



Monitoring, Evaluation and Learning Plan

**UNDP Multi-Country Western Pacific Integrated
HIV/TB Programme
2021–2023**

January 2021

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The plan was developed through a review of pertinent grant documents highlighted in Section 4 of this plan. Due to COVID-19 travel restrictions, in-country consultations were not possible, however the plan was shared with national and regional programme stakeholders from across the 11 programme countries for review, including.

- Key focal points and HIV and STI Programme Coordinators at the Ministries of Health.
- Civil society organization (CSO) representatives.
- Members of the Regional Technical Working Group (RTWG).
- Pacific Islands Regional Multi-Country Coordinating Mechanism (PIRMCCM) members.

Due to time limitations to finalize the regional MEL plan for submission to the Global Fund, obtaining feedback from all country SR representatives was not possible. There will however be a second round of consultations to ensure that all programme stakeholders are aware of the plan and its content, and an updated version of the plan will be made available on the UNDP website.

| Technical Lead | | |
|---|------------------------------|---|
| Organization | Name | Title |
| UNDP Fiji | Ranadi Levula | Monitoring and Evaluation Analyst |
| National and Regional Stakeholders | | |
| Country / Organization | Name | Title |
| Cook Islands Ministry of Health | - Edwina Tangaroa | - Communicable Disease HIV & TB Focal Point |
| FSM Department of Health & Social Affairs | - Dr. Mayleen Ekiek | - Director, National Communicable Disease |
| Samoa Ministry of Health | - Robert Carney | - Research, Monitoring and Evaluation Officer, HIV, AIDS, STIs and TB. Ministry of Health Samoa |
| Tonga Ministry of Health | - Angela Fineanganofa | - National HIV/STIs Program Coordinator |
| Tuvalu Ministry of Health | - Dr. Apinelu Puafitu Faaalo | - National coordinator for HIV, TB and Leprosy, Princess Margaret Hospital |
| Vanuatu Ministry of Health | - Edna Iavro | - HIV TB National Coordinator |
| UNDP Fiji | - Gayane Tovmasyan | - Programme Manager |
| UNDP Fiji | - Praneel Maharaj | - Programme Analyst |
| UNDP Fiji | - Pranit Maharaj | - Programme Analyst |
| UNDP Samoa | - Sara Faletoesa | - Programme Analyst |
| UNDP Vanuatu | - Daisy Warsal | - Programme Analyst |
| UNDP Bangkok | - Ian Mungall | - Programme Analyst (Communications and KM) |
| WHO Fiji | - Dr. Dennie Iniakwala | - COVID-19 Short Term Consultant / HIV and STIs Advisor |
| PIRMCCM | - Filipe Nagera | - PIRMCCM Secretariat |
| UNAIDS Fiji | - Renata Ram | - Country Director |

List of Abbreviations

| | |
|---------|--|
| ART | Antiretroviral |
| CCM | Country coordinating mechanism |
| CDC | Centres for Disease Control and Prevention |
| CSO | Civil society organization |
| DM | Diabetes mellitus |
| DOTS | Directly observed treatment |
| FSW | Female sex workers |
| GF | Global Fund to fight AIDS, TB and Malaria |
| HIV | Human immunodeficiency virus |
| HMIS | Health management information systems |
| KP | Key population |
| KPI | Key performance Indicator |
| LFA | Local fund agent |
| LTBI | Latent tuberculosis infection |
| M&E | Monitoring and evaluation |
| MEL | Monitoring, evaluation and learning |
| MDR-TB | Multi-drug resistant TB |
| MOH | Ministry of Health |
| MSM | Men who have sex with men |
| MWP | Multi-Country Western Pacific |
| NAC | National AIDS Council |
| NCD | Non-communicable disease |
| NMDI | National minimum development indicator |
| NSP | National strategic plan |
| NTP | National TB Programme |
| OWG | Oversight working group |
| PICs | Pacific island countries |
| PIRMCCM | Pacific Islands Regional Country Coordinating Mechanism |
| PLHIV | People living with HIV |
| PLWD | People living with the disease |
| PR | Principal recipient |
| PUDR | Progress update and disbursement report |
| R&R | Recording and reporting |
| RTWG | Regional technical working group |
| SPC | Secretariat of the Pacific Community (The Pacific Community) |
| SR | Sub-recipient |
| STI | Sexually transmitted infection |
| TA | Technical assistance |
| TB | Tuberculosis |
| TG | Transgender |
| TRP | Technical review panel |
| TWG | Technical working group |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNDP | United Nations Development Programme |
| WHO | World Health Organization |

