

Tools and Support to Achieve 90-90-90 Targets and Save Lives

Achieving an AIDS-free generation will require a comprehensive approach, including gains achieved by the initiation of and adherence to antiretroviral therapy (ART) that strategically targets geographic areas and populations where HIV prevalence is high—or where there is potential for the most impact.

PEPFAR 3.0—Controlling The Epidemic: Delivering on the Promise of an AIDS-free Generation (2014) calls for programs to target evidence-based interventions for populations at greatest risk in areas of greatest HIV incidence—a shift referred to as the “PEPFAR pivot.” The document defines progress as achieving 90-90-90 by 2020, meaning that 90 percent of people with HIV know their status, 90 percent of those diagnosed are on ART (also known as “Test and Start”), and 90 percent of those treated are virally suppressed.

HIV-affected countries therefore have an increasing need for high-quality data to identify the areas and populations that have the greatest numbers of HIV-affected people or the greatest risk for HIV transmission. Countries have a corresponding need for improved capacity to collect and analyze data, conduct evaluations, and encourage data use to measure progress toward the 90-90-90 targets.

Using Data to Measure Progress Toward 90-90-90

Needs differ, depending on countries’ HIV portfolio and program priorities. MEASURE Evaluation offers a wide array of services, tools, and training that can help countries to:

- Consider the cost-effectiveness of programs
- Link programs to community-based care and information systems
- Improve data collection and data use
- Improve policies and programs based on better data regarding supply chain, gender considerations, key population needs, size estimations, and other topics



A health care worker in Uganda counts tablets for clients enrolled on Option B-Plus for prevention of mother-to-child transmission of HIV. © 2013 Jessica Ziegler/URC-CHS, Courtesy of Photoshare

MEASURE Evaluation provides tools, guidance, and capacity building to help countries reach their 90-90-90 targets and to substantiate their progress. MEASURE Evaluation also fills a need to help a ministry of health understand the consequences of the PEPFAR pivot, which may have shifted the distribution of PEPFAR funding in the country from one location to another.

MEASURE Evaluation can provide technical assistance to help countries strengthen district and national information systems that support HIV programming and policy, improve or roll out DHIS 2, refine indicators to focus on fewer indicators while still accurately measuring HIV progress and impact, develop indicators of HIS sustainability in government systems, and conduct data quality assessments.

MEASURE Evaluation’s PLACE (Priorities for Local AIDS Control Efforts) assessment tools have been updated to help countries estimate the size of key populations more accurately and track and measure the HIV cascade of treatment among these populations more precisely. New approaches are:

- A revised PLACE manual that pays more attention to the HIV treatment cascade among individual populations and offers better measures of viral load suppression

- Improved methods for size estimation of key populations in HIV program populations, with tools for comparing this information to PLACE data in order to review and revise these estimates (This approach also helps programs to follow the HIV treatment cascade among their target populations—data that will provide programs with improved measures of impact and progress.)
- Use of “review and revise” to help countries extrapolate program size in order to calculate more precisely the countrywide HIV burden among key populations, which is essential for leveraging global funding sources
- Establish data systems to support Test and Start, through the adoption and implementation of new World Health Organization guidelines, including those related to service delivery and predicting commodities supply under Test and Start conditions

For PEPFAR, progress will mean achievement of 90-90-90 in long-term strategy countries (Burundi, Cameroon, Côte d’Ivoire, the Democratic Republic of the Congo, Ethiopia, Haiti, Kenya, Lesotho, Malawi, Mozambique, Rwanda, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe) with direct PEPFAR support of prevention, care, and treatment services. PEPFAR also supports achievement of 90-90-90 in other high-burden countries, through ongoing partnerships and increasing financial collaboration and direct technical assistance. These countries are Botswana, Namibia, Nigeria, South Africa, and Vietnam.

More generally, MEASURE Evaluation’s expertise enables countries to measure progress toward 90-90-90 in the following ways:

- Compiled [FAQs](#) to help implementers understand the rationale and the skills needed for collecting the Monitoring, Evaluation, and Reporting (MER) essential indicators to measure outcomes for orphans and vulnerable children (OVC) programs. These are considered critical to tracking progress within PEPFAR-funded projects and are a reporting requirement.
- Consider the impact of geography-informed data in geographic information systems to assess the targeting and availability of services for HIV-affected populations
- Evaluate programs and interventions in countries to determine their capacity to test, treat, and achieve viral suppression and adherence to ART (This is especially important for Namibia and Ghana and for cross-border interventions.)

MEASURE Evaluation’s Services

To access the project’s capabilities statements, visit: <http://www.measureevaluation.org/about/services/capacity-statements>. To access MEASURE Evaluation resources, country governments should contact their local USAID mission. The mission, in turn, can contact the USAID AOR for MEASURE Evaluation, Kristen Wares (kwares@usaid.gov). For more information, e-mail measure@unc.edu or go to our website: www.measureevaluation.org.