No. HIV+ pregnant women received ARVs - PEPFAR Indicator Reference Sheets

2004 – 2009 Indicator Reference Sheet

Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	
Rationale/What It Measures:	This indicator measures the delivery and uptake of antiretroviral prophylaxis for PMTCT. The emphasis is now on receiving "any PMTCT ARVs" rather than a "complete course", and though not required it encourages reporting on the number of HIV-positive pregnant women provided with ARVs by regimen group (i.e. single dose nevirapine, prophylactic regimens using a combination of two ARVs, prophylactic regimes using a combination of three ARVs, or ART-HAART--for HIV positive pregnant women eligible for treatment). The shift from reporting a "complete course of PMTCT ARV" to "any PMTCT ARV" reflects the confusion about the definition of a "complete course" and the range of different regimens offered.
Definition:	The number of women who received any PMTCT ARVs to prevent MTCT at PMTCT service outlets. ARV prophylaxis includes: (1) single dose nevirapine (SD NVP), (2) prophylactic regimens using a combination of two ARVs, (3) prophylactic regimens using a combination of three ARVs, or (4) ART (HAART) for HIV-positive pregnant women eligible for treatment. Count all of these types of regimen options in the total number of women who received any PMTCT ARVs. Since this indicator is for pregnant woman, do not count women who did not receive PMTCT prophylaxis themselves but whose infants did.
Measurement Tool:	Service outlet log books or HMIS.
How To Measure It:	Double counting of individuals within a program area is to be avoided among USG funded partners. While USG funded partners should be reporting to USG managers on the actual number of individuals served, the USG team is responsible, to the extent possible, for adjusting for the overlap between multiple programs serving the same individuals within a program area. In order to avoid double counting, countries will need to monitor their activities by partner, programmatic area, and geographic area.

	Count the number of HIV-infected pregnant women who received antiretrovirals to prevent MTCT at PMTCT service outlets during the specified reporting period (12 months for annual report). ARV prophylaxis includes: (1) SD NVP, (2) prophylactic regimens using a combination of two ARVs, (3) prophylactic regimes using a combination of three ARVs, or (4) ART (HAART) for HIV-positive pregnant women eligible for treatment. It is encouraged to stratify by type of ARV.
Interpretation/ **Strengths and Weaknesses:**	This indicator is not necessarily an expression of service coverage at a population level, but at a minimum monitors the delivery/uptake of services at USG-supported PMTCT service outlets. In some countries, the PMTCT PEPFAR data are the same as the National data and in other countries they are a subset. This indicator allows monitoring trends in PMTCT antiretroviral drug provision. This indicator does not capture ARV drugs or prophylaxis type; however, it is recommended for program management to track the different types of prophylaxis and stratify by type of ARV. Since countries provide different regimens of antiretroviral drugs for PMTCT, cross country comparisons of aggregate estimates must be interpreted with caution and with reference to the regimens provided. Internationally standardized denominators will be used to calculate the estimated percent coverage. One weakness of this indicator is the exclusion of mother-infant pairs who only received infant prophylaxis. Therefore, partial prophylaxis for the infant only is not measured. USG in-country teams will have an opportunity in the narrative section of the APR/SAPR to describe and stratify by ARV type (by number or approximate percent for each subgroup) and describe how this indicator relates to national level data in order to monitor national level trends in PMTCT. This will be optional reporting and is not mandatory. Please see Appendix 3 for more information.