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1. Grant Information

| | | | | | | | | | | | | | |
|---|--|-----------------|----------|---------------------------------------|----------|-------------|----------|---|------------|----------|-------------|---------|--|
| Grant Title, Type and Period | Multi-Country Western Pacific (MWP) Integrated HIV/Tuberculosis (TB) Programme 1 January 2021– 31 December 2023 | | | | | | | | | | | | |
| Grant Reference | QUA-C-UNDP | | | | | | | | | | | | |
| Grant Goals | <ol style="list-style-type: none"> 1. To halt the spread of HIV among the population of the Western Pacific and maintain HIV incidence rates below 0.1 percent annually. 2. To reduce AIDS-related mortality by strengthening HIV case finding and case management. 3. To reduce the incidence and mortality from all forms of TB in the 11 Pacific island countries, thereby contributing to the post-2015 global TB strategy. 4. To promote universal and equitable access to quality diagnosis and appropriate treatment of TB, MDR-TB, TB/DM and TB/HIV patients across 11 Pacific island countries. | | | | | | | | | | | | |
| Programme Objectives: (HIV) (Tuberculosis) | <ol style="list-style-type: none"> 1. Strengthening comprehensiveness and quality of HIV prevention, treatment and care service-delivery models with a view to programmatic sustainability. 2. Strengthen resilience of community and health systems. 3. To provide early rapid and quality diagnosis of TB, MDR-TB, TB/DM and co-morbidities and TB/HIV with specific focus on screening and diagnosis in selected and prioritized hard to reach, vulnerable groups across 11 Pacific island countries. 4. To sustain high quality treatment for all forms of TB including drug-resistant TB and HIV-related TB with patient support. | | | | | | | | | | | | |
| Principal Recipient (PR) | United Nations Development Programme (UNDP) | | | | | | | | | | | | |
| Sub-recipients (SR) | <p>Ministries of Health and Non-Governmental agencies of the 11 Western Pacific programme countries:</p> <table> <tr> <td>1. Cook Islands</td> <td>7. Palau</td> </tr> <tr> <td>2. Micronesia, Federated States (FSM)</td> <td>8. Samoa</td> </tr> <tr> <td>3. Kiribati</td> <td>9. Tonga</td> </tr> <tr> <td>4. Republic of the Marshall Islands (RMI)</td> <td>10. Tuvalu</td> </tr> <tr> <td>5. Nauru</td> <td>11. Vanuatu</td> </tr> <tr> <td>6. Niue</td> <td></td> </tr> </table> | 1. Cook Islands | 7. Palau | 2. Micronesia, Federated States (FSM) | 8. Samoa | 3. Kiribati | 9. Tonga | 4. Republic of the Marshall Islands (RMI) | 10. Tuvalu | 5. Nauru | 11. Vanuatu | 6. Niue | |
| 1. Cook Islands | 7. Palau | | | | | | | | | | | | |
| 2. Micronesia, Federated States (FSM) | 8. Samoa | | | | | | | | | | | | |
| 3. Kiribati | 9. Tonga | | | | | | | | | | | | |
| 4. Republic of the Marshall Islands (RMI) | 10. Tuvalu | | | | | | | | | | | | |
| 5. Nauru | 11. Vanuatu | | | | | | | | | | | | |
| 6. Niue | | | | | | | | | | | | | |
| Targeted Diseases | HIV/STIs and Tuberculosis | | | | | | | | | | | | |
| Principal Recipient Key Contact | <p>Gayane Tovmasyan Programme Manager Multi-Country Western Pacific Integrated HIV/TB Programme United Nations Development Programme Level 2, Kadavu House 414 Victoria Parade, Suva, Fiji Tel: (679) 3312018; Mobile: (679) 2862532 Skype: gayane.tovmasyan Email: gayane.tovmasyan@undp.org</p> | | | | | | | | | | | | |
| Date Prepared | January 2021 | | | | | | | | | | | | |

2. General Guiding Principles

The Multi-Country Western Pacific Integrated HIV/TB Programme is funded by the Global Fund to fight AIDS, TB and Malaria. The regional programme operates across 11 Pacific island countries (PICs) and is geared towards upscaling the support towards prevention, treatment and care services for those living with and most vulnerable to HIV and TB.

