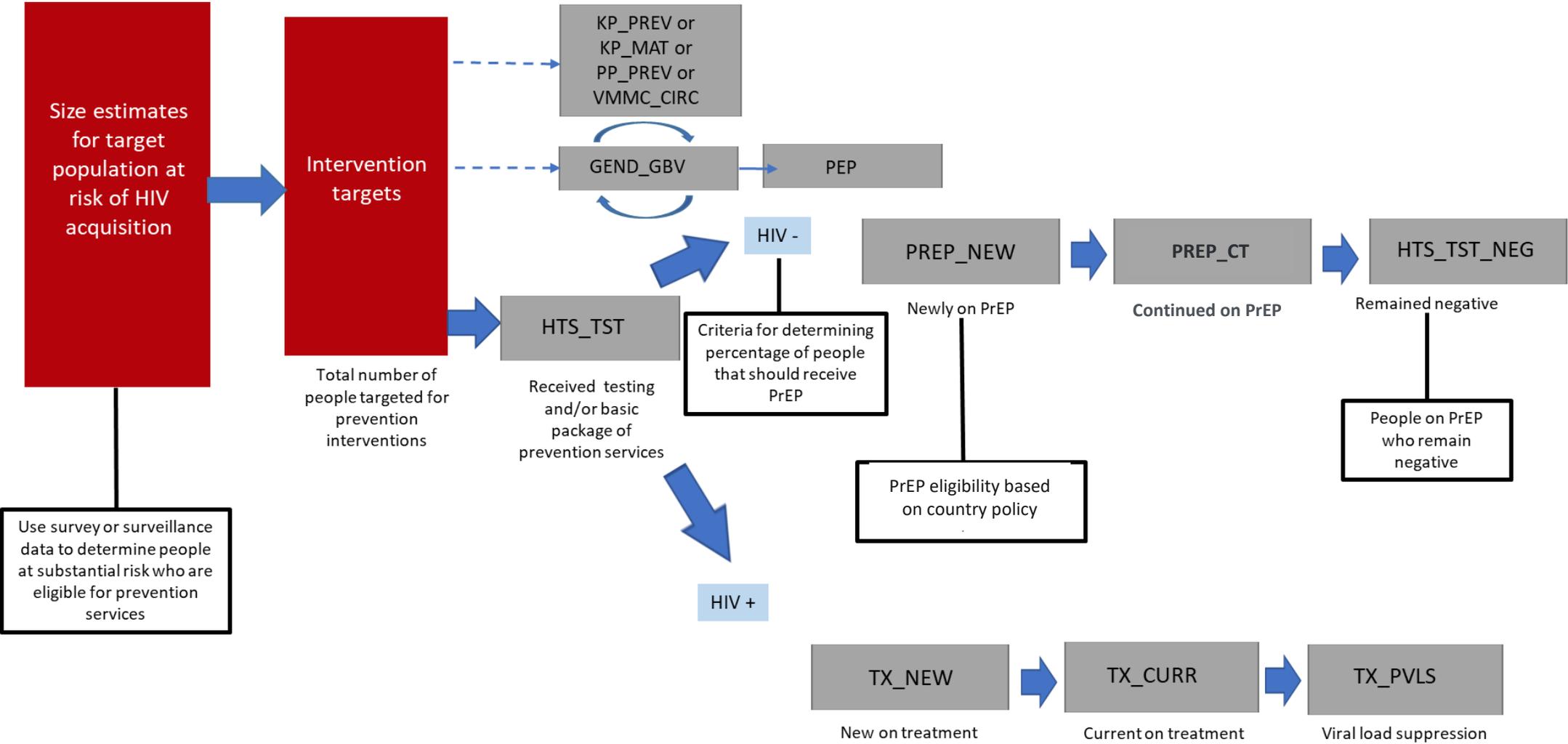
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Overview of General Prevention Indicators

Indicator Code	Indicator Name	Reporting Frequency	Reporting Level
GEND_GBV	# of people receiving post-gender-based-violence (GBV) clinical care based on the minimum package	Semi-Annual	Facility and Community
PP_PREV	# of priority populations reached with standardized HIV prevention intervention(s) that are evidence-based	Semi-Annual	Facility and Community
PrEP_NEW	# of individuals who have been newly enrolled on antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period	Quarterly	Facility
PrEP_CT	# 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

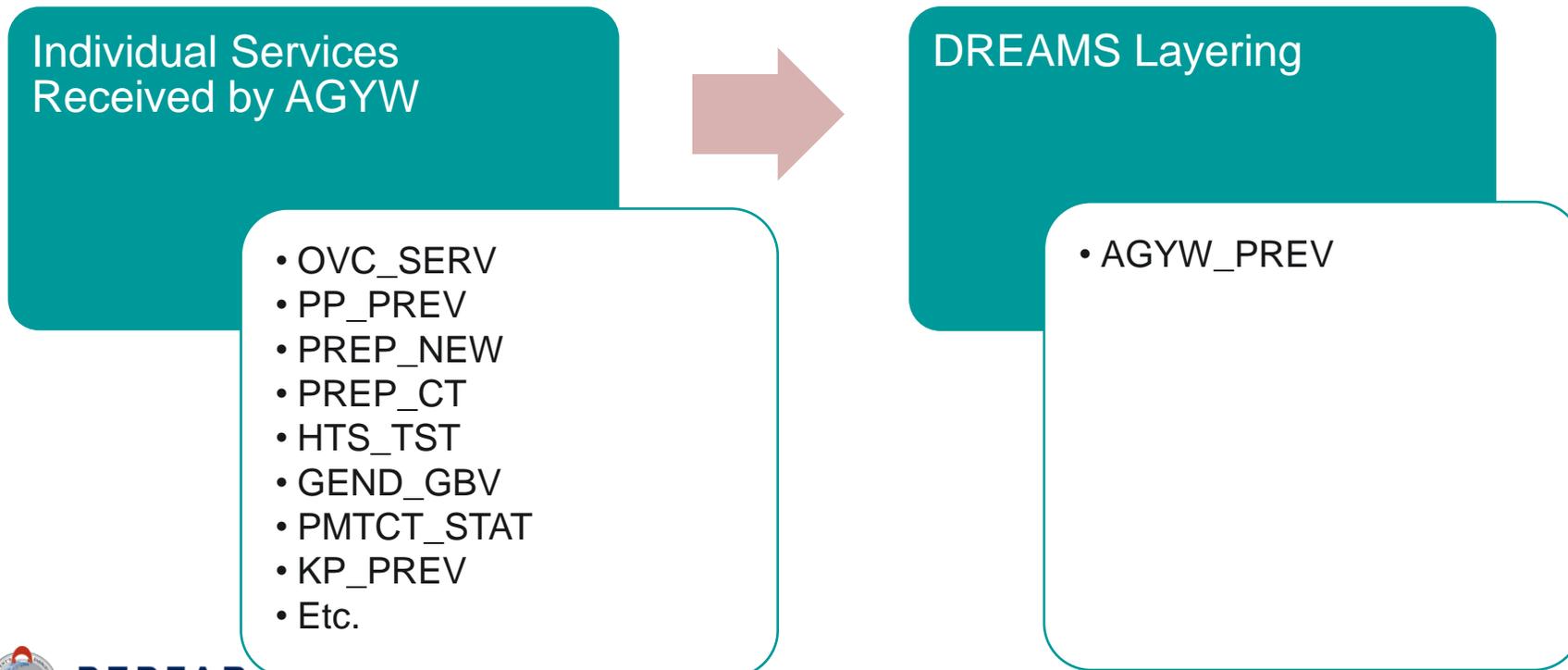
Note: Other prevention indicators are covered in other trainings (ex: KP_PREV, KP_MAT, AGYW_PREV, VMMC_CIRC)

