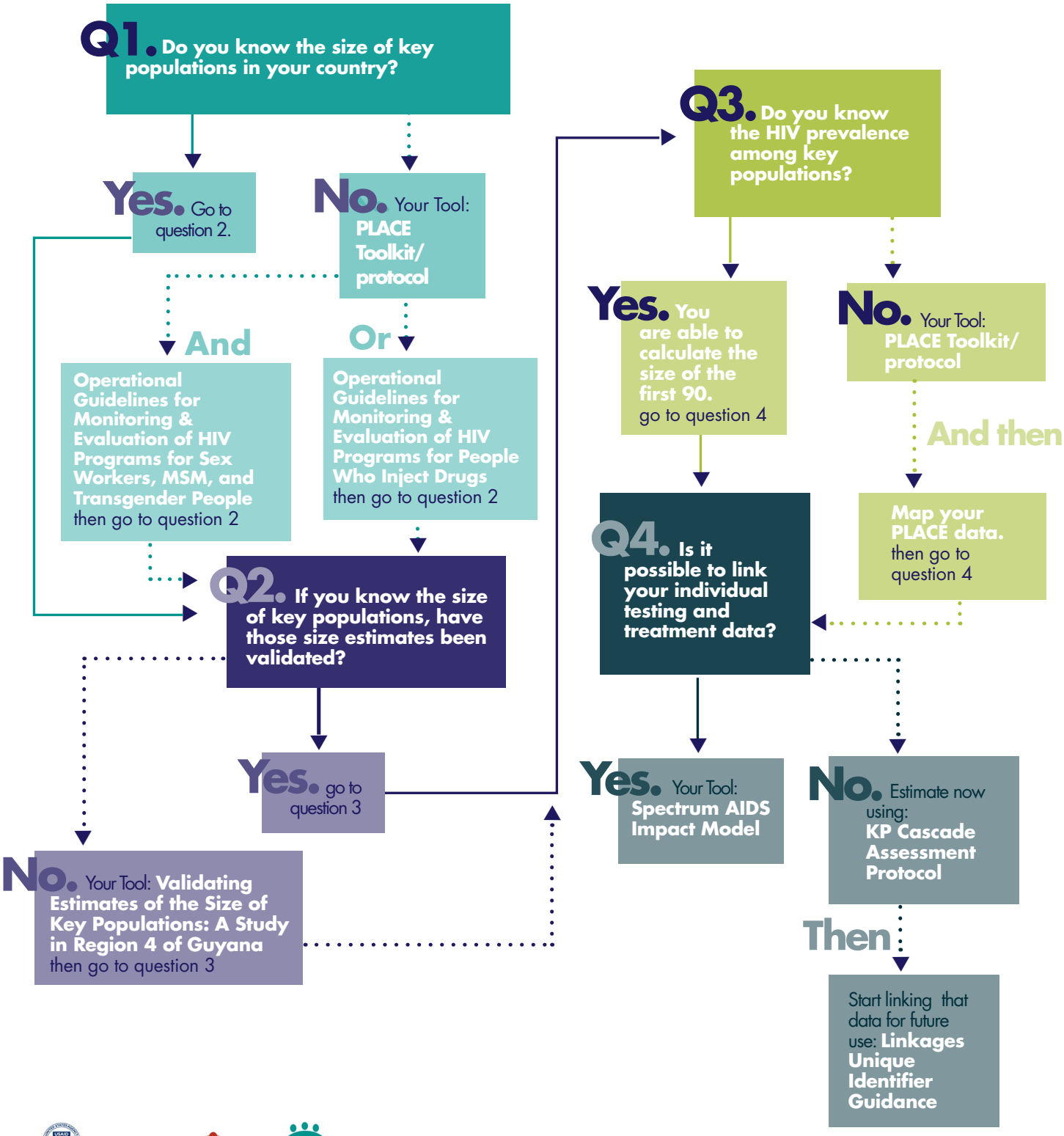
Decision Tree for Estimating or Calculating 90-90-90 among Key Populations



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MEASURE Evaluation

Q1. Do you know the size of key populations in your country?

Your tool: Priorities for Local AIDS Control Efforts (PLACE) https://www.measureevaluation.org/resources/tools/hiv-aids/place

Intended user: Local AIDS prevention managers in resource-poor settings

What: A rapid assessment tool to improve HIV/AIDS prevention program coverage in areas where transmission is most likely to occur

Investment: Resources to establish a steering committee, conduct community informant interviews at likely sites, record site characteristics, and use information in stakeholder workshops to develop action plans

Tool output: Identifies gaps in current prevention programs and monitors program coverage over time; also helps determine where to target resources to prevent new HIV infections

and

Your tool: Operational Guidelines for Monitoring and Evaluation of HIV Programmes for Sex Workers, Men Who Have Sex with Men and Transgender People

https://www.measureevaluation.org/resources/publications/ms-11-49a and
https://www.measureevaluation.org/resources/publications/ms-11-49b

Intended user: Specialists and HIV program staff tasked with monitoring and evaluation (M&E) of key population programs at all administrative levels

What: Guidance in formulating protocols to estimate the magnitude and spatial distribution of key populations over time

Investment: Resources to establish a research protocol and conduct a mapping and size estimation study will vary based on the geographic region for which the information is needed. A national size estimation and a subnational size estimation, for example, will require vastly different resources for number of interviewers, numbers of locations sampled, etc.

