



Monitoring & Evaluation of HIVE VTP Services

Review of HIV VTP CMM M&E Domain and Priority PMTCT Indicators

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HIV
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Vertical Transmission
Elimination



Outline

- Introduction
- M&E of VTP: What to Monitor?
- Importance of M&E of VTP
- HIV VTP CMM: M&E Domain
 - Key Priority Indicators
- Select indicator data review
- Conclusions

Introduction: What is M&E of Vertical Transmission Prevention (VTP)?

- **M&E of VTP** focuses on assessing the effectiveness of programs aimed at reducing HIV transmission from mothers to their children during pregnancy, childbirth, or breastfeeding
- **Key elements of M&E for VTP include tracking** prevention measures, effectiveness of interventions and overall progress towards eliminating vertical transmission

M&E of VTP: What to Monitor?

- **Tracking Progress:** Monitor key VTP priority indicators for HIV prevention, testing, and treatment over time, focusing on inputs, processes, outputs, and quality.
- **Monitoring Strategies at facility and community settings:** Ensure robust monitoring of VTP services for pregnant women, both at facilities and in community-based settings.
- **Longitudinal Tracking of MBP:** Implement systems to longitudinally track mother-baby pairs (MBP), ensuring effective follow-up.
- **Addressing Mobility Challenges:** Use national electronic data systems with unique IDs to overcome issues related to mobility during and after pregnancy.
- **Evaluating DSD Models:** Monitor differentiated service delivery (DSD) models for pregnant and breastfeeding women (PBFW).

Why is M&E of VTE important



To follow epidemiological trends in Vertical transmission



To identify strengths and weaknesses in VTE programs design and/or implementation

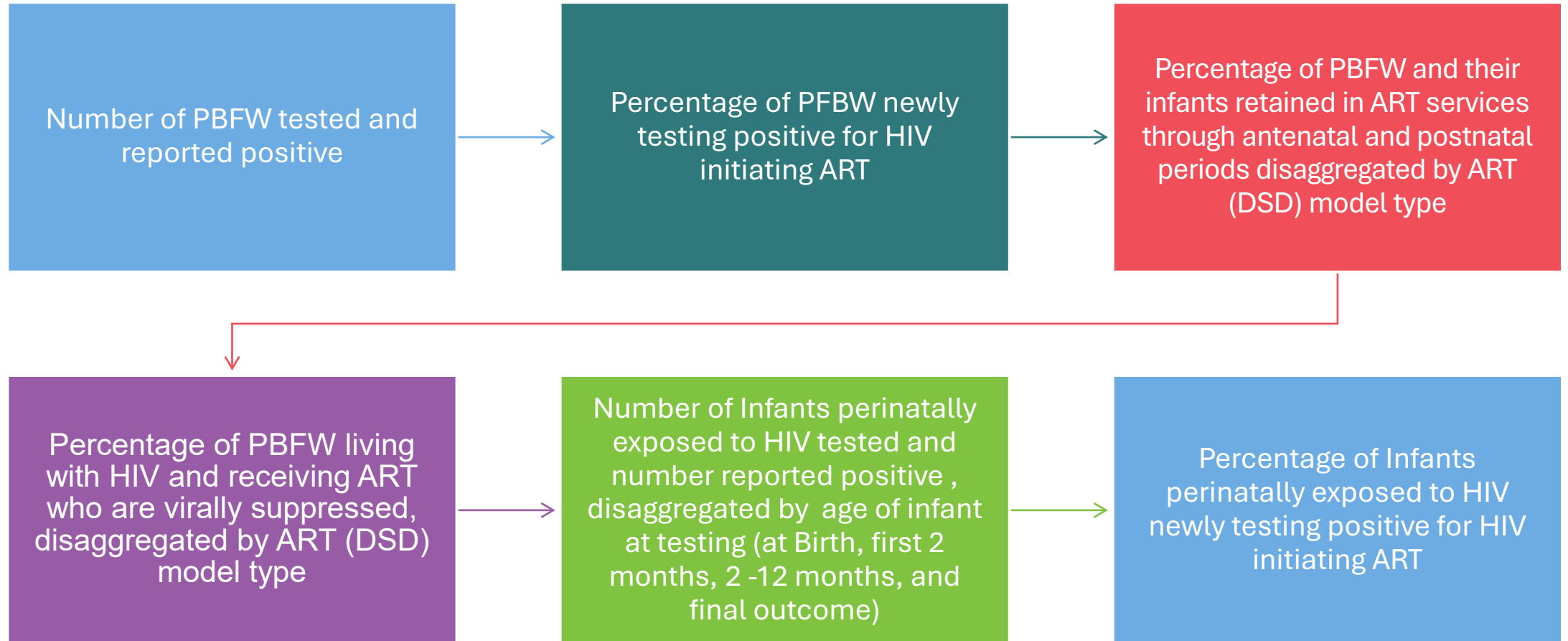


To address changing priorities



To convince policy makers of the need for action and financial and human resources