Relationship Between Indicators



Relationship With AGYW_PREV

- AGYW_PREV tracks **layering** of DREAMS services/interventions **across budget codes and indicators** and is **complementary** to other MER indicators that track receipt of individual services
- For example, if an AGYW receives PrEP through DREAMS she would be counted under **PREP_NEW**, or if **returning to PrEP**, **PrEP_CT**, and this would also count towards her package completion for AGYW_PREV.



PP_PREV



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Indicator Definition: PP_PREV

Indicator Definition: Number of priority populations (PP) reached with the standardized, evidence-based intervention(s) required that are designed to promote the adoption of HIV prevention behaviors and service uptake

Numerator: # of the priority populations reached with standardized HIV prevention intervention(s) that are evidence based

Denominator: N/A

Numerator Description: The numerator is the number of individuals from each priority population reached with HIV prevention interventions during the reporting period. For the purposes of reporting, the team will sum the numbers reached in each of the priority populations and report that total (details of the priority populations reached should be explained in the narratives).

Numerator Disaggregates: PP_PREV

Disaggregate Groups	Disaggregates
Age/Sex [REQUIRED]:	<ul style="list-style-type: none">• 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+ M/F, Unknown Age M/F
Testing Services [OPTIONAL]:	<ul style="list-style-type: none">• Known positive, Newly tested and/or referred for testing, Declined testing and/or referral, Test not required based on risk assessment
Priority population type [OPTIONAL]:	<ul style="list-style-type: none">• Clients of sex workers, Displaced persons (e.g., refugees), Fishing communities, Military and other uniformed services, Mobile Populations (e.g., migrant workers, truck drivers), Non-injecting drug users, Other Priority Population Type (To be described in the narrative)

Definitions of Disaggregates: PP_PREV

- PP_PREV Testing Services Disaggregate [Required]:
 - **Known Positive:** Persons within each key population type for whom HIV testing is not indicated because they are known to be HIV-positive.
 - **Newly Tested and/or Referred for Testing:** 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 information about where and when they can access an HIV test at another nearby clinic.
 - **Declined Testing and/or Referral:** Persons who, after explaining 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 referred to a site where HIV testing is offered.
 - **Test not required based on risk assessment:** Persons who, based on screening or a risk assessment, do not require a test for HIV during the reporting period.



How to Use: PP_PREV

The indicator represents **PEPFAR-supported programming only** and helps to determine PEPFAR’s reach to priority populations. It may also help inform coverage of PEPFAR- supported programming for priority populations when reliable population size estimates are available.

Priority populations: Priority populations should be defined by each country in the indicator narrative and must have a documented HIV prevalence or incidence greater than the general population of the country.

Groups that might be counted as priority populations include:

Priority Populations	
Adolescent girls and young women (determined using the reported age/sex disaggregations)	Fishing communities
Adolescent boys and young men (determined using the reported age/sex disaggregations)	Military and other uniformed services
Adult men (determined using the reported age/sex disaggregations)	Mobile populations
Clients of sex workers	Non-injecting drug users
Displaced persons	

How to Use: PP_PREV

- **Package of interventions:** Together with the implementing partner, the OU team designs a set of interventions for each of the priority populations.
 - In a defined catchment area for the specific priority population, all prevention interventions may not be offered by one IP. However, all required interventions must be available in the catchment area for the priority population.
 - Interventions must adhere to written protocols, include goals and activities, and be designed to promote adoption of key behaviors that support HIV prevention and service uptake among the priority population(s). The interventions should comprise multiple encounters with the same individuals or groups.
- **Children 10-14 years of age who are receiving an approved primary prevention of HIV and sexual violence intervention should be reported under OVC_SERV OVC Preventive disaggregate and not PP_PREV. Please see the OVC_SERV reference sheet for further detail.**



How to Use: PP_PREV

- HIV testing services (HTS) 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 PREVENTION rather than for a partner's or another person's use) meets this requirement. If the individual is self identified as living with HIV, then HTS provision will not be a required element of this indicator.
- Conducting risk assessments or screening to determine the need for HIV testing also meets the HTS component of PP_PREV. For example, if there is a ten-year-old girl enrolled in DREAMS, we would anticipate that she would not need to be tested for HIV if a risk assessment is conducted.



How to Collect: PP_PREV

- Data collection requires reliable tracking systems that are designed to ***count the number of one-on-one encounters or participation in group interventions and that reduce double counting of individuals in a reporting period.***
- Data should be collected at every encounter/point of service and aggregated in time for PEPFAR reporting cycles.
- **This indicator only counts those interventions at the individual and/or group level.**
- A partner may count an individual (with unknown HIV serostatus or self-identified as HIV-negative) as having received a prevention intervention if they have provided HTS (or distributed an HIV self-test for an individual's own use) and/or HTS screening AND at least one of the other listed prevention interventions during the reporting period.



How to Collect: PP_PREV

- If an individual is already known to be living with HIV at the time of service delivery, she/he/they should receive at least one of the interventions listed in the table (outside of HTS) to qualify as being counted under this indicator.
- Tracking systems must be able to reduce double counting of individuals in a reporting period. An individual will be reported when she/he/they first receives any of the required interventions in the reporting period; ***if the same individual receives any subsequent interventions during the same reporting period they will be reported as a returning beneficiary and not counted again in the reporting period.***

The table below lists the interventions that must be offered in addition to HTS (or HTS screening/referral).

