PEPFAR Next Generation

• Working in partnership with host nations, PEPFAR will support the following legislative goals:

  – Treatment for at least 3 million people
  – Prevention
    • 12 million new infections averted (measured through modeling)
    • 80% coverage of testing and counseling among pregnant women
    • 80% coverage of ARV prophylaxis for HIV-positive pregnant women
  – Care for 12 million people, including 5 million orphans and vulnerable children
  – Professional training for 140,000 new health care workers
Next Generation of PEPFAR

The Next Generation of PEPFAR Guidance will strive to:

- increase country ownership of HIV/AIDS efforts and ensure that host countries are at the center of decision-making, leadership, and management of their HIV/AIDS programs.

To achieve this goal, the Next Generation Indicator Guidance:

- Aligns, where possible, with globally harmonized indicators already reported by many host nations;
- Minimizes PEPFAR-specific reporting requirements to allow PEPFAR country teams flexibility to design M&E plans in-line with host countries; and strikes a better balance between support for USG reporting needs and national M&E systems.
Directional Shifts

Better balance of USG reporting needs with country ownership

• PEPFAR HQ is working towards better alignment with indicator guidance of other international donors and organizations.
• PEPFAR HQ will focus on working towards policies and guidance that support better integration of PEPFAR reporting and target setting into national level processes as well as National M&E systems.

A work in progress...

• PEPFAR country teams may need to rely on existing parallel PEPFAR systems in the short term, but should continue working diligently to integrate these systems into the National M&E system.
Directional Shifts

Better global harmonization of indicators and reporting requirements

• Through the UNAIDS Monitoring and Evaluation Reference Group (MERM), PEPFAR and 18 other international multi-lateral and bi-lateral agencies (including UNAIDS, WHO, UNICEF, the GFATM) have obtained a degree of harmonization and have agreed upon a minimum set of standardized indicators.

• The UNGASS and the Core National Set of indicators were used as the initial foundation for the PEPFAR Next Generation Indicators.
Directional Shifts

Better in-country harmonization of indicators

- USG PEPFAR country teams are encouraged to continue working with host national governments and other donors to achieve a harmonized set of national indicators.
- The national set should include wherever possible harmonized global indicators, but additional indicators will also be needed to satisfy the information needs of the country program.
- PEPFAR and other donor reporting requirements will need to be considered for inclusion in the national indicators sets.
Focus on Measures of Coverage and Program Quality

• More attention to coverage
• More attention to program quality

Measures of Cost

• PEPFAR will seek program costs and estimates of cost-effectiveness as part of routine monitoring and reporting
Directional Shifts

Move from Downstream/Upstream to PEPFAR (Direct)/National

- Moving forward, PEPFAR will no longer require reporting of “upstream” or “indirect” results.
- PEPFAR will continue to require results that reflect the direct achievements of the PEPFAR program.
- PEPFAR will also require national level results be reported on a small core set of indicators.
- Methodology to determine how counting toward PEPFAR legislative goals will be derived from these data is under development at OGAC/PEPFAR HQ.
Indicator Classifications

1. By importance/aggregation level:
   - Essential/Reported to HQ
   - Essential/Not Reported to HQ (monitored in country)
   - Recommended for monitoring in country

2. By reporting level:
   - PEPFAR Program (Partner or Program Summary)
   - National

3. By standard M&E classification:
   - Output
   - Outcome
   - Impact
Classification: By Importance and Aggregation

**Essential/Reported**
- Reported to PEPFAR Headquarters
- Standardized definitions for all countries as defined in the indicator guidance
- Allows program comparison across countries

**Essential/Not Reported**
- Not reported to PEPFAR Headquarters
- May vary in definition by country given that many national programs have core data sets in place and have adopted variations of these indicators.
Classification: Reporting Level

PEPFAR Program

• Intervention or activity associated with direct service provision at a unique program or service delivery point that receives USG PEPFAR support (See appendix 5 in guidance).