HIV Vertical Transmission Elimination Key Priority indicators (M&E Domain)



HIV Vertical Transmission CMM: M&E Domain

M&E System ○	There are no national priority indicators for PBFW* as listed below OR National priority indicators for PBFW* exist but none are integrated into the National Health Management Information System*	Only some (less than 3) of the national priority indicators for PBFW are integrated into the National Health Management Information System* And performance reports on these priority indicators exist and are produced and used routinely at some levels (i.e., national, sub-national, facility, and community levels)	Only 3-5 of the national priority indicators for PBFW* are integrated into the National Health Management Information System* And performance reports on these priority indicators exist and are produced and used routinely at some levels (i.e., national, sub-national, facility, and community levels)	All 6 of the national priority indicators for PBFW* are integrated into the National Health Management Information System* And performance reports on these priority indicators exist and are produced and used routinely at some levels (i.e., national, sub-national, facility, and community levels) And health records for infants with perinatal exposure to HIV are effectively linked with their mothers records (mother-infant pairs) and monitored and tracked along the cascade of care	All 6 national priority indicators for PBFW* are integrated into the National Health Management Information System And performance reports are produced and used routinely at all levels (i.e., national, sub-national, facility, and community levels) And infants with perinatal HIV exposure to HIV are effectively linked with their mothers (mother-infant pairs) and monitored and tracked along the cascade of care And all relevant national priority indicators can be disaggregated at both facility and community levels as applicable*

Least mature



Most mature

HIV VTE CMM Baseline Results 2024

- Results are subject to a few areas to further validate
- None of the HIVE countries were able to score greater than yellow in the M&E domain
- This means only a few (3-5) of the priority indicators are integrated into the National Health Information System OR performance reports exist but only at some levels (national, sub-national etc)

	HIVE member countries						Stacking by maturity					
	KEN	MOZ	NIG	SA	TZ	ZAM	1	2	3	4	5	6
dHTS Policy: ANC Period	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
dHTS Policy: L&D	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
dHTS Policy: PN/BF period	Green	Green	Green	Orange	Green	Green	Orange	Green	Green	Green	Green	Green
dHTS Policy: Infants	Yellow	Red	Yellow	Orange	Green	Green	Red	Orange	Yellow	Yellow	Green	Green
PrEP for PBFW	Red	Orange	Red	Red	Red	Yellow	Red	Red	Red	Red	Orange	Yellow
Postnatal Prophylaxis	Red	Yellow	Green	Red	Green	Yellow	Red	Red	Yellow	Yellow	Green	Green
Differentiated ART	Yellow	Red	Green	Red	Red	Red	Red	Red	Red	Red	Yellow	Green
VL Monitoring: PBFW	Yellow	Yellow	Yellow	Red	Red	Yellow	Red	Red	Yellow	Yellow	Yellow	Yellow
Operational Guidance	Green	Green	Green	Green	Red	Red	Red	Red	Green	Green	Green	Green
Scale-Up Plan	Green	Red	Red	Yellow	Yellow	Red	Red	Red	Red	Yellow	Yellow	Green
Coordination	Orange	Green	Red	Green	Green	Red	Red	Red	Orange	Green	Green	Green
Community Engagement	Yellow	Red	Yellow	Red	Green	Red	Red	Red	Red	Yellow	Yellow	Green
Training	Green	Green	Yellow	Green	Green	Red	Red	Yellow	Green	Green	Green	Green
Procurement	Green	Green	Red	Green	Green	Red	Red	Red	Green	Green	Green	Green
M&E System	Yellow	Yellow	Yellow	Orange	Yellow	Yellow	Orange	Yellow	Yellow	Yellow	Yellow	Yellow
Facility Coverage: Testing	Orange	Green	Orange	Red	Red	Red	Red	Red	Red	Red	Red	Red
Testing Coverage	Orange	Red	Orange	Red	Red	Red	Red	Red	Orange	Orange	Orange	Orange
Linkage to ART	Green	Red	Yellow	Red	Green	Green	Red	Red	Yellow	Green	Green	Green
ART Coverage	Green	Orange	Orange	Red	Green	Orange	Red	Red	Orange	Orange	Green	Green
Continuity of ART	Yellow	Red	Orange	Red	Yellow	Orange	Red	Red	Orange	Orange	Yellow	Yellow
EID	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Service Quality	Green	Orange	Orange	Orange	Green	Orange	Orange	Orange	Orange	Orange	Green	Green
Data Quality	Yellow	Yellow	Yellow	Red	Yellow	Red	Red	Red	Yellow	Yellow	Yellow	Yellow
Impact	Green	Green	Red	Red	Green	Red	Red	Red	Red	Green	Green	Green
Neonatal Syphilis	Orange	Green	Orange	Green	Green	Green	Orange	Orange	Green	Green	Green	Green
Neonatal Hepatitis	Orange	Red	Red	Yellow	Red	Yellow	Red	Red	Red	Orange	Yellow	Yellow