Required Interventions for Adult Populations	Required Interventions for Youth Populations
<ul style="list-style-type: none"> • Promotion of relevant prevention and clinical services and demand creation to increase awareness, acceptability, and uptake of these services. 	<ul style="list-style-type: none"> • Promotion of relevant youth-friendly prevention and clinical services and demand creation to increase awareness, acceptability, and uptake of these services.
<ul style="list-style-type: none"> • Information, education, and skills development to: reduce HIV risk and vulnerability; correctly identify HIV prevention methods; adopt and sustain positive behavior change; and promote gender equity and supportive norms and stigma reduction. 	<ul style="list-style-type: none"> • Information, education and skills development to: reduce HIV risk and vulnerability; correctly identify HIV prevention methods; adopt and sustain positive behavior change; and promote gender equity and supportive norms and stigma reduction.
<ul style="list-style-type: none"> • HTS screening or distribution of an HIVST; facilitated linkage to care and prevention services; and/or support services to promote use of, continuity of, and adherence to care. 	<ul style="list-style-type: none"> • HTS screening or distribution of an HIVST; facilitated linkage to care and prevention services; and/or support services to promote use of, continuity of, and adherence to care.
<ul style="list-style-type: none"> • Condom and lubricant (where feasible) promotion, skills building, and facilitated access to condoms and lubricant (where feasible) through direct provision or linkages to social marketing and/or other service outlets. 	<ul style="list-style-type: none"> • Condom and lubricant (where feasible) promotion, skills training, and facilitated access to condoms and lubricant (where feasible) through direct provision or linkages to social marketing and/or other youth-friendly, community-based service outlets.
	<ul style="list-style-type: none"> • Programs targeting adults to raise awareness of HIV risks for young people, promote positive parenting and mentoring practices, and effective adult-child communication about sexuality and sexual risk reduction.

How to Collect: PP_PREV

- De-duplication 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 PP_PREV in Q1-Q2 of the same fiscal year.
- **If possible, a unique identifier should be assigned to program participants or names can be collected to track individual participation in the prevention interventions/sites.**
- Site (facility and community) level system should maintain accurate registers for each individual priority population and sum these individual populations when reporting this indicator.

Example:

Patient ID: M123



PP_PREV Services received via PEPFAR supported program
FY 22 Q2

Patient ID: M123



PP_PREV Services received via PEPFAR supported program
FY 22 Q4

ONLY FY 22 Q2 visit reported
Critical de-duplication to track annual unique individuals

How to Review for Data Quality: PP_PREV

- 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.
- Testing services disaggregates should not exceed the numerator.

Guiding Narrative Questions: PP_PREV

1. Please help us understand what is being tracked or counted under PP_PREV:
 - a) Describe the types of activities or interventions that are being provided to beneficiaries.
 - b) If a specific evidence-based intervention or curriculum is being implemented, please provide the name.
 - c) Specify the priority populations counted under PP_PREV and if priority populations are either receiving the intervention themselves or indirectly benefiting from intervention, based on other beneficiaries' receipt or access to the intervention.
2. PP_PREV requires that "HIV testing services (HTS) or referring an individual to HTS (at least once during the reporting period) unless the individual self-identifies as HIV-positive."
 - a) Are you tracking the number of HTS referrals generated through PP_PREV activities? If so, please provide the number.
3. If PP_PREV increased or decreased by >25% since the last reporting period, please explain the reasons (e.g., budget changes, changes to how curriculum-based interventions are tracked, activities included in PP_PREV that were previously counted elsewhere, etc.).



GEND_GBV



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Indicator Definition: GEND_GBV

Indicator Definition: Number of people receiving post-gender-based violence (GBV) clinical care based on the minimum package

Numerator: Number of people receiving post-gender-based violence (GBV) clinical care based on the minimum package

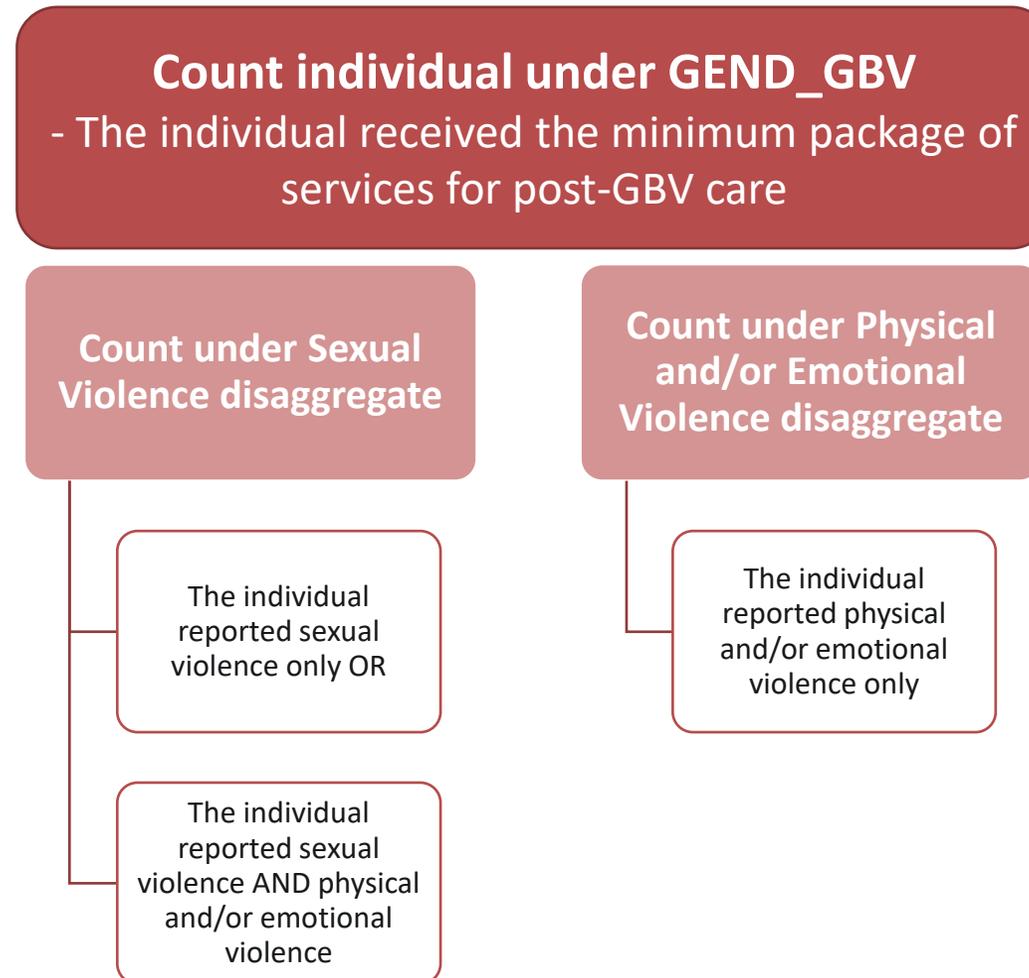
Denominator: N/A

Numerator Description:

This indicator DOES NOT include GBV prevention activities or non-clinical community-based GBV response.

Definitions of Disaggregates: GEND_GBV Violence Service Type/Age/Sex

Please note: individuals should not be counted in both sexual violence and emotional/physical violence **at a single visit**.



