

ARV Services	
Indicator code: TX_CURR	1 Number of adults and children receiving antiretroviral therapy (ART)(CURRENT)
Purpose: This indicator assists in assessing progress towards ART coverage for all eligible HIV-positive individuals. The indicator measures the ongoing scale-up and up-take of and retention in ART programs. This measure is critical to monitor relation to the number of PLHA that are estimated to be eligible for treatment to assess progress in the programs coverage of those eligible and the response to the epidemic in specific geographic areas and population as well as at the national level. Reporting the numbers of patients currently enrolled on ART at the national and overall PEPFAR program levels is critical to monitoring the HIV service cascade, specifically the successful linkage between HIV diagnosis, enrollment in care services, initiating ART, and being retained on ART.	
NGI Mapping:	T1.2.D continuing - same indicator with modified disaggregations; no impact on trend analysis
PEPFAR Support Target/Result Type:	<u>Both Direct Service Delivery (DSD) and Technical Assistance-only (TA-only)</u> targets and results should be reported to HQ
Numerator:	1 Number of adults and children with HIV infection receiving antiretroviral therapy (ART)
Denominator:	N/A
Disaggregation(s):	1 Age/Sex: <ul style="list-style-type: none"> • Finer disaggregates: <1 Males, <1 Females, 1-4 Males, 1-4 Females, 5-14 Males, 5-14 Females, 15+ Males, 15+ Females • Aggregated groupings:¹⁰ <1 Male, <1 Female, <15 Male, 15+ Male, <15 Female, 15+ Female
	3 Recommended: Key populations: SW, MSM/TG, PWID
Data Source:	Facility ART registers/databases, program monitoring tools, or drug supply management systems.
Data Collection Frequency:	Data should be collected continuously at the facility level as part of service delivery. Data should be aggregated in time for PEPFAR reporting cycles. In addition, data should be aggregated periodically, e.g. quarterly, for the purposes of program management and review.
Method of Measurement: Data for this indicator can be generated by counting the number of adults and children who are currently receiving ART in accordance with the nationally approved treatment protocol (or WHO/UNAIDS standards) at the end of the reporting period. The current on ART count should equal the number of adults and children with HIV infection who ever started	

¹⁰ Operating units are only to report the aggregated groupings when reporting of finer age disaggregates is not yet feasible. Report only one of the two: either the finer age disaggregates or the aggregated groupings. Concurrent collection of these data will be time-limited while capacity is built for collection and reporting of finer age disaggregations.

ART minus those patients who are not currently on treatment at the end of the reporting period.

- Patients on ART who initiated or transferred in during the reporting period should be counted.
- Patients that pick up several months of antiretroviral drugs at one visit, which include ART received for the last month of the reporting period, but not be recorded as visits for the last month should be included in the count.
- HIV-positive pregnant women who are eligible for and are receiving antiretroviral drugs for their own treatment are included. HIV-positive pregnant women initiating lifelong ART through PMTCT (including Option B+) will count as “current” on ART under this indicator. These include HIV-infected pregnant women who:
 - Have newly initiated ART during the current pregnancy
 - Are already on ART at the beginning of the current pregnancy

