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Monitoring, Evaluation, and Reporting (MER) Guidance (v.2.6): TREATMENT

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Video Outline

1) **Section 1:** Overview of the technical area and related indicators
2) **Section 2:** Indicator changes in MER 2.6
3) **Section 3:** Review of numerator, denominator, and disaggregates.
   - What is the programmatic justification and intention for the data being collected?
   - How are program managers expected to use this data to make decisions that will improve PEPFAR programming?
   - How does it all come together? How should the data be visualized (e.g., cascades)? How do these indicators relate to other MER indicators?
4) **Section 4:** Overview of guiding narrative questions
5) **Section 5:** Data quality considerations for reporting and analysis
6) **Section 6:** Additional Resources and Acknowledgments

Section 1: Overview of Treatment (TX)

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Summary of FY22 Treatment-Specific 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.

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Section 2:

Indicator changes in MER 2.6

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What's Changed?

Indicator	Change	Programmatic Rationale For Change
TX_CURR	Expansion of the 50+ age band to 50-54, 55-59, 60-64, 65+	Globally, 20% of TX_CURR data is in the 50+ age band. Collection of this data is needed for planning appropriate HIV services for older adults as well as integrated service needs.
TX_CURR and TX_NEW	Added an optional disaggregate for "focused population"	Some field teams are tracking treatment progress of populations of interest that are not KPs. Teams can opt to use this disaggregate to report when relevant and feasible.

What's Changed?

Indicator	Change	Programmatic Rationale For Change

TX_ML	• Updated disaggregate on Interruption in Treatment (IIT):
	  ○ Experienced treatment interruption of <3 months before returning to treatment
	  ○ Experienced treatment interruption of 3-5 months before returning to treatment
	  ○ Experienced treatment interruption of 6+ months before returning to treatment
	• Added optional KP disaggregate
		• The majority of TX_ML IIT data is currently in the 3+ months disaggregate. As MMD is further expanded, patients may be treatment longer before experiencing IIT.
		• Provide data on interruptions in treatment for KPs.

TX_RTT	• Added disaggregate on Interruption in Treatment (IIT):
	  ○ Experienced treatment interruption of <3 months before returning to treatment
	  ○ Experienced treatment interruption of 3-5 months before returning to treatment
	  ○ Experienced treatment interruption of 6+ months before returning to treatment
		Facilitate understanding of how long patients were off of ARVs and which sites are successfully returning patients to treatment within a shorter timeframe

Section 3:

Review of numerator, denominator, and disaggregates

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Indicator: 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

Numerator 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: Expansion of the 50+ Age Band

Why did we expand the TX_CURR 50+ age band?

- Expanded age bands reflect the current state of the epidemic.
- Globally, 20% of TX_CURR data is in the 50+ age band.
- Collection of this data is needed for planning appropriate HIV services for older adults as well as integrated service needs.

Age	TX_CURR (FY21 Q2)	Percent of TX_CURR in age band
Unknown Age	39,154	0%
<1	9,379	0%
1-4	100,163	1%
5-9	220,259	1%
10-14	310,098	2%
15-19	396,566	2%
20-24	894,098	5%
25-29	1,666,877	10%
30-34	2,356,853	14%
35-39	2,750,089	16%
40-44	2,605,596	15%
45-49	2,138,129	12%
50+	3,521,509	20%
<15	14,618	0%
15+	225,321	1%
Total	**17,248,709**	**100%**

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TX_CURR: Expansion of the 50+ Age Band

Evolution of PEPFAR Finer Age Bands for Results Reporting									
FY 2015 – FY 2016		FY 2017		FY 2018		FY 2019 – FY 2022		FY 2022 TX_CURR only	
Age	*Sex*	*Age*	*Sex*	*Age*	*Sex*	*Age*	*Sex*	*Age*	*Sex*
<1	M / F	<1	None	<1	None	<1	M / F	<1	M / F
1-4	M / F	1-9	None	1-9	None	1-4	M / F	1-4	M / F
5-9	M / F					5-9	M / F	5-9	M / F
10-14	M / F	10-14	M / F	10-14	M / F	10-14	M / F	10-14	M / F
15-19	M / F	15-19	M / F	15-19	M / F	15-19	M / F	15-19	M / F
20-24	M / F	20-24	M / F	20-24	M / F	20-24	M / F	20-24	M / F
25-49	M / F	25-49	M / F	25-29	M / F	25-29	M / F	25-29	M / F
				30-34	M / F	30-34	M / F	30-34	M / F
				35-39	M / F	35-39	M / F	35-39	M / F
				40-49	M / F	40-44	M / F	40-44	M / F
						45-49	M / F	45-49	M / F
50+	M / F	50+	M / F	50+	M / F	50+	M / F	50-54	M / F
								55-59	M / F
								60-64	M / F
								65+	M / F

Note: There will be a 50+ age band option for circumstances where reporting on 50-54, 55-59, 60-64, 65+ is not feasible.