How to Use: GEND_GBV

- To determine the number of individuals that are suffering from GBV and reporting to clinical partners.
- To assess whether post-GBV clinical services are being used.
- Gain an understanding of the uptake of post-GBV clinical services offered across PEPFAR countries.
- Provide important information to key stakeholders about PEPFAR programs that mitigate women and girls' and other marginalized populations' vulnerability to HIV/AIDS.
- Support efforts to assess the impact of post-GBV clinical services by correlating the reach (i.e., number of people served) of these services over time with outcomes related to GBV (and HIV/AIDS), as described through other data collection efforts such as survey data (DHS/PHIA/VACS).
- Identify programmatic gaps by analyzing the number and ages of people receiving services, as well as the reach of services in particular geographic areas.



How to Collect: GEND_GBV

- Data sources are standard program monitoring tools, such as forms, log books, spreadsheets and databases that national programs and /or partners develop or already use.
- Data should be collected continuously at the point of service delivery (i.e., ANC, PMTCT, ART, etc.) and aggregated in time for PEPFAR reporting cycles.
- The indicator can be generated by counting the number of persons receiving post-GBV clinical care, disaggregated by the age group and sex of the client receiving the service, as well as the type of service (sexual violence or emotional/physical violence) and PEP provision (see below for disaggregation information).

How to Review for Data Quality: GEND_GBV

- Numerator \geq subtotal of each of the disaggregations: The number of people receiving post- GBV clinical care should be greater or equal to the sum of each individual disaggregate group.
- Total sexual violence numerator \geq PEP age/sex disaggregates for the same reporting period.

Data Quality Considerations: GEND_GBV

- This indicator measures delivery of a basic package of post-GBV clinical services (including PEP and EC) as a result of any GBV. It is not limited to GBV associated with any HIV service delivery activities and should not be interpreted as a measure of GBV associated with HIV service delivery activities.
- This indicator does not include GBV Prevention activities or non-clinical community-based GBV response (e.g., shelter programs, case management).

Guiding Narrative Questions: GEND_GBV

1. How are GBV cases identified in the community and/or at the facility? If cases are identified at the community, how are they referred to a facility for post-GBV clinical care?
2. Of those coming in for services who are screened and disclose sexual violence, what proportion receive PEP? What proportion of those who disclose sexual violence refuse PEP?
3. Is site level data on the type of violence disclosed collected? If so, please provide available data in the narratives on the proportion that disclose physical and/or emotional violence, and of those choose to receive services.
4. What proportion of clients experienced both sexual and physical/emotional violence?
 - a. Note: If clients experience both sexual and physical/emotional violence, they should only be counted under sexual violence to ensure that there is no duplication.



PrEP_NEW



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Indicator Definition: PrEP_NEW

Indicator Definition: Number of individuals who have been newly enrolled on pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period

Numerator: Number of individuals who were newly enrolled on pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period

Denominator: N/A

Numerator Description:

The numerator is generated by counting the number of people newly enrolled on PrEP (including WHO specified regimens “tenofovir-containing PrEP” during the reporting period, in accordance with the demonstration project guidance or the nationally approved protocol (or WHO/UNAIDS standards).

Numerator Disaggregates: PrEP_NEW

Disaggregate Groups	Disaggregates
Age/Sex [REQUIRED]	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+ F/M, Unknown Age F/M
Key Population Type [REQUIRED]	<ul style="list-style-type: none"> • People who inject drugs (PWID) • Men who have sex with men (MSM) • Transgender people (TG) • Female sex workers (FSW) • People in prison and other closed settings
NEW! Pregnancy/breastfeeding status [Optional]	<ul style="list-style-type: none"> • Pregnant • Breastfeeding
NEW! PrEP Distribution [Optional]	<ul style="list-style-type: none"> • Facility • Community (associated with a facility in DATIM)
NEW! PrEP Type [REQUIRED]	<ul style="list-style-type: none"> • Oral • Injectable • Other



Definitions of Disaggregates: PrEP_NEW

- **Age:** Age is defined as the age at the time of initiation of PrEP. For example, if a woman 19 years of age begins PrEP and then shortly after turns 20 years of age, she will still be counted under NEW in the 15-19 F age/sex category.
- **Pregnancy/breastfeeding status:** Should be confirmed at initiation
- **PrEP Type:** Refers to the number of individuals starting PrEP for the first time (outside of any clinical trial participation) who newly initiated one of the PrEP types during the reporting period. PrEP types include any indication or regimen for oral PrEP, long-acting injectable products, or other new products as they are approved for use. An individual should be counted under 'Injectable' for PrEP Type after they have received the first initiation injection dose for PrEP_NEW only if they have never been on any other PrEP regimen prior to initiating injectable PrEP.
- **PrEP Distribution:** The reporting level for this indicator is at the facility level. This disaggregate tracks if PrEP is delivered at a traditional fixed facility, or in a community or other non-traditional setting (still associated with a facility) such as through differentiated service delivery modalities. If PrEP is being provided at community-based locations, these locations should be connected to or have a relationship to a clinical facility. The community locations providing PrEP programming should count the number of individuals newly on PrEP being served through the community service delivery point, and then those data should be reported through the facility connected to those community locations.



How to Use: PrEP_NEW

- Measures the ongoing growth of PrEP initiations.
 - Critical to assess progress in the program's response to the epidemic in specific geographic areas, and the uptake of PrEP among persons at higher risk of HIV infection.
- Permits monitoring trends in PrEP use and now includes different PrEP product options.
 - Does not attempt to measure the cost, quality, or effectiveness of PrEP provided. These elements will each vary within and between countries and are liable to change over time.
- PrEP has been shown to reduce incident infections among several populations including sero-different couples, MSM, FSW, PWID, people in enclosed settings, and transgender people (TG). The WHO recommends that oral PrEP as well as other long-acting injectable products should be offered as an additional prevention choice for people at higher risk.

How to Collect: PrEP_NEW

- The numerator can be generated by counting the number of people who are newly enrolled on PrEP in the reporting period, in accordance with national guidelines (or WHO/UNAIDS standards). NEW is a state defined by an individual's starting PrEP for the first time (outside of any clinical trial participation).
- Individuals are “new” on PrEP only if they are **naive to antiretroviral therapy for prevention of HIV infection** in a program implementation setting and **have not received PrEP previously in any program at any other time**.
 - An individual should **NOT** be counted as NEW if they have previously taken any type of PrEP, **even if they are changing to a new PrEP type (e.g. from oral to injectable PrEP)**.
- If an individual is PrEP-naïve and is starting a long-acting injectable PrEP method, they should be counted under PrEP_NEW after they have received the first initiation injection dose.



How to Review for Data Quality: PrEP_NEW

How to Review for Data Quality: Numerator \geq subtotal of the age/sex disaggregation: The total number people newly enrolled on PrEP (numerator) should be greater or equal to the subtotal of the age/sex disaggregate group.

