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 Nidze 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 month periods.

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 12 month 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 for 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-month 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.

3. DISCUSSION ON THE PROPOSED RECOMMENDATIONS

ROUTINE VL

- There were concerns with the first point in the proposed recommendations (First Viral Load test result EVER if the patient does not have a previous VL test result registered). While it tries to accommodate the first viral load ever performed to a patient as a ROUTINE VL, this may not be applicable for all patients, particularly in

HF/districts where the test and start strategy has not been implemented yet, where the first viral load may be requested for specific clinical conditions (TARGETED VL). It was then a final recommendation to follow strictly the national guidelines when classifying VL results as ROUTINE. A decision to keep the initial recommendations that follow strictly the guidelines was made, namely:

- Two different criteria to classify the first requested VL as per national guidelines
  - Adults + Children: patients >6 months on ART with one VL result in 6-9 months after ART initiation.
  - Pregnant and Lactating women: patients >3 months on ART with one VL result in 3-6 months after ART initiation.

- A suggestion to add a time limit to when the previous VL test was performed in the second proposed recommendation was made. It should now read:
  - ” The Viral load result registered in the 12-month period is not the first one registered for the patient and the previous VL was performed between 12-15 months with a result of <1000 copies”
- To follow MER 2.3 guidelines, a decision to add a condition that describes as ROUTINE VL all results registered in the 12-month period that are not the first one registered for the patient and the previous VL had a result of >1000 copies. According to the national guidelines this condition would be applicable for TARGETED VL, but MER 2.3 considers it as ROUTINE.
- All other recommendations on ROUTINE VL were consensus.

TARGETED VL

As *per* MER 2.3 a TARGETD VL refers to viral load tests ordered based on a specific clinical indication, (e.g., concern about disease progression or failure to respond to ART). Due to current limitations to correctly identify TARGETED VL as per MER 2.3 guidelines, we will consider all other requested VL as Undocumented. It is expected that with the rollout of the new HIV M&A tools this limitation will be solved.

4. THE SUMMARIZE PROPOSAL NOW READS:

ROUTINE VL

To disaggregate de DENOMINATOR as ROUTINE viral load tests for which the results were registered in the 12-month period, we propose the following:

- Adults and Children with >6 months on ART with one VL result registered in the 12-month period between 6-9 months after ART initiation.
- Pregnant and Lactating women with >3 months on ART with one VL result registered in the 12-month period between 3-6 months after ART initiation
- Adults and Children with the VL result registered in the 12-month period that is not the first one registered for the patient, and the

previous VL was registered between 12-15 months with a result of <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 for patients on second line treatment
- Pregnant and Lactating women in which the viral load test result registered in the 12-month period is not the first viral load registered for the patient, and the previous VL result had <1000 copies

TARGETED

We are not able to disaggregate the DENOMINATOR as TARGETED VL due to limitations on the currently used tools.

UNDOCUMENTED

We will consider as UNDOCUMENTED, all other VL results not classified/Disaggregated as ROUTINE that were registered in the 12-month period.

5. NEXT STEPS

- SI/CLINICAL leads need to update the guidance to all partners
  - Partners meeting around November 15th where PEPFAR will communicate to all about the package of this indicator
- FGH will right the proposals and scenarios on the context of patients with those characteristics,

6. 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
  - Teste scenarios need to have patients with next pick up
  - 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.

1. 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	

2. NEXT MEETING

Next Meeting: Monday 5th November ,2018