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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 OGAC approval. Prior to entering data**, the country team should contact their PEPFAR Program Manager and SGAC_SI@state.gov to define one focused population for the OU.

TX_CURR: How to Count

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.

TX_CURR: How to Count (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)**

TX_CURR: Use of Results for Program Oversight and Improvement

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.

Indicator: 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: # 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 Disaggregates:

- See next slide

Indicator: TX_ML

Numerator 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+ M/F, 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+ M/F, 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)

Indicator: TX_ML

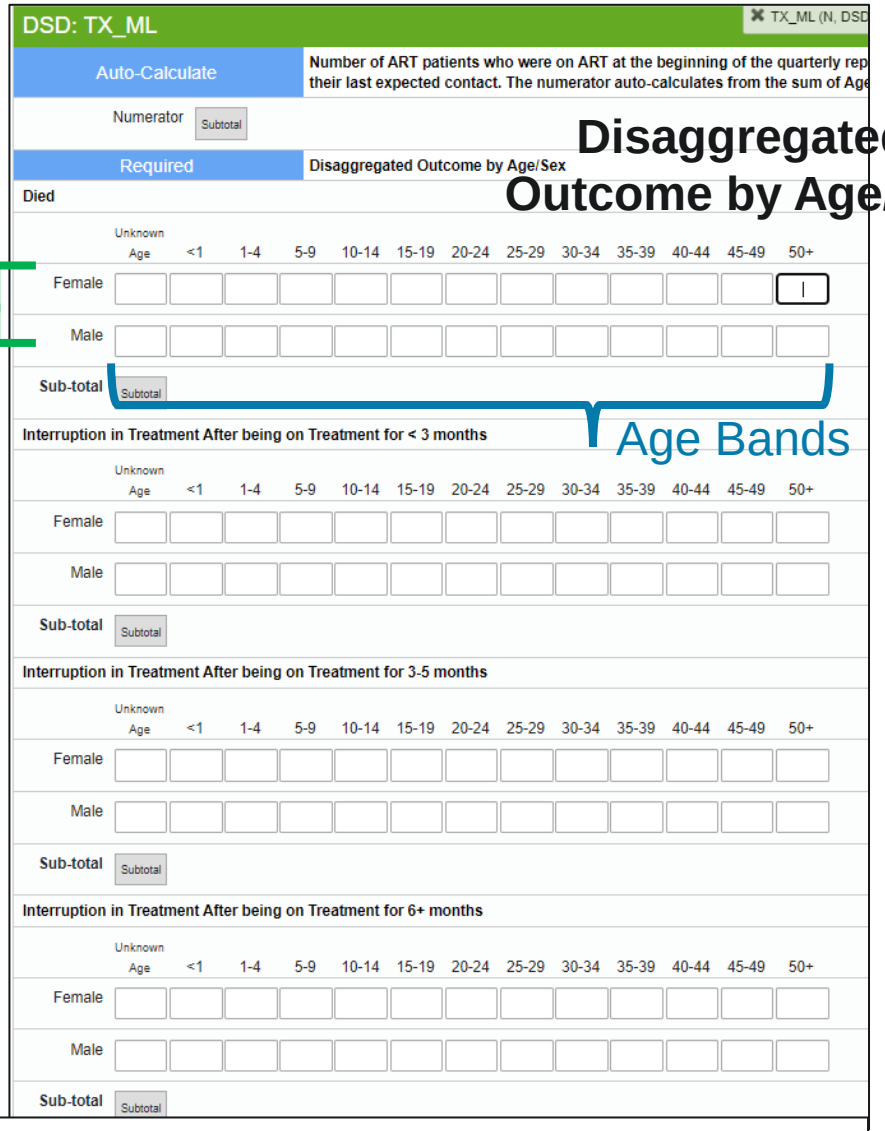
Data Entry Screen (1 of 2)