M&E Data Worksheet: ONLY light/dark green scores

****M&E DOMAIN HIV VTE CMM INSTRUCTIONS FOR COMPLETION OF THIS WORKSHEET****

- 1) Please ONLY fill out this worksheet if you are staging **light OR dark green** in the M&E domain for the HIV VTE CMM
 - 2) Please feel free to download the worksheet and also attempt to fill in as many indicators as you are able to given your current information systems status
 - 3) If you have any questions and need further clarifications, please refer to the **HIV VTE SOP** as well as your respective HIVE SI/clinical liasons.
 - 4) Once you have downloaded and filled in the worksheet to the extent possible, please save and upload to qualtrics as a part of your submission.
- If this does not work or if you are unsure, please also email this worksheet to your respective HIVE SI/clinical liason.

Note: If community disaggregation is not available in your country, please enter the data in the facility rows and leave the community rows empty. Countries which are able to provide community disaggregated data will score DG. **ALL DATA WILL BE VERIFIED and reviewed by the HIVE ICAP team after submission.**

- Only to be filled out if meeting LG/DG criteria
- All relevant indicators are disaggregated by facility/community level reporting

Work Sheet for HIV Testing during Pregnancy and Breastfeeding Period

Notes:
Enter responses in grey shaded cells
Cells with summary % greater than 100% issues for review

Review period end date (e.g., Dec 2024)
Note: The submitted data should cover the last 12 months (e.g., 2024-December 2024)
If the data does not cover January to December 2024 for any reason, please specify the actual period covered (eg Jan-Jun 2024)

Worksheet for ART retention through antenatal and postnatal period

Notes:
Enter responses in grey shaded cells
Cells with summary % greater than 100% are auto-highlighted in red to signal potential data quality issues for review

The data should be reported as of June 2024
The cohort of PBFW who will have 12 months of follow-up (e.g., 2022-June 2023)
If the data does not cover above period, please specify the actual period covered (eg Jan-Jun 2024)

Number of Pregnant Women Enrolled in VTP Between July 2023 - June 2024 with Known HIV-Positive Status and Newly Diagnosed HIV-Positive Status (This Period)

Worksheet for Infant HIV testing and ART initiation

Notes:
Enter responses in grey shaded cells
Cells with summary % greater than 100% are auto-highlighted in red to signal potential data quality issues for review

Review period end date (e.g., Nov 2024) Dec-24 <---Use

Note: The submitted data should cover the infants who are eligible for final outcome between July 2023 - June 2024

If the data does not cover **July 2023 - Jun 2024 - Jun 2024**, please specify the actual period covered (eg Jan 2023-December 2023)