There are four key principles that guide the operations of the Global Fund, which are being adopted by the PR, UNDP, in the management of this programme:

- Country ownership.
- Performance-based funding.
- Partnership.
- Transparency

The programme MEL plan is designed around these core principles.

Strengthening Country Ownership by Building on Existing Systems

Although there are detailed project level performance frameworks available for each country and each grant SR, country specific MEL plans have not been developed as the amount of time and resources required to do so for 11 countries with 22 grant SRs would be beyond available capacity. Therefore, a regional MEL plan has been developed containing country specific details relating to operational context, grant performance monitoring and recording and reporting and SR specific performance frameworks.

The development of this regional MEL plan builds on existing health information and recording and reporting systems already available in-country, including data and information (country specific and regional) collected by the PR during the last two rounds of grant implementation. It was determined that there was no need for new in-country or virtual consultations to be held. Furthermore, given that the performance framework indicators for 2021-2023 grant cycle closely mirrors the previous grant cycle indicators, there would be minimal need to identify completely new systems of data collection and reporting but rather an enhancement of what is already available in countries.

Countries had the opportunity to review and comment on the regional MEL plan prior to its finalization and any mid-term updates to the plan will be done in consultation with all relevant country and regional stakeholders.

Performance-Based Funding, Accountability and the Push for Results

Global Fund grants are performance-based and monitoring and evaluation is a critical component. Through M&E, the programme results at all levels (impact, outcome, output, process and input) can be measured to provide the basis for accountability and informed decision-making at both programme and policy level.

PR/SR programmatic performance monitoring and achievement is based on the local fund agent's (LFA) grant rating tool which is a tool that measures the performance of the programme through the achievement of its coverage indicators in the performance framework.

The PR does quarterly monitoring of activity implementation and on a bi-annual and annual basis receives progress updates from grant SRs on activity implementation, as well as produces a summary report against the programmes key performance indicators (KPIs).

The MEL plan highlights not only the performance measures of the programme but also reflects the overall criteria and assessments carried out by the PR in assessing programmatic as well as financial performance. This is reflected in Annex 3.

The programme is committed to overcome challenges of implementing programmes in the Pacific region and demonstrating accountability for funds achieved through continuous monitoring and reporting of programme results. Annual management letters to grant SRs highlighting performance issues and suggested areas for improvement contribute to the push for results. These are accompanied with ongoing dialogue and consultation throughout the year, as well as the provision of training and technical assistance in identified gap areas.

Partnerships – Having a Participatory Approach to Strengthening Monitoring and Evaluation Capacities at all Levels

This refers to distributing the burden and decentralizing the M&E roles across programme and project staff as well as involving key technical partners and contracted technical assistance in the dialogue on M&E systems strengthening.

Transparency through Increased Information Dissemination for Learning and Knowledge Improvements

Data sharing and information dissemination is a key component of the MEL plan. Programme improvements are made based on data collected and analyzed through programme M&E. Promoting learning throughout the programme implementation is critical and therefore efforts to strengthen the linkages between the M&E and the Communications function is ongoing. A detailed communications strategy is provided in [Table 9](#) outlining how the programme intends to disseminate programme results, implementation updates and stories of change. Additional emphasis is also placed on involving government, civil society, key populations (KPs) and people living with the diseases (PLWD) in the process of data collection, reporting as well as telling their stories of change.

Purpose of the MEL Plan

The MEL plan provides the roadmap for implementing M&E activities for the programme. The overall aim of the plan is to:

- Guide performance monitoring of the programme.
- Outline the tools used to generate evidence at all levels (coverage, outcome and impact)
- Provide an outline of all those involved in the data collection, data management, analysis and reporting process.
- Outline a plan of action, with specific timelines and budget, for the data collection and reporting processes across the 11 programme countries, or at the least, ensure adoption of the minimum data collection and reporting requirements in alignment to data needs of key donors and other governing health frameworks.
- Provide a plan of activities to strengthen alignment to minimum core data requirements.