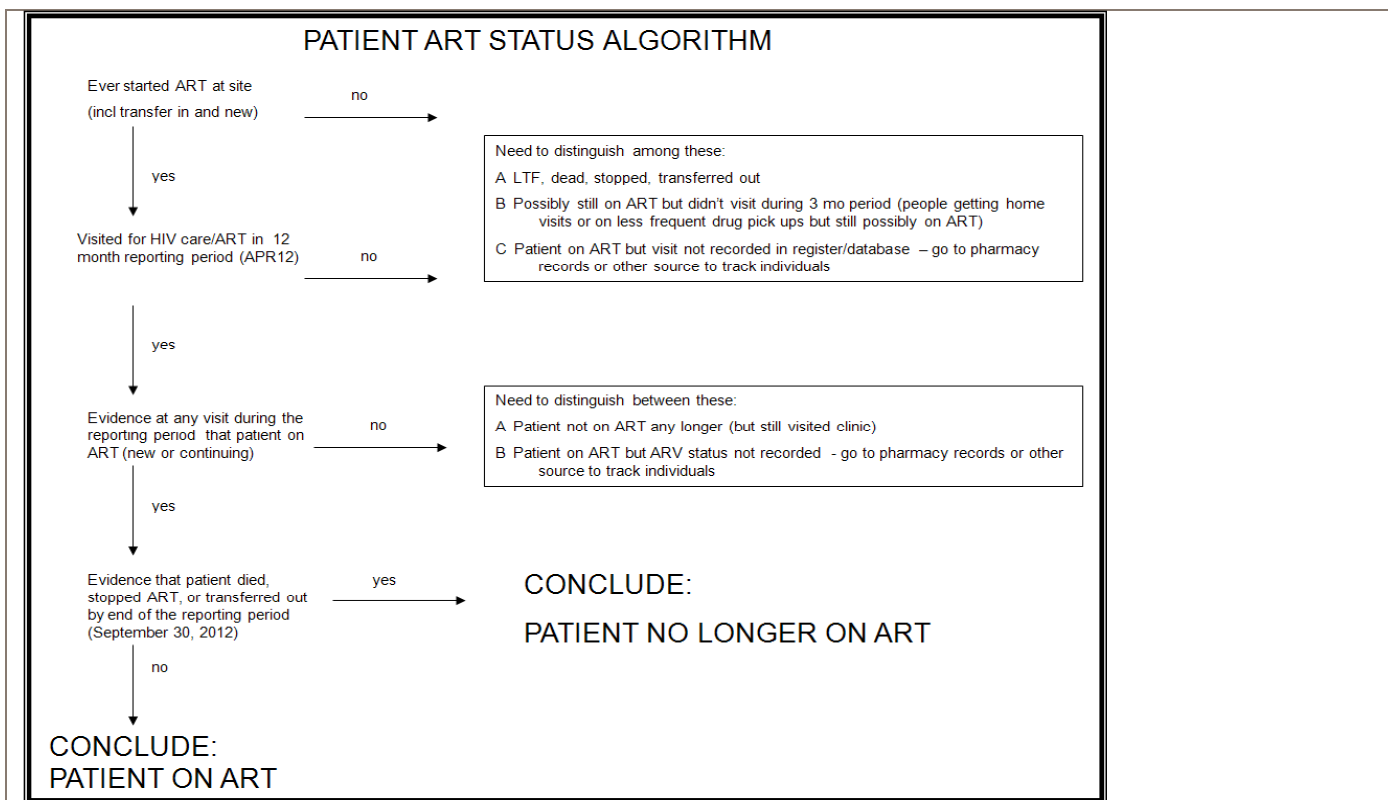
Patients excluded from the Current on ART count are patients who died, stopped treatment, transferred out, are lost to follow-up (patient not seen for 3 months from last visit).

DO NOT count other HIV-positive pregnant women taking other ARV regimens for PMTCT only in this indicator, including those taking maternal triple ARV prophylaxis (provided with the intention to stop at the end of the breastfeeding period), maternal AZT (prophylaxis component of WHO Option A during pregnancy and delivery), and single-dose nevirapine (with or without tail).

ART taken only for the purpose of post-exposure prophylaxis is NOT included in this indicator.

The number of adults and children with HIV infection who are currently receiving ART can be obtained through data collected from drug supply management systems (e.g. found at the pharmacy) or facility-based ART registers. Patients receiving ART in the private sector and public sector should be included in the numerator for the country as a whole.

CURRENT is a state defined by vital/treatment status when *last* seen, so it is expected that characteristics of these clients would be updated each time they are seen by a program. Age represents an individual’s age at the end of the reporting period or when last seen at the facility. For example, a 14-year-old child will be counted as currently receiving treatment in the <15 age category at the end of reporting period “A”. During reporting period “B” the child turns age 15 and so at the end of this reporting period the child will be counted under the 15+ age category.



SEE INDICATOR #TX_NEW FOR WHO RECOMMENDATIONS FOR ART INITIATION.

Explanation of Numerator:

The current on ART count should equal the number of adults and children with HIV infection who ever started ART minus those patients who are not currently on treatment at the end of the reporting period.