How to Calculate Annual Total: Sum results across quarters.

Guiding Narrative Questions: PrEP_NEW

1. What strategies are used to ensure PrEP is offered as part of a comprehensive HIV prevention package?
2. Roughly what proportion of those offered PrEP at the site agree to start PrEP?
3. Roughly how many of those offered PrEP and those starting PrEP have pregnant or breastfeeding status?

PrEP_CT



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Indicator Definition: PrEP_CT

Indicator Definition: Number of individuals, excluding those newly enrolled, that return for a follow-up visit or re-initiation visit to receive PrEP to prevent HIV during the reporting period

Numerator: Number of individuals that returned for a follow-up or re-initiation visit to receive PrEP during the reporting period

Denominator: N/A

Numerator Disaggregates: PrEP_CT

Disaggregate Groups	Disaggregates
Age/Sex [REQUIRED]	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+ F/M, Unknown Age F/M
Test Result [REQUIRED]	Positive, Negative, Other
Key Population Type [REQUIRED]	<ul style="list-style-type: none"> • People who inject drugs (PWID) • Men who have sex with men (MSM) • Transgender people (TG) • Female sex workers (FSW) • People in prison and other closed settings
Pregnancy/breastfeeding status [Optional]	<ul style="list-style-type: none"> • Pregnant • Breastfeeding
NEW! PrEP Distribution [Optional]	<ul style="list-style-type: none"> • Facility • Community (associated with a facility in DATIM)
NEW! PrEP Type [REQUIRED]	<ul style="list-style-type: none"> • Oral • Injectable • Other



Definitions of Disaggregates: PrEP_CT

- **Age:** Age is defined as the age at the time of initiation of PrEP. For example, if a woman 19 years of age begins PrEP and then shortly after turns 20 years of age, she will still be counted under NEW in the 15-19 F age/sex category.
- **Test result:** Test result is defined as the HIV testing result received by returning PrEP users. A person on PrEP should be receiving an HIV test according to national guidelines or at least once a quarter. In the unlikely event that an HIV test is not administered, or the result is not known, this test result should be counted as “Test result: Other.” There should be limited use of “Other” and every attempt made to report accurate test results for the visit reported under PrEP_CT in the given quarter.
- **Pregnancy/breastfeeding status:** Should be confirmed at initiation .
- **PrEP type:** Refers to the number of individuals starting PrEP for the first time (outside of any clinical trial participation) who newly initiated one of the PrEP types during the reporting period. PrEP types include any indication or regimen for oral PrEP, long-acting injectable products, or other new products as they are approved for use. An individual should be counted under ‘Injectable’ for PrEP Type after they have received the first initiation injection dose for PrEP_NEW only if they have never been on any other PrEP regimen prior to initiating injectable PrEP.
- **PrEP distribution:** The reporting level for this indicator is at the facility level. This disaggregate tracks if PrEP is delivered at a traditional fixed facility, or in a community or other non-traditional setting (still associated with a facility) such as through differentiated service delivery modalities. If PrEP is being provided at community-based locations, these locations should be connected to or have a relationship to a clinical facility. The community locations providing PrEP programming should count the number of individuals newly on PrEP being served through the community service delivery point, and then those data should be reported through the facility connected to those community locations.



How to Use: PrEP_CT

- Measures PrEP continuation and reinitiation.
- Tenofovir-containing oral PrEP reduces the risk of HIV acquisition among numerous populations when taken effectively. WHO guidelines recommend offering oral PrEP, as well as other long-acting injectable products to those at higher risk of HIV infection.
 - This level of elevated risk has been seen among serodifferent couples with inconsistent condom use when the partner living with HIV is not virally suppressed or when there are partners outside of the main relationship, pregnant and breastfeeding women, people in prison or other closed settings, MSM, transgender people (TG), sex workers of all genders, and PWID.
- PEPFAR supports WHO guidelines on the use of oral and long-acting injectable PrEP as part of a package of comprehensive structural, biomedical and behavioral prevention services.
 - In most settings, oral PrEP and new PrEP products will be integrated into existing prevention or treatment services for the target population.
 - As PEPFAR continues to scale up PrEP service delivery, monitoring ongoing PrEP service utilization will be important to understand which populations are using this prevention intervention.
 - Understanding engagement in PrEP services by population will help improve implementation strategies for those in highest incidence communities initiating PrEP and the strategies for supporting continuity of services.



How to Collect: PrEP_CT

- The **numerator** can be generated by **counting the number of individuals on PrEP that returned for a follow-up or re-initiation visit during the reporting period.**
 - PrEP_CT counts re-initiations and follow-up visits for individuals taking PrEP and intends to measure continuity of PrEP use.
- **Individuals should not be counted in PrEP_NEW and PrEP_CT in the same reporting period.**
 - **If an individual initiates PrEP during the reporting period and returns for a follow-up visit during the same reporting period, that individual should only be counted in PrEP_NEW.**
- If an established user has multiple follow-up visits within the same reporting period, **they should only be counted once** in accordance with their most recent visit in the reporting period. This applies to individuals on any PrEP method
- If an individual transitions from one PrEP method to a new PrEP method (e.g. from oral PrEP to injectable PrEP) they should be counted under PrEP_CT, **NOT** PrEP_NEW.
 - If a current PrEP user changes to a new PrEP type during the reporting period, **only the PrEP type at their most recent visit in the reporting period** should be recorded under the **‘PrEP Type’** disaggregate.



How to Collect: PrEP_CT (cont.)

- A person on PrEP should be receiving an HIV test according to national guidelines or at least once a quarter. **There should be limited use of “Other” under the Test Result disaggregate** and every attempt made to report accurate test results for the visit reported under PrEP_CT in the given quarter.
- If an individual returns for a follow up visit and tests positive for HIV, they should be counted under PrEP_CT, HTS_TST, HTS_TST_POS.
 - If the individual initiates PEPFAR-supported treatment, they should also be counted under TX_NEW and TX_CURR after successful transfer into the ART program.

How to Review for Data Quality: PrEP_CT

How to Review for Data Quality:

- Numerator \geq subtotal of test result disaggregate group.
- Numerator \geq subtotal of KP population type disaggregate group.
 - **NOTE:** In accordance with PrEP guidance, not all PrEP beneficiaries are expected to fall within the KP disaggregates, therefore the total disaggregation for KP does not have to sum to the numerator total.

How to Calculate Annual Total: **There is no annual total for PrEP_CT.**

- PrEP users who continue on PrEP across reporting periods will be counted in multiple reporting periods; therefore, to avoid double-counting, the numerator should not be summed across reporting periods.