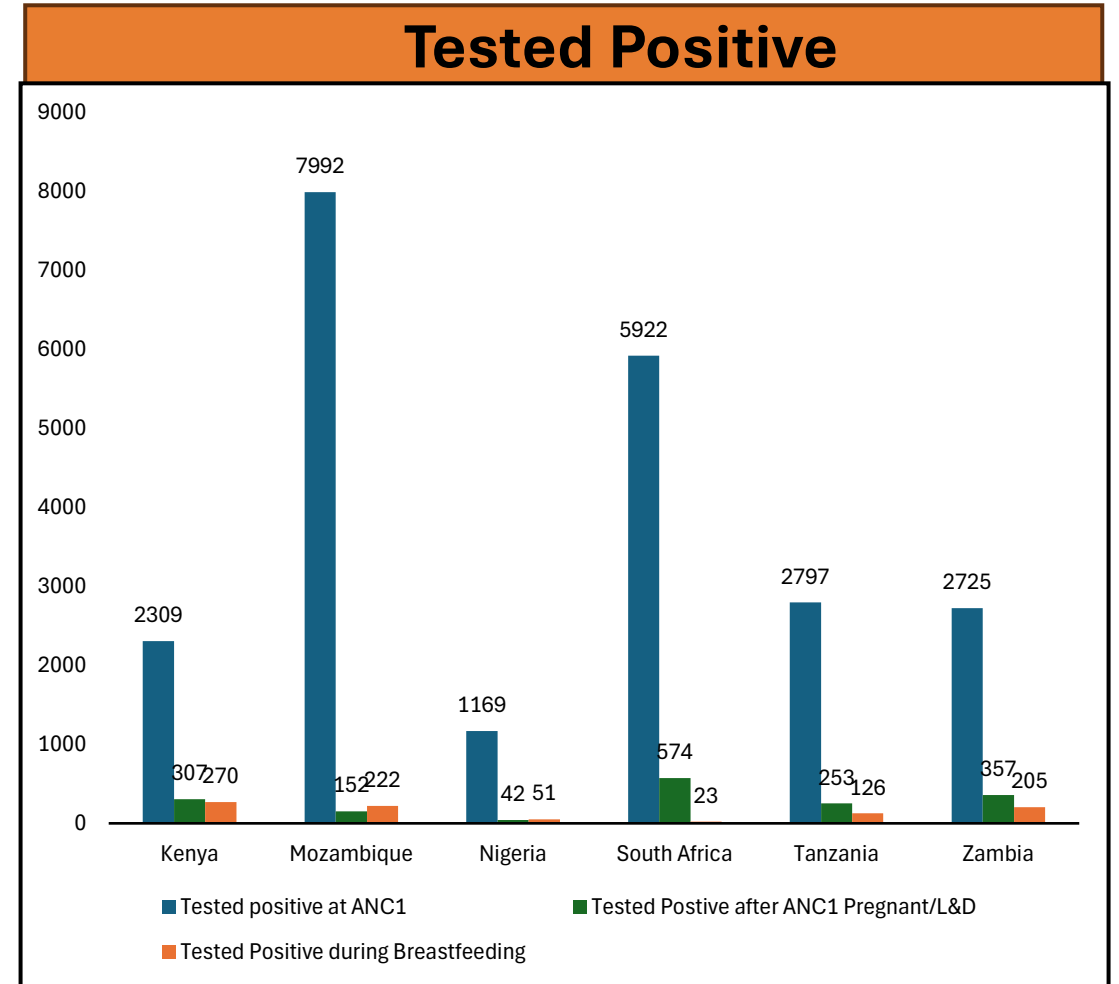
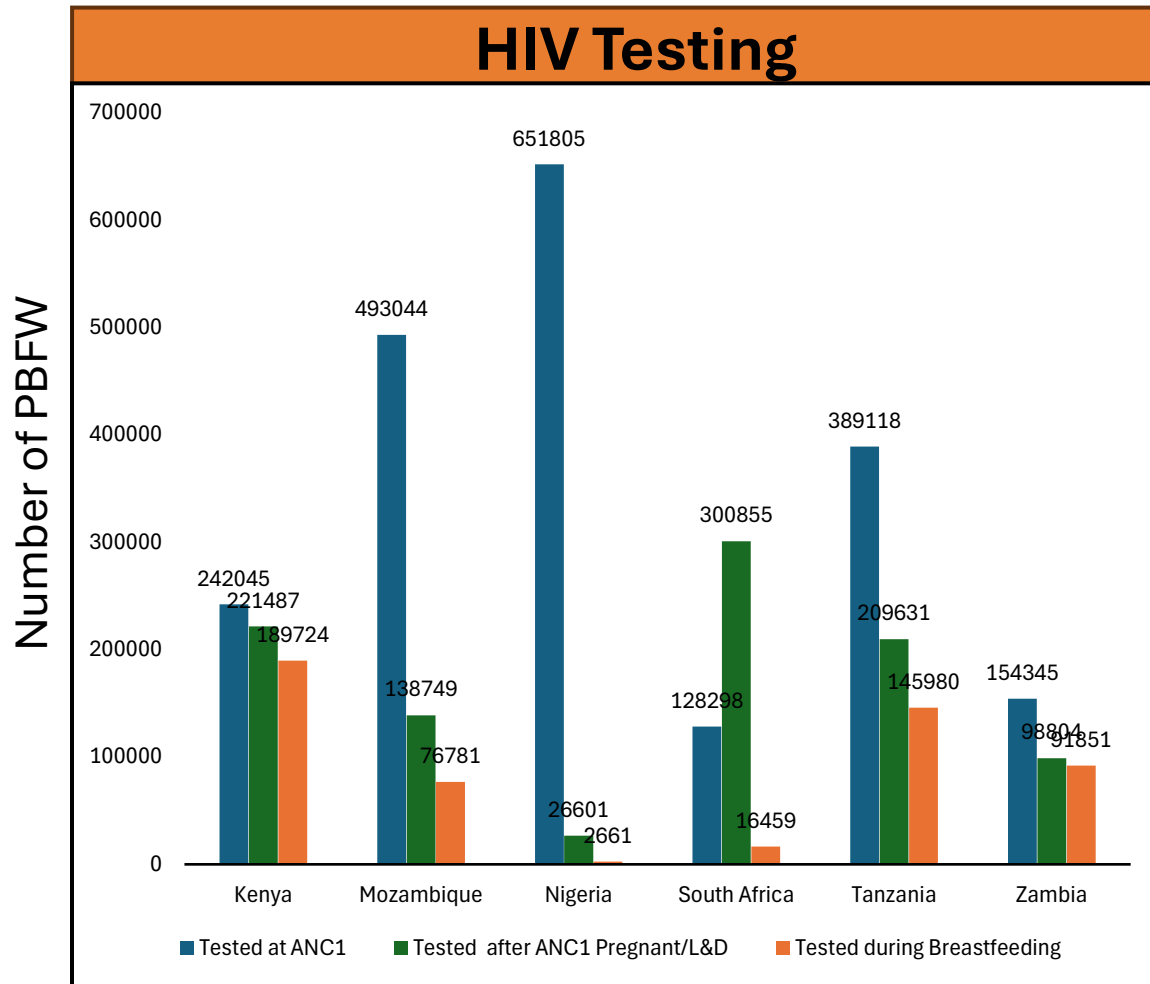
The number of perinatally exposed infants eligible for