Tool output: Maps of the locations of pockets of key populations and information on the size of key population groups, all of which show which geographic areas to target with programming and provides denominators for calculating the first 90[1]

or

Your tool: Operational Guidelines for Monitoring and Evaluation of HIV Programmes for People Who Inject Drugs

https://www.measureevaluation.org/resources/tools/hiv-aids/operational-guidelines-for-m-e-of-hiv-programmes-for-people-who-inject-drugs/idu-national-and-subnational-level-guidelines and
https://www.measureevaluation.org/resources/tools/hiv-aids/operational-guidelines-for-m-e-of-hiv-programmes-for-people-who-inject-drugs/idu-guidelines-tools

Intended user: M&E and program staff tasked with monitoring and evaluating HIV programs for people who inject drugs

What: Guidance in formulating protocols to estimate the magnitude and spatial distribution of injecting drug users over time

Investment: Resources needed are the same as for those conducting mapping and size estimates of other types of key populations, varying by the area to be mapped and the size of the population to be estimated

Tool output: Map showing locations of high concentrations of people who inject drugs (and thus are at risk of acquiring HIV) and size estimates of that population

[1] UNAIDS goal that by 2020, 90 percent of all people living with HIV will know their HIV status, 90 percent of all people with diagnosed HIV infection will receive sustained antiretroviral therapy, and 90 percent of all people receiving antiretroviral therapy will have viral suppression.

Q2. If you know the size of key populations, have those size estimates been validated?

Your tool: Validating Estimates of the Size of Key Populations: A Study in Region 4 of Guyana
https://www.measureevaluation.org/resources/publications/tr-17-184_en

Intended user: National government programs or projects to curb HIV transmission

What: A validation study conducted in Guyana to update a biobehavioral surveillance survey (BBSS), based on PLACE, to determine the size of subgroups at risk for HIV transmission

Investment: Resources to use a short questionnaire to conduct several hundred community informant interviews, create a population sampling frame, and analyze characteristics and behavioral findings. Size estimates were validated through a review-and-revise process among stakeholders familiar with key population data and program data.

Tool output: The Guyana study can be adapted to improve future HIV outreach and prevention activities with key populations, targeting where they are needed most (i.e., where the greatest numbers of key populations may be found in a program area).

Q3. Do you know the HIV prevalence among key populations?

Your tool: Priorities for Local AIDS Control Efforts (PLACE) https://www.measureevaluation.org/resources/tools/hiv-aids/place

Q4. Is it possible to link your individual testing and treatment data?

Your tool: Spectrum AIDS Impact Model
http://www.healthpolicyplus.com/archive/ns/pubs/hpi/1182_1_EOP_Brief_HIV_Tools_AIM_6_30_10_FINAL_acc.pdf

Intended user: Government ministries engaged in HIV/AIDS policy

What: Developed to project the number of future HIV infections, AIDS cases, and AIDS-related deaths, given assumptions about adult HIV prevalence and the demographic and social impacts of HIV

Investment: Spectrum requires a sophisticated user of statistical models and the ability to install and run the Java-based software. The model requires recent (within 4 years) population size estimates, HIV prevalence data, and sentinel surveillance data for every subpopulation of interest.

Tool output: Helps build knowledge about HIV/AIDS and support for more effective prevention, care, and treatment policies and programs. The projections also can help stakeholders compare intervention scenarios, ranging from projecting the impact of taking no action to the impact of alternate levels of funding.

or

Your tool: HIV Cascade Framework for Key Populations
https://www.fhi360.org/sites/default/files/media/documents/linkages-hiv-cascade-framework-oct15.pdf

Intended user: Ministries of health and other government agencies, nongovernmental and civil society organizations, HIV program managers, and researchers

What: A tool to help those responsible for the continuum of HIV services to construct, analyze, and use the HIV cascade framework to improve HIV services for key populations and retain beneficiaries in services

Investment: Access to a wide variety of data, including size estimates of specific key populations of interest; outreach data; and data from public, private, and community-based facilities that provide HIV services to members of key populations

Tool output: The tool is useful to build a cascade of prevention, care, and treatment services for HIV. It (1) assesses the current total number of key populations accessing services (a cross-sectional cascade) or (2) follows and assesses a specific cohort of key population members accessing services over time (a cohort cascade).

then

Your tool: Unique Identifier Codes: Guidelines for Use with Key Populations
https://www.fhi360.org/sites/default/files/media/documents/resource-linkages-uic-guidance.pdf

Intended user: Governments, nongovernmental organizations, providers, and other key population stakeholders

What: Guidance on the use of unique identifier codes (UICs) for key populations receiving HIV services

Investment: Resources to assess current patient identifiers, infrastructure to maintain a UIC (including equipment for biomarkers), and training for providers

Tool output: Members of key populations encounter stigma in many countries and the lack of confidential care deters them from seeking services. Confidential UICs can help ensure anonymity for stigmatized diseases. This guidance offers thoughts on forms of UICs and how to use them, data security and consent models, and several case studies for those who want to institute the use of UICs.

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