

## Divide and Conquer: An advocate's guide to PrEP indicators

An “indicator” is a measurable parameter that helps people who pay for, design and provide services to track whether they are doing what they set out to do. It could be the number of HIV tests provided or the number of people living with HIV who are on

ART and are virologically suppressed. But not all indicators are created equal, and not all reports can be taken at face value. In the context of early PrEP rollout, it's essential for advocates to engage and, where needed, challenge the indicators in use today.

	Numerator	Denominator	Inside the indicator	Engaging the indicator	Challenging the indicator
PrEP uptake	Number of people initiated on PrEP.	Number of people assessed as eligible for PrEP.	<p>Setting the denominator too high will make overall uptake look artificially low.</p> <p>Eligibility isn't as straightforward as the number of people who meet the criteria in the guidelines. Some sex workers may have high rates of condom use and may not want to use PrEP even though they are technically “eligible” for the intervention. Stratification within demographic groups—such as adolescents and young people—is essential. Not all people of a certain age need PrEP, even in countries with a high prevalence.</p>	<p>At this stage of product introduction, uptake isn't low, it's slow. There's a big difference between the two.</p> <p>If the absolute number of people using PrEP in a given country or program is small—in the double or triple digits—this can be seen as evidence that uptake is low or that people don't want it. But in the first years of a new and unfamiliar product, that's exactly what is expected. It takes time for a product to become familiar and acceptable. If the denominator and the expectations are too high, then uptake looks low when it might actually be slow—and right on schedule.</p>	<p>Today's PrEP uptake figures seldom, if ever, reflect macro, community- and facility-based factors that might be in play. What is uptake like in a country where homosexuality and same-sex marriage are illegal? What is it like in a place where providers scold patients for fitting the risk criteria that brought them into the clinic in the first place? PrEP uptake can't be evaluated in a vacuum.</p>
Loss to follow-up and rates at which people stop using PrEP during periods of high risk	Number of people who initiated on PrEP for the first time who do or do not return for prescribed refill or follow-up visits.	Number of people newly initiated on PrEP.	<p>For PrEP to work, retention in programs is key. A simple loss in follow-up figures can mask a lot of variables.</p>	<p>The schedule of follow-up visits matters. One study in South African young people found that retention drops off when clinic visits change from monthly to quarterly. Looking at summaries of retention figures, it's important to ask: what was the schedule for follow-up visits? How was it set, and are there data suggesting that this is the right timing for this population?</p>	<p>Policy inconsistencies around PrEP use in pregnancy are still being ironed out in many countries. Even though women with HIV can use tenofovir-based drugs throughout pregnancy, some programs will still ask women to stop PrEP use when pregnant. Such mixed messages cannot wholly explain low retention, but they should not be discounted when considering rates of discontinuation.</p>

Eligibility for PrEP includes all of the following: 1) testing HIV-negative; 2) no signs or symptoms of acute HIV and 3) at substantial risk per country or program definition.