

## No. individuals current on treatment (ART) - PEPFAR Indicator Reference Sheets

### 2004-2009 Indicator Reference Sheet

<b>Number of individuals receiving antiretroviral therapy at the end of the reporting period, disaggregated by sex and age and pregnancy status</b>	
<b>Rationale/What It Measures:</b>	<p>There are three program indicators to count individuals receiving antiretroviral therapy at a service outlet directly supported by USG Emergency Plan funds: NEW, CUMULATIVE, and CURRENT. Collectively, these three program indicators, when combined with the Outcome Indicator: Care &amp; Treatment 5 (percentage of people still alive and on therapy at 6, 12, and 24 months after initiation of treatment) give an overview of the progress of a program in achieving targets to begin and maintain individuals on long-term, antiretroviral therapy.</p> <p>This indicator refers to CURRENT clients. CURRENT refers to those individuals on antiretroviral therapy at the end of a reporting period.</p>
<b>Definitions:</b>	<p>ART refers to long-term combination antiretroviral therapy intended primarily to improve the health of the individual on treatment, not to prevent mother-to-child transmission.</p> <p>A current client is pregnant if she was pregnant <i>at any time during the reporting period</i>, regardless of the outcome of the pregnancy.</p>
<b>Measurement Tool:</b>	Program Reports
<b>How To Measure It:</b>	<p>This indicator includes two mutually exclusive sets of individuals on ART: those who receive antiretroviral therapy at a designated PMTCT+ site and those who receive antiretroviral therapy elsewhere.</p> <p>A person on ART who initiated ART or transferred in during the reporting period can be counted as a CURRENT client if s/he is on treatment at the end of the reporting period.</p> <p>Individuals who died, stopped treatment, transferred out, or were otherwise lost to follow up during the reporting period are not on ART at the end of the reporting</p>

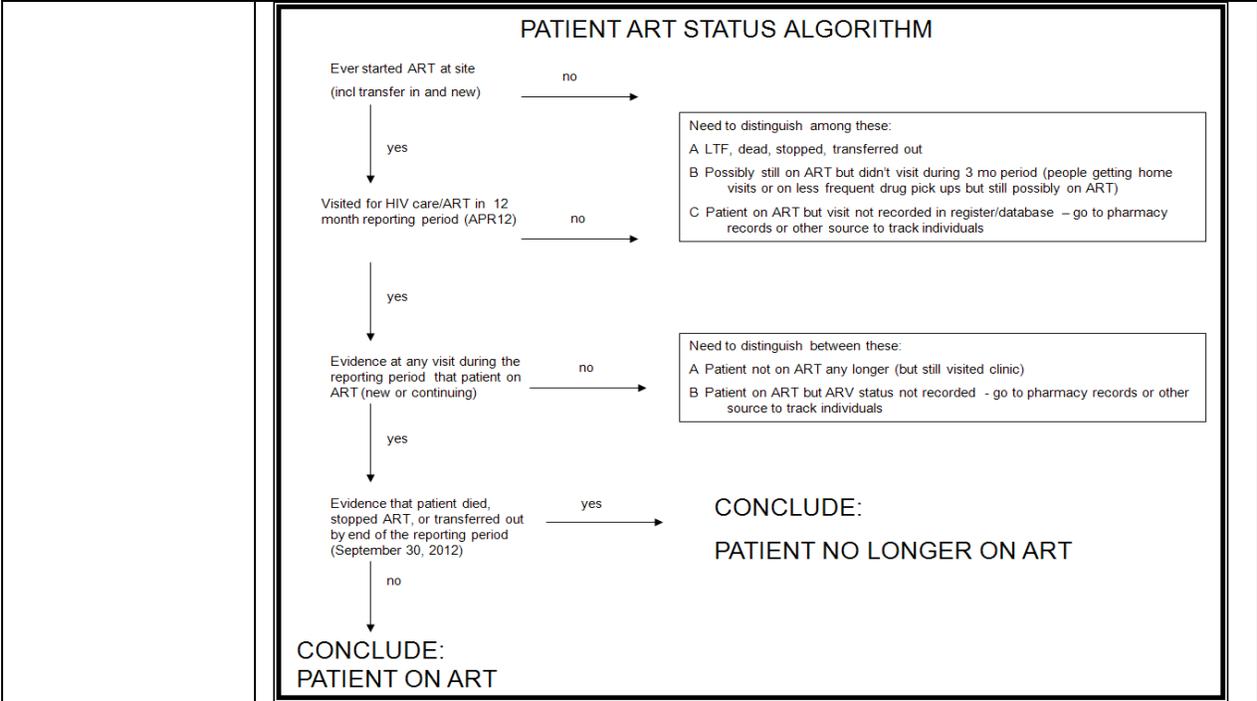
	<p>period, and thus, are NOT counted as a CURRENT client.</p> <p>Note that the difference between the CUMULATIVE number ever on treatment by the end of the reporting period and the CURRENT number on treatment at the end of the reporting period should be approximately the number of individuals who died, who permanently stopped treatment or transferred out, or who were otherwise lost to follow-up by the end of the reporting period. In order to measure survival on ART and the number of CURRENT clients, all programs should collect information on the number of individuals who are no longer on treatment at the end of a reporting period and the reason (death, stop treatment, transfer out, lost to follow up).</p> <p>Patients pick up ARV drugs on variable schedules, and monitoring systems are not always adequate to flag and follow up each person who misses an appointment. Thus, it may not be possible to get an exact count of current clients on the last day of the reporting period. The recommended method for calculating this indicator is to count the number of individuals who were seen for ARV therapy during the last 3 months of the reporting period (i.e., the last quarter) and to subtract those who were known to have died, stopped treatment, transferred out, or been otherwise lost to follow up since the last time they were seen for a treatment appointment. Those not seen during the last 3 months are presumed lost to follow up.</p> <p>For the CURRENT indicator, age represents an individual's age at the end of the reporting period, or when last seen during the reporting period for an ART appointment.</p> <p>Disaggregation of pregnant women by age is NOT required. The number of pregnant women is to be shown as a subset of all women.</p>
<p><b>Interpretation/ Strengths and Weaknesses:</b></p>	<p>Monitoring systems are variable in their ability to measure exactly the client load at the end of the reporting period, thus the reported results may include some people who have recently died, dropped out, transferred out, or been lost to follow up and overestimate the true number of clients at the end of the reporting period.</p> <p>Since age and pregnancy status change over time, the comparison of NEW, CUMULATIVE, and CURRENT clients by age and pregnancy status is challenging.</p>