- Patients on ART who initiated or transferred in during the reporting period should be counted.
- Patients that pick up several months of antiretroviral drugs at one visit, which include ART received for the last month of the reporting period, but not be recorded as visits for the last month should be included in the count.
- HIV-positive pregnant women who are eligible for and are receiving antiretroviral drugs for their own treatment are included. HIV-positive pregnant women initiating lifelong ART through PMTCT (including Option B+) will count as “current” on ART under this indicator. These include HIV-infected pregnant women who:
 - Have newly initiated ART during the current pregnancy
 - Are already on ART at the beginning of the current pregnancy

Explanation of Denominator:

N/A

Interpretation:

This indicator permits monitoring trends in coverage but does not attempt to distinguish between different regimens of ART or to measure the cost, quality or effectiveness of treatment provided. These will each vary within and between countries and are liable to change over time. The proportion of people needing ART varies with the stage of the HIV epidemic and the cumulative coverage and effectiveness of ART among adults and children. Countries will have varying ways of collecting the inputs for the modeling the number of HIV-infected

people in need of ART. The degree of utilization of ART will depend on factors such as cost relative to local incomes, service delivery infrastructure and quality, availability and uptake of voluntary counseling and testing services, and perceptions of effectiveness and possible side effects of treatment.

A basic level of retention (or attrition) can be calculated as current clients divided by cumulative clients; that is the proportion of clients that remain on ART at the end of the reporting period of those ever started on ART. This crude approximation should not supplant cohort analysis of retention (See indicator #TX_RET).

Since age and pregnancy status change over time, the comparison of NEW, CUMULATIVE, and CURRENT clients by age and pregnancy status is challenging. CURRENT is a state defined by vital/treatment status when *last* seen, so it is expected that characteristics of these clients would be updated each time they are seen by a program. On the contrary, NEW is a state defined by *beginning* in a program, it is expected that the characteristics of new clients are recorded at the time they newly initiate or transfer into a program and will remain at that same status over time.

PEPFAR Direct Support:

Direct Service Delivery (DSD)

Individuals receiving HIV related services will be counted as **directly supported by PEPFAR** when the service receives support that:

1. Is critical to the delivery of the service (such as commodities, human resource salary support) to the counted individuals; for ART this can include ongoing provision of critical re-occurring costs or commodities (such as ARVs) or funding of salaries or provision of Health Care Workers for ART clinic services.

AND

2. Requires an established presence at and/or routinized, frequent (at least quarterly) support to those services to those individuals at the point of service delivery; for ART this can include: clinical mentoring and supportive supervision of staff at ART sites, Quality Improvement services support, patient tracking system support, routine support of ART M&E and reporting, commodities consumption forecasting and supply management.

Both conditions must be met in order to count individuals as directly supported by PEPFAR.

Technical Assistance-only Support (TA-only)

Individuals will be counted as supported through TA-only when the HIV service receives support that meets the following criterion:

2. Requires an established presence at and/or routinized, frequent (at least quarterly) support to those services to those individuals at the point of service delivery; for ART this can include: clinical mentoring and supportive supervision of staff at ART sites, Quality Improvement services support, patient tracking system support, routine support of ART M&E and reporting, commodities consumption forecasting and supply management

Additional References:

- Three interlinked patient monitoring systems for HIV care/ART, MCH/PMTCT (including malaria prevention during pregnancy), and TB/HIV: standardized minimum data set and illustrative tools. World Health Organization 2012 Revision. (http://www.who.int/hiv/pub/me/patient_monitoring_systems/en/)

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- #4.1, Global AIDS Response Progress Reporting 2013. Construction of Core Indicators for monitoring the 2011 UN Political Declaration on HIV/AIDS. January 2013.
(http://www.unaids.org/en/media/unaids/contentassets/documents/document/2013/GARPR_2013_guidelines_en.pdf)
- Treatment indicator (HIV-T1), The Global Fund to Fight AIDS, Tuberculosis and Malaria Monitoring and Evaluation Toolkit: HIV, Tuberculosis and Malaria and Health Systems Strengthening Part 2: Tools for monitoring programs for HIV, tuberculosis, malaria and health systems strengthening, Fourth Edition, November 2011.
(http://www.theglobalfund.org/documents/monitoring_evaluation/ME_Part2HIV_Toolkit_en/)
- Refer to the PEPFAR Adult Treatment TWG with further inquiries.