Guiding Narrative Questions: PrEP_CT

1. What support does PEPFAR provide at this site in terms of staffing, commodities and laboratory services?
2. Roughly what is the client drop off after the PrEP initiation visit? After one-month?
3. Roughly what proportion of users return to PrEP services after previously discontinuing?
4. How are you tracking and/or finding individuals who have discontinued PrEP?
5. What reasons are individuals citing for discontinuing their use of PrEP?

FAQs for Counting PrEP_NEW and PrEP_CT

Q: How should we count a client who starts PrEP during the quarter and returns for a follow-up visit during the same quarter?

A: Clients should only be counted once during the reporting period. If a client starts PrEP during the quarter and returns for a follow up visit during the same quarter, they should only be counted as PrEP_NEW and will not be reported under PrEP_CT.

Q: Should a PrEP user that stopped PrEP two years ago and restarts now be counted as PrEP_NEW?

A: No, they should only be counted as PrEP_CT. PrEP_NEW should only be used for the very first time a client initiates PrEP. PrEP_CT should be used to track all clients who are reinitiating or returning to PrEP, *regardless of the length of time off PrEP*. For example, a person who previously took PrEP for one day and a person who was enrolled several years ago would both be counted under PrEP_CT when they return to PrEP.

Section 4: Data Use

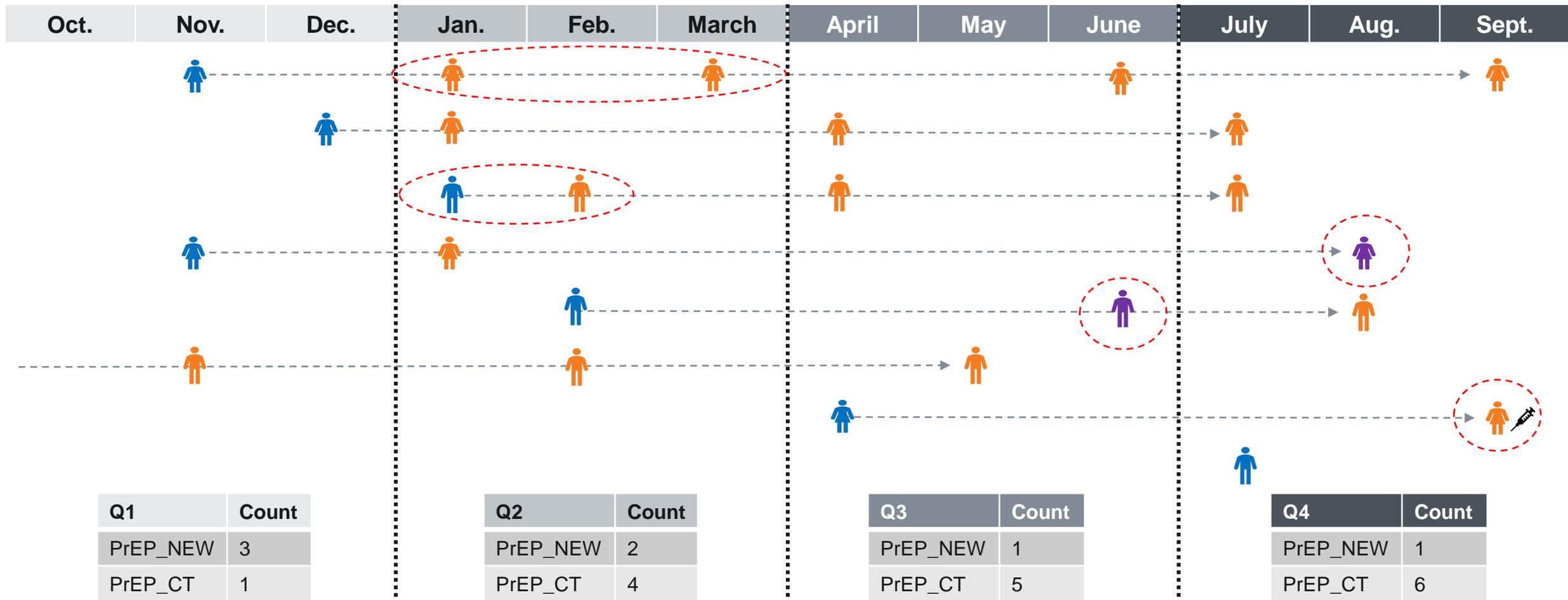


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Visualization: Counting and Reporting PrEP_NEW and PrEP_CT



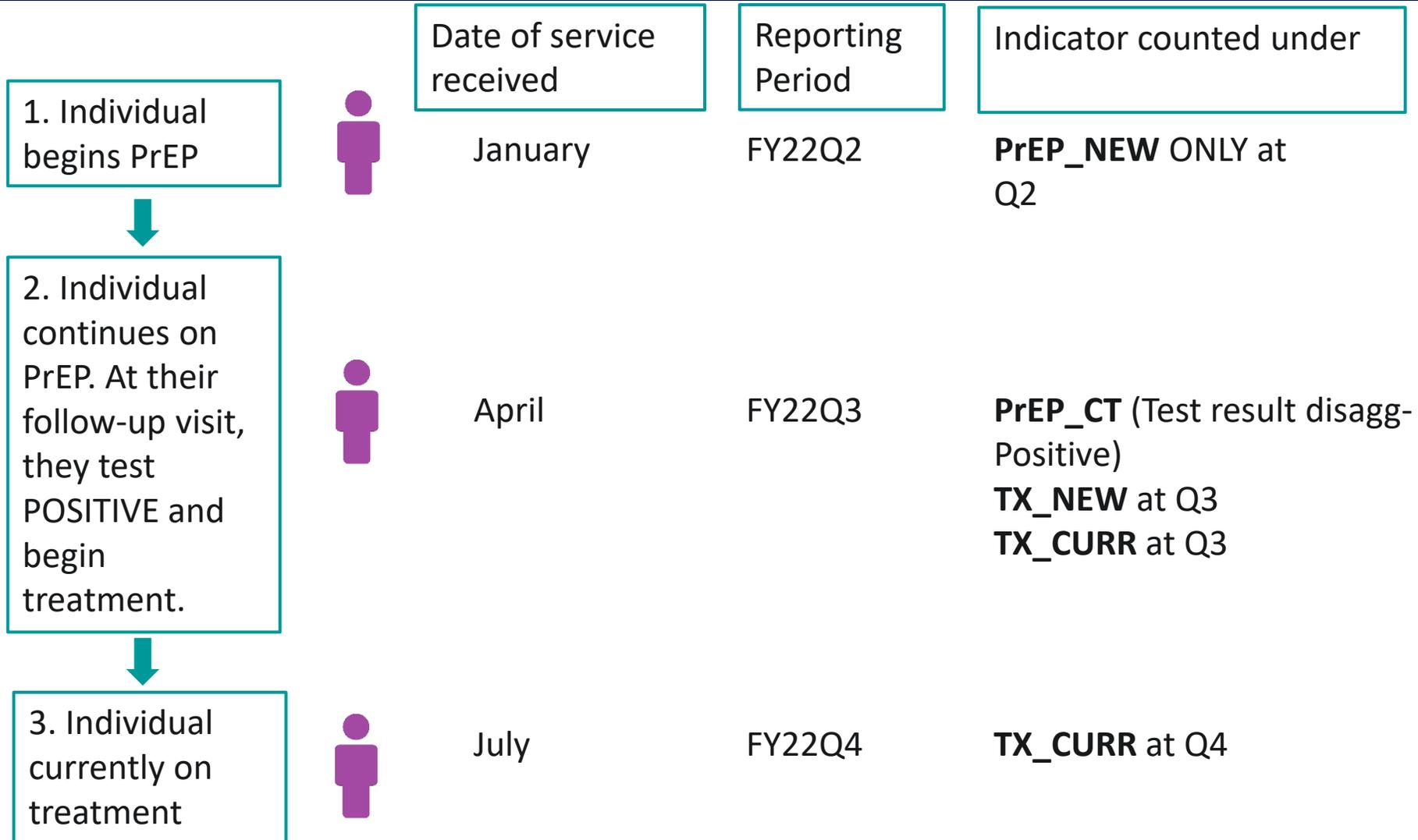
KEY:

 PrEP Initiation

 PrEP Follow-Up

 PrEP Re-Initiation

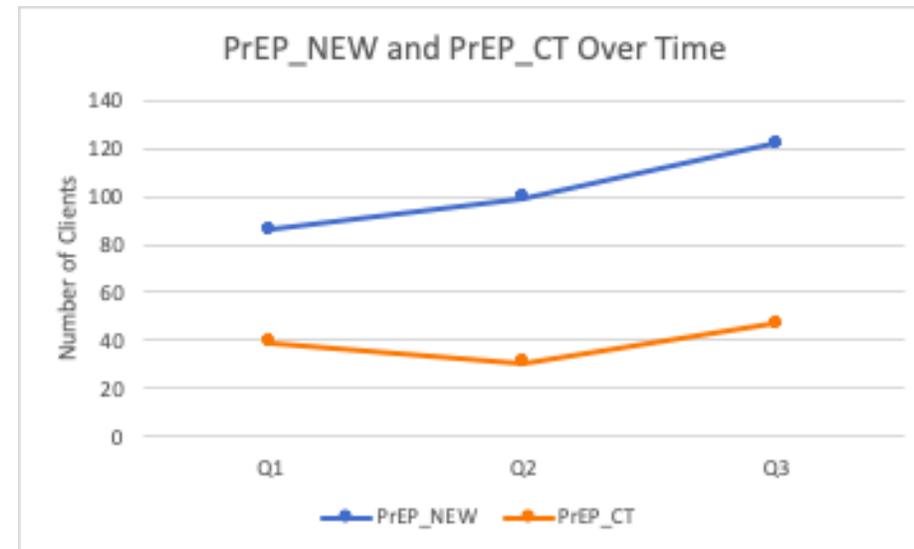
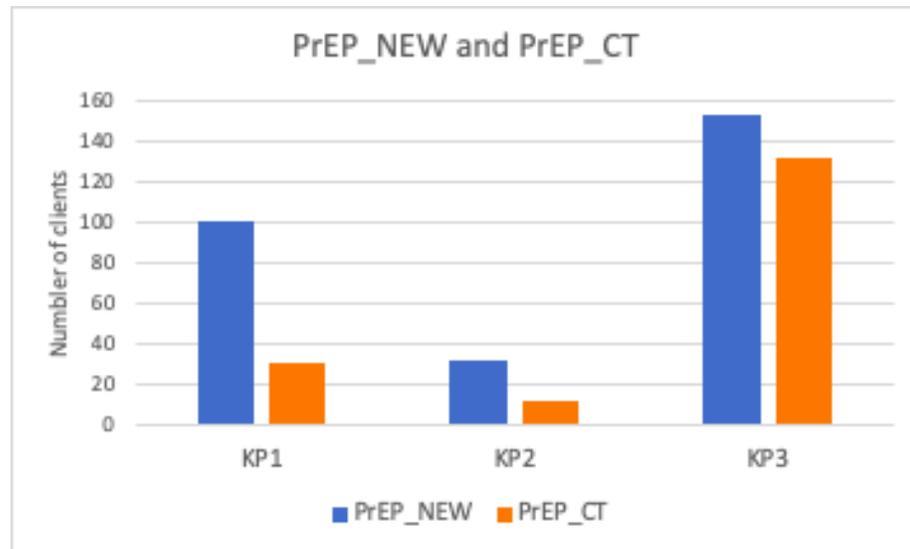
Example: Counting PrEP_NEW, PrEP_CT, and TX_NEW, TX_CURR



Example Visualizations for PrEP_NEW and PrEP_CT Results

For example, PrEP_NEW and PrEP_CT results can be used to identify:

- Groups (by KP, age/sex or geography) who receive PrEP refills and where there could be potential gaps in uptake and continuation.
- If trends over time between indicators change at the same, or different, rates.



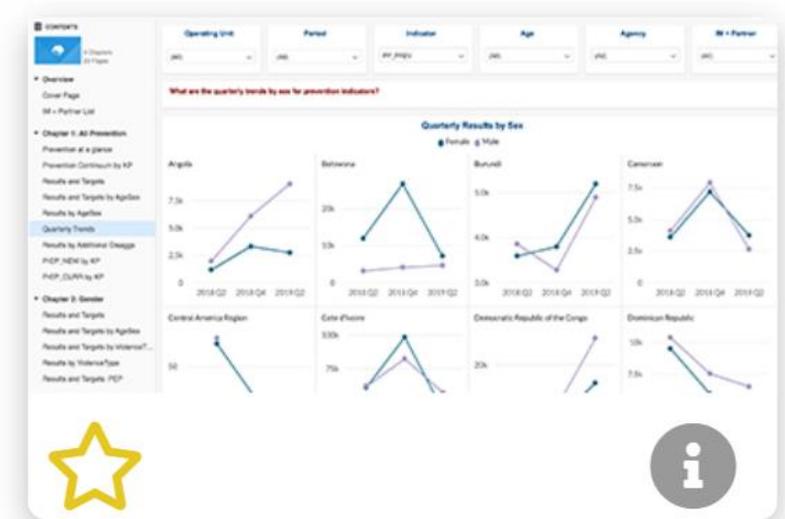
Prevention Data in Panorama: Prevention Dossiers

Chapters include:

1. All Prevention: GEND_GB, KP_PREV, PP_PREV, PrEP_CT, PrEP_NEW, VMMC_CIRC
2. PrEP: PrEP_CT, PrEP_NEW --> this dossier will be updated during Q1 and Q2
3. VMMC: VMMC_CIRC
4. Gender: GEND_GB
5. Narratives: IM level



