The 5W's & 1H of PEPFAR's use of MTCT rate data

MTCT Rates Meeting
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Why does PEPFAR needs ARV specific transmission rates?

- Model PEPFAR portion of achievement towards infant infections averted in country
  - Goal to avert 480,000 infections by 2013
- Support country programs in their goal towards elimination of MTCT
- Support PEPFAR programs in their goal towards better PMTCT coverage
  - 85% ARV/ART coverage HIV+ pregnant women by 2013
- Determine the cost of providing PMTCT in each country based on selected regimens
- Measure overall program impact

Who collects the data?

- PEPFAR implementing partners
  - Using registers, electronic HIS
- Reporting is done regularly (monthly or quarterly)
  - Partner sends to PEPFAR
  - PEPFAR sends to MoH for aggregation (in addition to MoH site data, other organization data)
- PEPFAR country office aggregates and submits data on annual and semi-annual basis to OGAC
- National program also aggregates their data and reports national level data (used in UN/WHO reports)
  - Are PEPFAR and MoH aggregating and cleaning data the same way?

What is the PEPFAR data timeline?

- Annual program results (APR) are submitted to OGAC mid-November
- Cleaned by early December
- Data available for internal use by late December
- Annual report to Congress at end of January

- *Look for first projections of MTCT rates using PEPFAR program data in January 2012*

How and what are collected?

- In previous years, PEPFAR used 19% transmission rate for all women who received ARVs (regardless of regimen)
  - PEPFAR I estimates 240,000 infant infections averted
- PEPFAR II requires reporting # of women receiving specific regimens
  - HAART
  - Triple drug prophylaxis
  - Maternal AZT
  - SD-NVP
- Limitations – PEPFAR is not collecting data on infant regimens, infant feeding method or drug adherence

What are the data needs?

- Number of women receiving regimen
  - From PEPFAR implementing partners (registers, reports)
- Transmission rate for each regimen
  - Need rate that averages:
    - efficacy of different infant feeding methods
    - efficacy of different adherence levels
- Estimated # of HIV+ pregnant women in country
  - For overall program coverage

Questions for discussion

- How can we include data on infant feeding method?
  - Develop model and revise estimates at 3 months when the IATT infant feeding indicator is collected?
- How can we measure adherence?
  - For mother at ANC/L&D?
  - For infant at 3 months? At EID?
- How do we ensure high data quality?