	<p>Because new and cumulative are states defined by <i>beginning</i> in a program, it is expected that the characteristics of new and cumulative clients are recorded at the time they newly initiate or transfer into a program. On the contrary, current is a state defined by vital/treatment status when <i>last</i> seen, so it is expected that characteristics of these clients would be updated each time they are seen by a program.</p>
--	---

## 2010 – 2013 Indicator Reference Sheet

Indicator	CURRENT: Number of adults and children with HIV infection receiving antiretroviral therapy (ART)
Type of Indicator:	Direct
Numerator: Essential/reported	Number of adults and children with HIV infection receiving antiretroviral therapy (ART)
Denominator:	N/A
Purpose:	To assess progress towards providing ART to all people with advanced HIV infection; Coverage; Track progress towards legislative 5-year and World AIDS Day goals.
Applicability:	All countries with PEPFAR-funded partners supporting direct ART services should report on this indicator. The approach to determining direct support for the ART program varies by country or program model as guided by Appendix 5 of this guidance. As such, this indicator should be reported for sites that are counted as directly supported by PEPFAR
Data collection frequency:	Data should be collected continuously at the facility level. 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.
Measurement tool:	Facility ART registers/databases, program monitoring tools, or drug supply management systems.
Method of measurement:	<p>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.</p> <p>The Current on ART count should equal the number of adults and children with advanced HIV infection who ever started ART minus those patients who are not currently on treatment prior to the end of the reporting period.</p> <ul style="list-style-type: none"> <li>• Patients on ART who initiated or transferred in during the reporting period should be counted.</li> <li>• Patients that pick up several months of antiretroviral drugs at one visit, which could include ART received for the last months of the reporting period, but not be recorded as visits for the last months should be included in the count.</li> <li>• HIV-positive pregnant women who are eligible for and are receiving antiretroviral drugs for their own treatment are included. HIV-positive</li> </ul>

	<p>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:</p> <ul style="list-style-type: none"><li>○ Have newly initiated ART during the current pregnancy</li><li>○ Are already on ART at the beginning of the current pregnancy</li></ul> <p>Patients excluded from the Current on ART count are patients who died, stopped treatment, transferred out or are lost to follow-up (patient not seen for 3 months from last visit).</p> <p>DO NOT count other HIV-positive pregnant women taking other ARV regimens for PMTCT in this indicator, including those taking maternal triple ARV prophylaxis (prophylaxis component of WHO Option B during pregnancy and delivery), maternal AZT (prophylaxis component of WHO Option A during pregnancy and delivery), and single-dose nevirapine (with or without tail).</p> <p>ART taken only for the purpose of post-exposure prophylaxis is NOT included in this indicator.</p> <p>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.</p> <p>CURRENT is a state defined by vital/treatment status when <i>last</i> 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 &lt;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.</p>
--	---



SEE INDICATOR #T1.1.D FOR WHO RECOMMENDATIONS FOR ART INITIATION

**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 (T1.3.D).

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

	<p>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 <i>beginning</i> 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.</p>
<p>Additional information</p>	<ul style="list-style-type: none"> <li>• #4.1, Global AIDS Response Progress Reporting 2013. Construction of Core Indicators for monitoring the 2011 UN Political Declaration on HIV/AIDS. January 2013</li> <li>• 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</li> </ul> <p><a href="http://www.theglobalfund.org/documents/monitoring_evaluation/ME_Part2HIV_Toolkit_en/">http://www.theglobalfund.org/documents/monitoring_evaluation/ME_Part2HIV_Toolkit_en/</a></p> <p>Refer to the PEPFAR Adult Treatment TWG with further inquiries.</p>