Output (achievement or deliverable) of a partner working in areas such as health workforce, policy, information systems, medical products and commodities, financing, leadership, or governance.

National

• Expected or realized achievements of all contributors to a country’s HIV program led by host country government and contributed to by all of its stakeholders, donors, and civil society organizations, ideally this would include both private and public sectors.
• Target setting and results reporting at national level.
<table>
<thead>
<tr>
<th>Indicator No.</th>
<th>Type</th>
<th>Data Source</th>
<th>Reporting Requirements</th>
<th>Indicator</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>C2.4.D</td>
<td>PEPFAR Output</td>
<td>Routine Program</td>
<td>Essential/Reported</td>
<td>TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment settings</td>
<td>Partially GF collaborative activities #TB/HIV-1</td>
</tr>
<tr>
<td>C2.5.D</td>
<td>PEPFAR Output</td>
<td>Routine Program</td>
<td>Essential/Reported</td>
<td>TB/HIV: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB Treatment</td>
<td>Partially UNGASS #6</td>
</tr>
</tbody>
</table>
# Session 2: CARE

Essential/not reported

<table>
<thead>
<tr>
<th>Indicator No.</th>
<th>Type</th>
<th>Data Source</th>
<th>Reporting Requirements</th>
<th>Indicator</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>C3.1.N</td>
<td>National Outcome</td>
<td>Routine Program</td>
<td>Essential/Not Reported</td>
<td>Percent of TB patients who had an HIV test result recorded in the TB register</td>
<td>UNAIDS Additional #6</td>
</tr>
<tr>
<td>C3.2.N</td>
<td>National Outcome</td>
<td>Intermittent Program survey, special study</td>
<td>Essential/Not Reported</td>
<td>Percent of estimated HIV-positive incident TB cases that received treatment for TB and HIV</td>
<td>UNGASS #6</td>
</tr>
</tbody>
</table>

Care Sub Area 3: Clinical/Preventive Services - Additional TB/HIV
## Session 2: CARE
Re Communended

<table>
<thead>
<tr>
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<th>Reporting Requirements</th>
<th>Indicator</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Care Sub Area 2: Clinical Care</strong></td>
<td></td>
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<tr>
<td>C2.6.D</td>
<td>PEPFAR Output</td>
<td>Routine Program</td>
<td>Recommended</td>
<td>TB/HIV: Number of eligible HIV positive patients starting Isoniazid Preventive Therapy (IPT)</td>
<td>Partially GF TB/HIV #TB/HIV-4</td>
</tr>
<tr>
<td><strong>Care Sub Area 3: Clinical/Preventive Services - Additional TB/HIV</strong></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>C3.1.D</td>
<td>PEPFAR Output</td>
<td>Routine Program</td>
<td>Recommended</td>
<td>Number of TB patients who had an HIV test result recorded in the TB register</td>
<td>UNAIDS Additional #6</td>
</tr>
<tr>
<td>C3.3.N</td>
<td>National Outcome</td>
<td>Intermittent Program survey, special study</td>
<td>Recommended</td>
<td>Percent of HIV-positive patients who were screened for TB in HIV care or treatment settings</td>
<td>Partially GF collaborative activities #TB/HIV-1</td>
</tr>
</tbody>
</table>
Implementing Experience

Phased process:

1. SI WG calls, comment periods, stakeholder dialogue sessions
2. USG teams consult with host governments and other partners
3. First articulation being introduced in 2010 COPs (due in Oct and Jan)
1. Productive collaborative process: UNAIDS-WHO-PEPFAR
2. CRITICAL: Has MOH adopted revised M&E indicators?
3. TB/HIV indicators part of larger process; risk to be subsumed
4. Globally harmonized... perceived as globally imposed/top-down?
5. Don’t underestimate time to revise forms, train and roll-out.
6. Anecdotal info that partners feel indicators help monitor (and promote) collaborative activities
7. Consider time and resources needed for implementation