

What Gets Measured Matters: PrEP monitoring varies widely by country, funder and normative agency




































There is enormous variability in country and funder/normative approaches to tracking PrEP program rollout. Assessments of progress require common, comprehensive measures against and estimates of the parameters below.

National Oral PrEP Program Indicators



Funder/Normative Guidance Recommendations



	Kenya	Malawi	South Africa	UNAIDS	PEPFAR	World Health Organization
 New initiations						
 Current clients taking PrEP						
 Return for 1st follow-up visit						
 Average duration of use						
 Inferred estimate of infections averted						

Developed by the Clinton Health Access Initiative under the Prevention Market Manager partnership led by AVAC, 2019.