PEPFAR | FGH | JEMBI MOASIS OPEN MRS INDICATOR CLARIFICATION MEETING

MEETING MINUTES

Meeting Date: <mm/dd/yyyy> 8.30am – 10.00am

Meeting Location: <Location>

Draft

1   ATTENDANCE

Organization	Names
CDC	Agnaldo Guambe, Maria Rein, Madona Raja
FGH	Fernanda Alvim, José Tique, Stelio Moiane
Jembi	Zainabe Dadá, Pinki Meggi, Paulo Matsinhe, Ketmia
PCO/PEPFAR	Joel Chebab, Charity Alfredo, Nidze Guilovica

2   AGENDA

- Charity and Niedzy set to discuss the proposal that was send by Tique

  To summarize our alternative proposal:
  1. We do not recommend changes to the existing query for this MER indicator, which is measuring the overall viral suppression rate based on VL test results over the 12 months period.

So, we think that the disaggregation should follow the same basic premise.

To disaggregate de DENOMINATOR between TARGETED AND ROUTINE viral load tests for which the results were registered in the twelve months period, we propose the following:
  2. ROTINE VL=

First Viral Load test result EVER (the patient does not have a previous VL test result registered)

The Viral load result registered in the 12 month period is not the first one registered for the patient and the previous VL result had <1000 copies.

The viral load result registered in the 12 month period is the first viral load registered after changing from first to second line treatment tor patients on second line treatment

The viral load test result registered in the 12 month period is not the first viral load registered for the patient and the patient is a pregnant or breastfeeding woman and the previous VL result had less than 1000 copies
  3. TARGETED VL=

All other VL results which were registered in the 12 months period

Note: as defined in the MER 2.3 guide, in case a patient has two VL results in the same period, only the last VL result is taken into account.

- Discussion around the above recommendations were:
  - We wont to separate routine from target
  - The first question is to establish the denominator, you need to ask in which group patients to follow
  - Nidze – because of this limitation of not knowing if the result will be target or routine, we decided that we will follow the routine, for this Quarter since by March we will have all EPTS set.
  - There is no way to be able to identify who never had a test before

- o Stick to the guideline for routine and we are not try to define the that others will follow under Targeted even if we know it is uncertainly
- o The decision for #1 we could keep routine will be for newly rolled patients disaggregate by adults and pregnant woman
- o SI team agreed the FGH_Jembi recommendations
- o Those who patients follow on that period, ex: pregnant woman if the results came after 7 month we would say it is unknown. The point is if the result takes long ……..
- o We can catch a woman that start treatment and is pregnant, but we have woman's who started the treatment and get pregnant, those are harder to follow – it is a limitation
- o For next quarter we will have new tools that MoH are bringing up – Master Card
- o For routine the proposal is disaggregation suggested and for those who don't follow into this disaggregation goes to unknown.
- o We are not trying to define Target. We would like to better discuss what would be routine.
- o Accept that everything that has the previous test results would be under 12 month and the OGAC recommendation is that the follow up should be routine.
    - ▪ Partners then you need to provide a narrative to provide more details
- o MER - When is a patient considered as target needs to have a clinical reason – CD4
- Next steps
    - o SI leads needs to update the guidance for all partners
        - ▪ Partners meeting around November 15th where PEPFAR will communicate to all about the package of this indicator
    - o FGH will right the proposals and scenarios on the context of patients with those characteristics,
        - ▪ No target only routine and unknown

Updates on TX_CURR

- 99/198 days as per AH approvals
- Need to do the same for TX_RET for numerator
- Same with TX_CURR and TX_CURR 99 we would like to have TX_RET and TX_RET 99
    - o Teste scenarios need to have patients with next pick up
    - o When the test scenarios for the expected results are ready need to be shared with Herminio and Ferreira for feedback, so it need to be ready by the first week of December.

3   POST MEETING ACTION ITEMS

#	Action	Assigned To	Deadline
1	SI leads needs to update the guidance for all partners	SI team	
2	FGH will right the proposals and scenarios	FGH	

4   NEXT MEETING

Next Meeting: Monday 5th November ,2018