Died

IIT after being on treatment for <3 months

IIT after being on treatment for 3-5 months

IIT after being on treatment for 6+ months



Disaggregated Outcome by Age/Sex

Not shown: Additional outcomes and cause of death disaggregates

Indicator: TX_ML

Data Entry Screen (2 of 2)

Sex

Age

Disaggregated Outcome by Status/Key Population Type

Optional	Disaggregated by Status/Key Population Type: Data on key populations should be rep Age/Sex" section.					
	PWID	MSM	Transgender People	FSW	People in prison and other closed settings	Sub-totals
Died						Subtotal
On treatment for <3 months when experienced IIT						Subtotal
On treatment for 3-5 months when experienced IIT						Subtotal
On treatment for 6+ months when experienced IIT						Subtotal
Transferred Out						Subtotal
Refused (Stopped) Treatment						Subtotal

Outcome Disaggregates

KP Type

TX_ML: How to Count

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.

TX_ML: Use of Results for Program Oversight and Improvement

- 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

Indicator: 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 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+ 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

TX_NEW: How to Count

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.

TX_NEW: Use of Results for Program Oversight and Improvement

- 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.

Indicator: 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: # 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

Required Numerator Disaggregates:

- **Age/Sex:** <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+ M/F, Unknown Age M/F
- **Key population type:** PWID, MSM, TG, FSW, People in Prison
- **Duration of treatment interruption (IIT) before returning to treatment:**
  - 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

TX_RTT: How to Count

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.

TX_RTT: Use of Results for Program Oversight and Improvement

- 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.

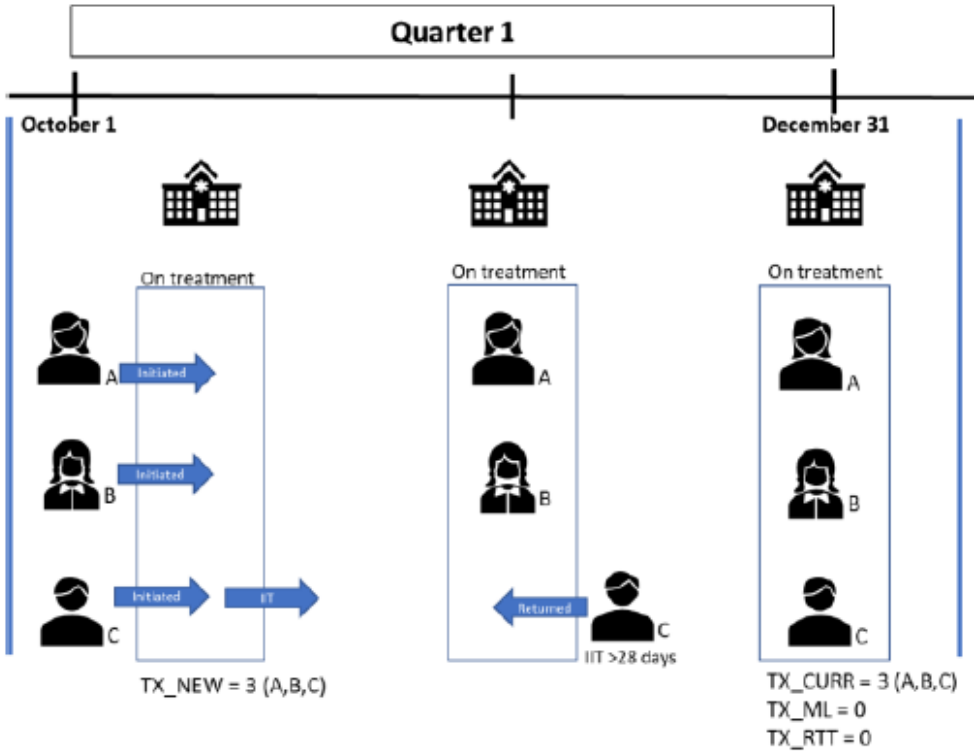
Visualizing Relationships Between Indicators

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.