Prevention: Single OU



Prevention: Global

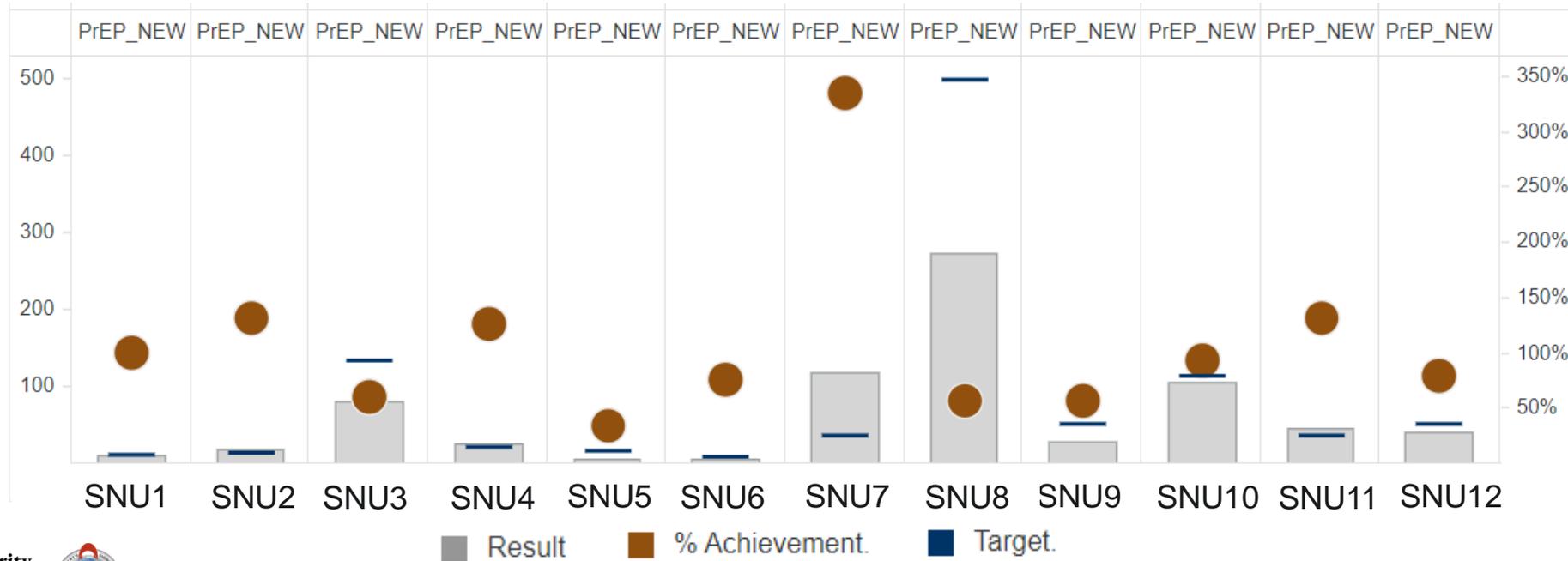
**These visuals are available to USG users only. PrEP chapters will be updated quarterly.*

Prevention Data in Panorama: PrEP_NEW

Analytic Questions:

- Which SNU had the highest PrEP_NEW results in FY21?
- Did they meet their target?
- What was the % achievement?

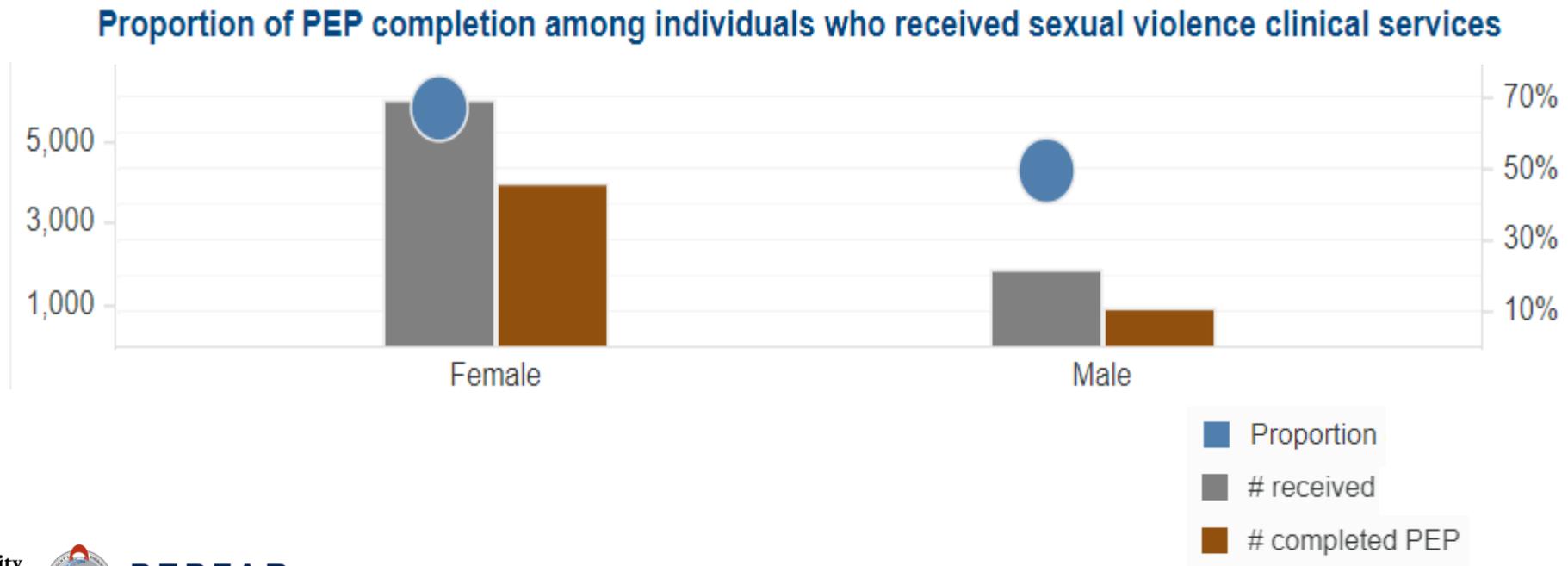
Results and Targets



Prevention Data in Panorama: GEND_GBV

Analytic Questions:

- What was the proportion of PEP completion among individuals who received sexual violence clinical services?
- How did completion rates differ by sex?



Section 5: Additional Resources and Acknowledgements



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Acknowledgments

Thank you to Robyn Eakle, Kathy Hageman, Sara Herbst, Austin Jones, Kristopher Mills, Nuha Naqvi, Steve Towers, Gabrielle White, and additional contributors.

Thank you!



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