Snapshot of status of reported indicators: HIVE Countries

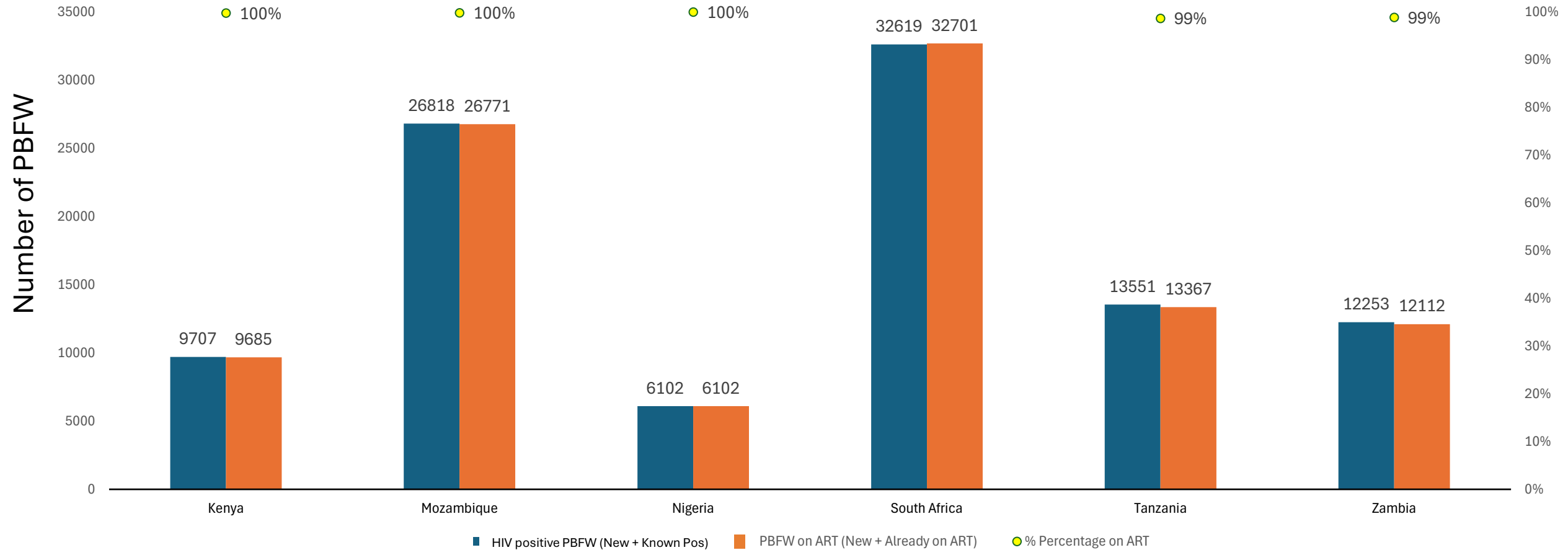
PEPFAR DATA



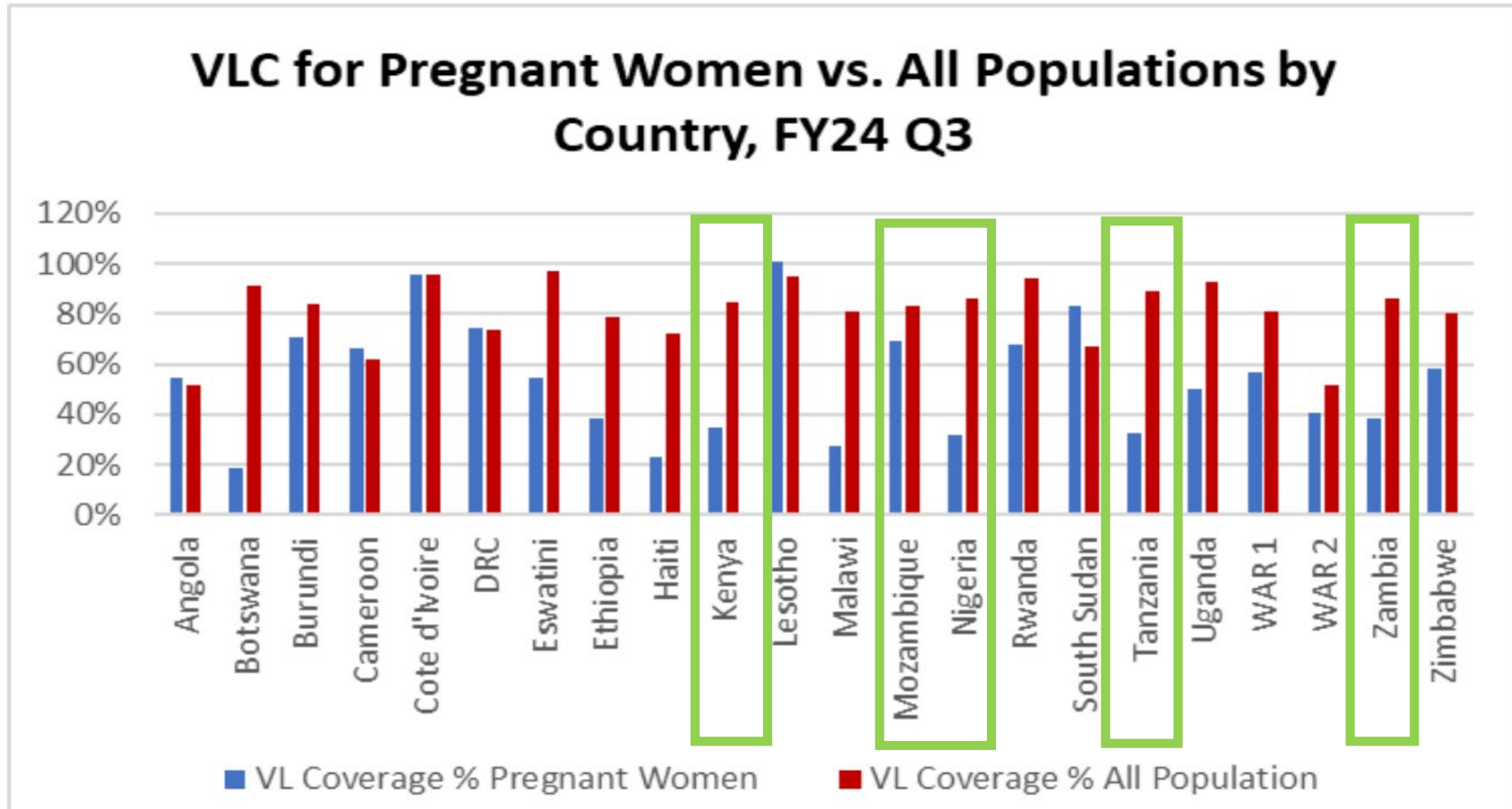
HIV Testing Among PBFW at different time periods (FY24, Q3- PEPFAR data)