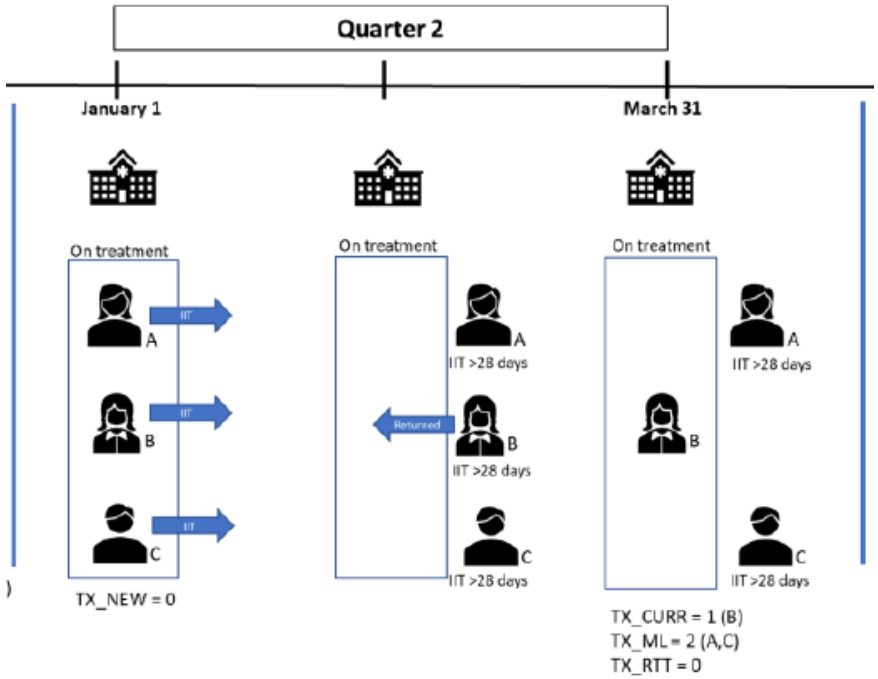


Relationship Between Treatment Indicators

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 <u>not</u> counted in TX_ML** because they are on treatment by the end of the reporting period**.**
- **Patient B is <u>not</u> 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.

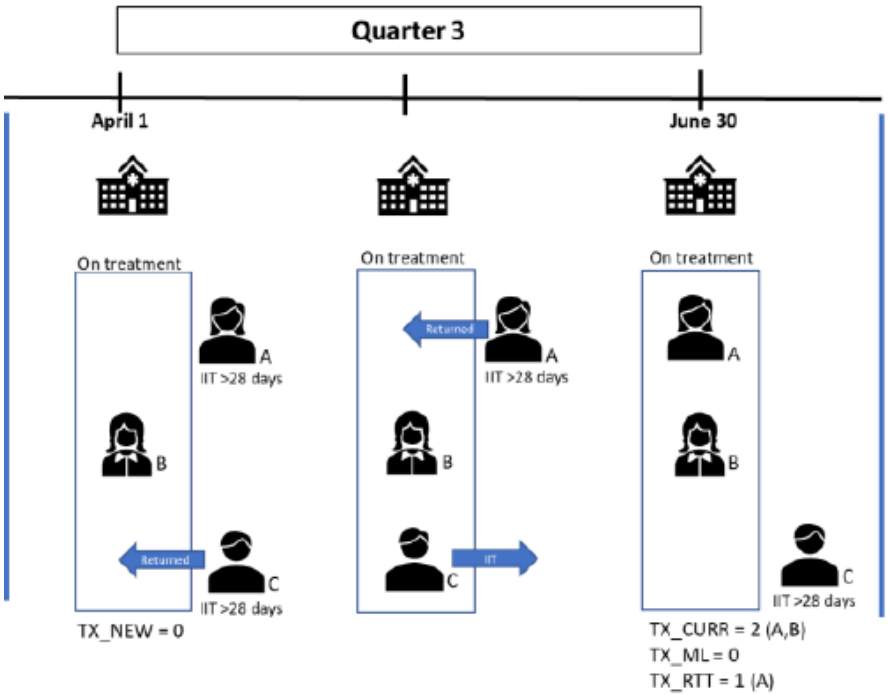


Relationship Between Treatment Indicators

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.