2010 – 2013 Indicator Reference Sheet

Indicator	Number and percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery
Type of Indicator:	Direct
Numerator: Essential/reported	Number of HIV-positive pregnant women who received antiretrovirals (ARVs) to reduce risk of mother-to-child-transmission
Denominator: Essential/ reported	Number of HIV-positive pregnant women identified in the reporting period (including known HIV-positive at entry)
Purpose:	This indicator measures the provision and coverage of antiretroviral prophylaxis and treatment, by regimen type, for HIV-positive pregnant women in order to: • Identify progress toward the USG and global goals of increasing ARV coverage (prophylaxis and treatment) among pregnant women living with HIV • Assess progress toward implementing more efficacious PMTCT ARV regimens • Determine the coverage of HIV+ pregnant women on ARV prophylaxis and ART for life among all HIV+ pregnant women identified • Provide data for models estimating the country-specific and global impact of USG-supported PMTCT programs
Applicability:	All countries with PEPFAR funded partners supporting PMTCT direct service delivery
Data collection frequency:	Data for this indicator should be collected continuously at the facility level in accordance with national guidance. USG country teams may request periodic aggregation for the purposes of program management and review. At minimum, the PEPFAR country team must aggregate data in time for PEPFAR reporting cycles.
Measurement tool:	Facility registers and other program monitoring tools

Method of measurement:	<u>Explanation of Numerator:</u>
	
	The number of HIV-positive pregnant women who received antiretrovirals for prophylaxis or treatment during pregnancy or during labor and delivery (L&D), deduplicated.
	
	• Because ARVs for prophylaxis or treatment can be provided to HIV-positive women at different sites including ANC, L&D and care & treatment, Ssteps should be taken to deduplicate patients counted at multiple sites. For example:
	  ○ A woman, who is already on treatment, becomes pregnant and enrolls in ANC/PMTCT because she is HIV-positive. While she may not be receiving drugs at the ANC/PMTCT site, she should be counted within the life-long ART disaggregation for this indicator.
	  ○ A woman receives AZT prophylaxis at her first ANC visit. After

	receiving her CD4 results, she is moved to a life-long ART regimen. In this case she should be counted and reported only once under life-long ART ○ In settings with high facility delivery rates (>90%), countries may consider aggregating the numerator entirely from the L&D register by counting the number of HIV-positive pregnant women who received a specific ARV regimen by the time of delivery. This method likely minimizes double-counting. • The number of HIV-positive pregnant women receiving ART (disaggregation of P1.2.D) and the number individuals newly initiated on ART who are pregnant (disaggregation of T1.1.D) likely have large overlaps, but in many countries are not the same groups of women. The indicator narrative should clearly explain the source of the data for P1.2.D ART disaggregation and how it relates to what is reported in T1.1.D. Explanation of the denominator: Number of HIV-positive pregnant women identified in the reporting period (including known HIV-positive at entry) This denominator includes a sum of categories a-d below, at USG-supported sites: a) number of pregnant women who were tested and received an HIV+ result at ANC b) pregnant women *known* to be HIV-positive attending ANC for a new pregnancy c) pregnant women tested during L&D and received a new HIV+ result d) Women with unknown HIV status attending postpartum services within 72 hours of delivery who were tested for HIV and received their result
Interpretation:	It is recognized that due to the way in which data is collected and reported in many countries, some level of duplication may be inevitable. Additionally, there may be over or undercounting of certain regimens based on data collection methodologies.
Additional Information:	- Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping their Mothers Alive Monitoring Framework http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110609_JC2137_Global-Plan-elimination-HIv-Children_en.pdf - Monitoring the Declaration of Commitment on HIV/AIDS. Guidelines on Construction of Core Indicators 2010 Reporting, United Nations General Assembly Special Session [UNGASS]. March 2009 http://data.unaids.org/pub/manual/2009/jc1676_core_indicators_2009_en.pdf - Core Indicators for National AIDS Programmes. Guidance and Specifications for Additional Recommended Indicators. April 2008 http://www.unaids.org/en/media/unaids/contentassets/documents/document/2010/JC1768-Additional_indicators_v2_en.pdf - The Global Fund to Fight AIDS, Tuberculosis and Malaria Monitoring and Evaluation Toolkit 4th Edition. November 2011

	http://www.theglobalfund.org/en/me/documents/toolkit/

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