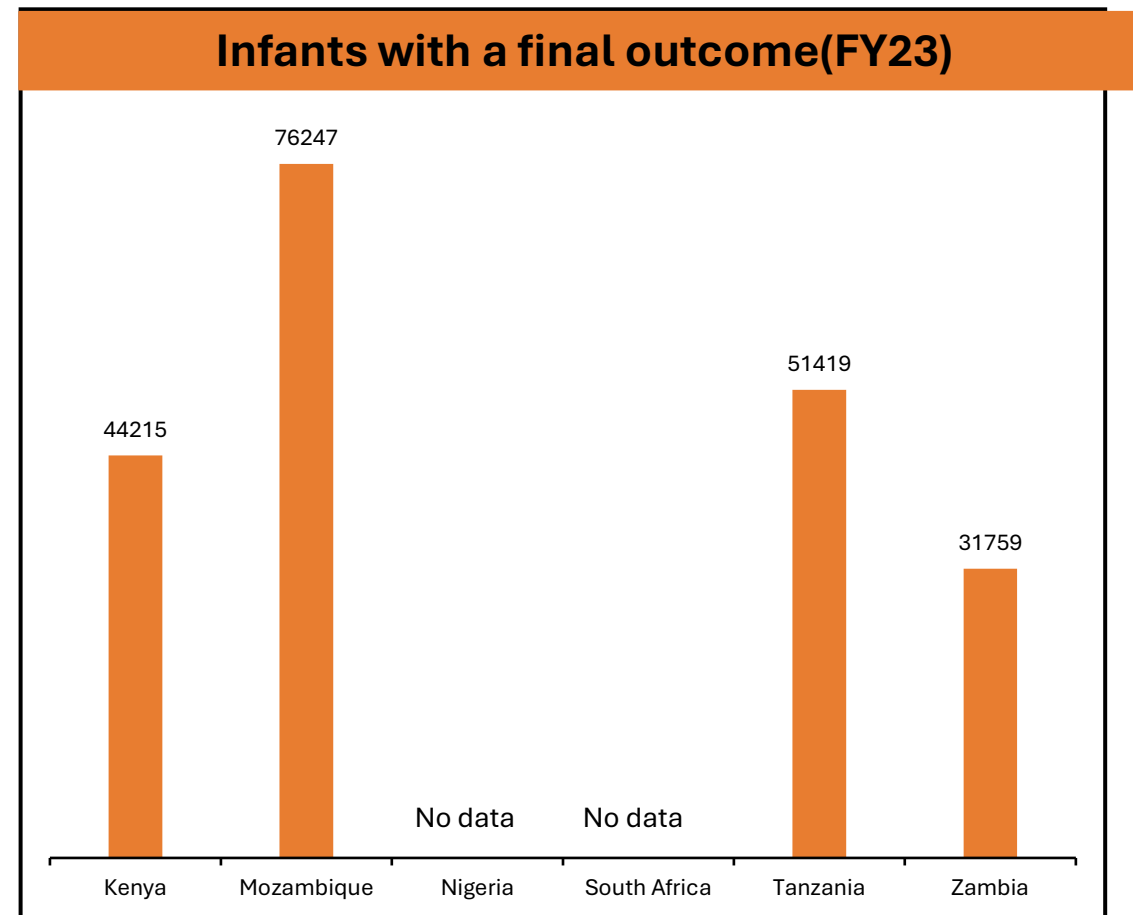
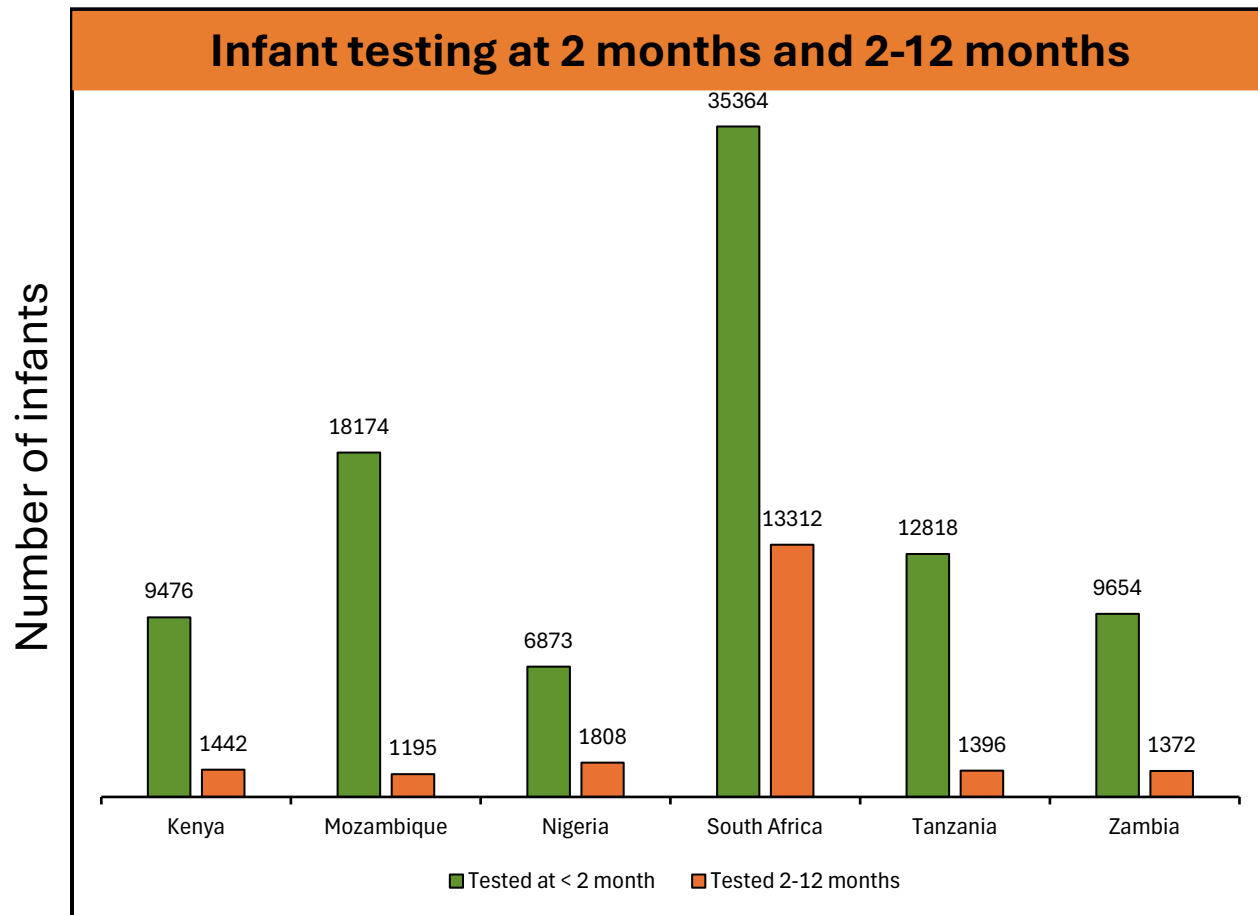
PBFW on ART (FY24, Q3- PEPFAR data)