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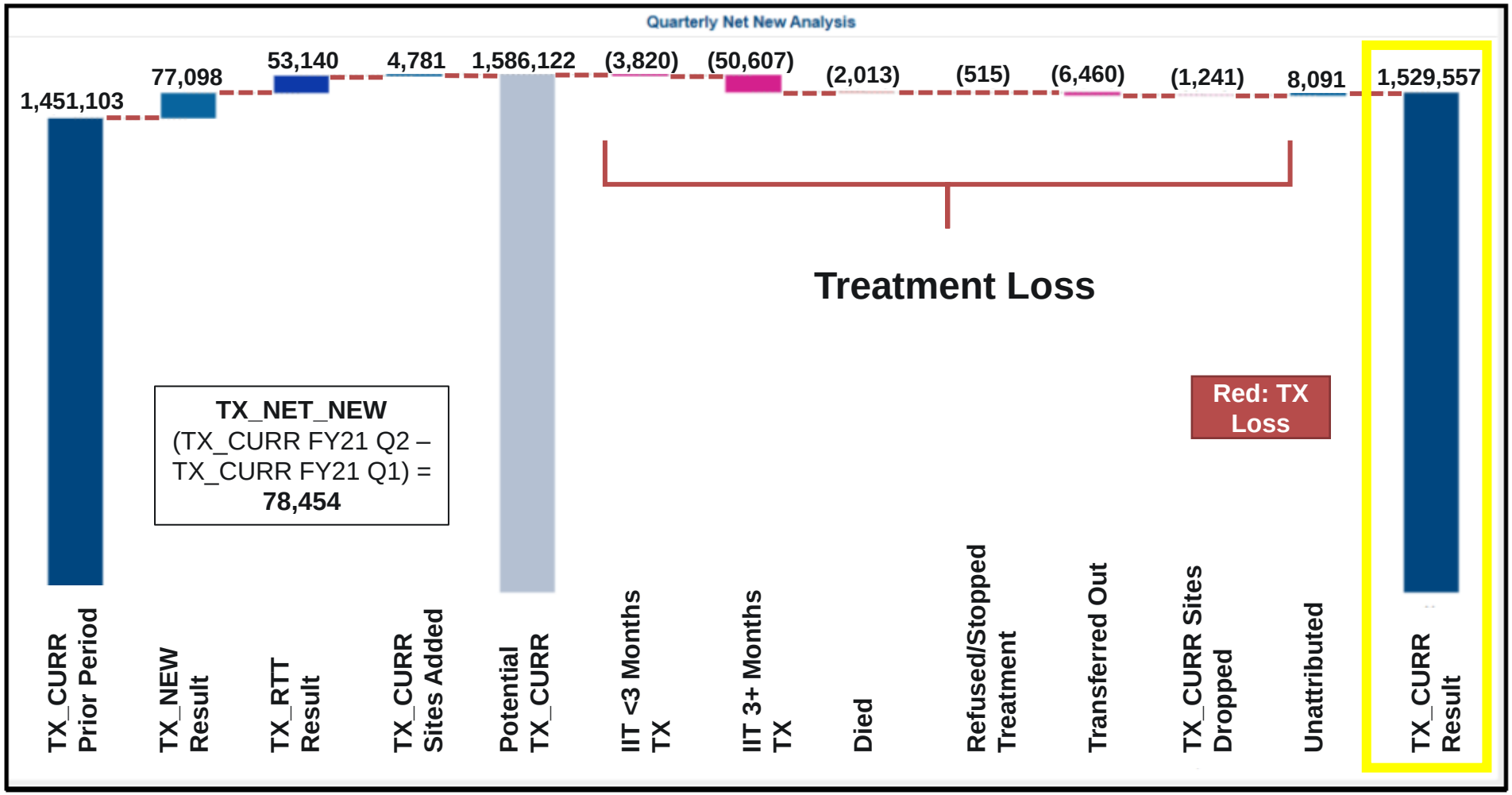
Bringing It All Together

Potential treatment client loss in one PEPFAR program in FY21 Q2



Section 4:

Overview of guiding narrative questions

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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.

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?**

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?

Guiding Narrative Questions: TX_RTT

1. **How long were people off of ARV?** 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 5:

Data quality considerations for reporting and analysis

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Data Quality Considerations: 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.

Data Quality Considerations: 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.

Data Quality Considerations: 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

Data Quality Considerations: TX_RTT

- Confirm that TX_CURR ≥ TX_RTT.

Section 6:

Additional Resources and Acknowledgments

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Acknowledgments

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Thank you!