VLC for Pregnant Women vs All Populations by Country (FY24, Q3- PEPFAR data)



Number of infants perinatally exposed to HIV tested at different time points (FY24, Q3- PEPFAR data)



HIV VTP CMM M&E domain pushes for a more rigorous M&E system for VTP

- For countries that are able to score in the LG/DG criteria (including mom-baby pair linkage) should be able to report:
 - All testing and treatment data broken up by pregnant vs breastfeeding time periods, for known vs new positives
 - To score DG, a country would be able to also report community based or non-facility testing and treatment
 - To display retention data for pregnant women enrolled in VTP services by DSD model type
 - Facility and community based infant testing at all time points (at birth (<72 hours), less than 2 months, 2-12 months, final outcome
 - Viral load coverage at facility and community levels as well as VLS
 - Viral load coverage and VLS disaggregated by DSD model type

Conclusions

- The bar is being set even higher for M&E of VTP because there is a necessity to **paint a *true picture* of progress** and **better data is needed**
- **M&E systems are reporting less disaggregated data** which often mask the true reasons behind who we are missing in the push for VTE
- **Longitudinal tracking of mom-baby pairs** is critical to ensure effective follow up and retention.
- Using **national electronic data systems with unique IDs** to overcome retention issues during and after pregnancy is a gold standard.
- Pushing for systematic data and monitoring at both the **facility and community settings** is critical given the mix of options presented in many countries for VTP services for PBFW

Thank You!



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