The MEL Plan is aligned to the following key programme plans and strategies:

- **MWP Programme Detailed Workplan and Budget Submission:** M&E and Health Management Information Systems (HMIS) activities outlined in the detailed workplan and budget submission to the Global Fund
- **National HIV/STIs Plans and Global HIV Targets:** National strategic plans (NSPs) were developed for seven PICs in 2019, however specific targets for key populations which makes up most of the programme performance framework indicators do not exist. Targets relating to people living with HIV and their treatment status, including viral load targets, were set by referencing national HIV M&E frameworks as well as global HIV targets. The MWP programme will support the revision of an additional four NSPs in 2021.
- **Regional End TB Strategy Operational Targets:** In the absence of country TB NSPs, TB targets are based on the End TB Regional Strategy as well as analysis of trend TB data for each country. TB case notification targets at country level are set by the MWP programme with advice from the WHO TB Technical Lead.
- **Global Fund Regional M&E Plan Guidelines and GF Indicator Guidance Sheets.** The plan was developed using the GF M&E plan template and the indicators reference sheet was developed based on the GF indicator guidance sheets for TB and HIV, which was last updated in August 2020.

3. Background

Project Background

The Multi-Country Western Pacific Integrated HIV/TB Programme supports national and regional efforts across 11 PICs in scaling up and improving the response to HIV and TB through prevention, treatment, care and support services, with special attention to key and vulnerable population groups.

Country Profiles

The countries context for this MEL plan are the 11 PICs supported by the GF. These are: Cook Islands, Federated States of Micronesia, Kiribati, Marshall Islands, Nauru, Niue, Palau, Samoa, Tonga, Tuvalu and Vanuatu.

The countries are markedly diverse, and therefore so are their implementation context and associated challenges. To illustrate this diversity, the geography, setting, culture, population, economy, health, social and gender equity situation of these countries are summarized in Table 1

Table 1: Profile of Pacific Islands Countries and Territories Supported by Global Fund New Funding Model Grant (2020 Data)

| Country | Group | Population (Est., 000) | Land surface area (sq. km) | Population density (per sq. km) | GDP per capita (US\$) | Infant mortality rate (per 1000 live births) | Seats held by women in national parliament (%) |
|--------------|------------|------------------------|----------------------------|---------------------------------|-----------------------|--|--|
| Cook Islands | Polynesia | 18 | 236 | 73 | 13,092.7 | 3.5 | Not available |
| FSM | Micronesia | 115 | 702 | 164.3 | 3,296.4 | 23.5 | 0.0 |
| Kiribati | Micronesia | 119 | 726 | 147.5 | 1,627.4 | 43 | 6.5 |
| Nauru | Micronesia | 11 | 21 | 561.4 | 11,875.9 | 18.0 (2015) | 10.5 |
| Niue | Polynesia | 2 | 260 | 6.3 | n/a | 8.1 (2015) | n/a |
| Palau | Micronesia | 22 | 459 | 48.8 | 15,859.4 | 13.3 (2015) | 12.5 |
| RMI | Micronesia | 53 | 181 | 295.8 | 3,666.9 | 25.4 (2015) | 6.1 |
| Samoa | Polynesia | 198 | 2,842 | 70.1 | 4,249.6 | 13.4 | 10.0 |
| Tonga | Polynesia | 106 | 747 | 146.8 | 4,885.8 | 12.5 | 7.4 |
| Tuvalu | Polynesia | 12 | 26 | 383.3 | 4,000.6 | 10.3 (2010) | 6.2 |
| Vanuatu | Melanesia | 307 | 12,189 | 25.2 | 3,037.2 | 22.4 | 0.0 |

Sources: UNdata country profiles

Table 2: HIV Strategic Plans Context

| Country | Title of HIV NSP |
|--------------|--|
| Cook Islands | Cook Islands National Strategic Plan for Sexual and Reproductive Health 2020-2025 |
| FSM | Federated States of Micronesia (FSM) National Strategic Plan for HIV and STI 2020-2025 |
| Kiribati | Kiribati National Strategic Plan for HIV and STI 2020-2024 |
| Nauru | Nauru Integrated National Strategic Plan for Sexual and Reproductive Health Services |

| | |
|---------|---|
| | (2015-2020) linked to the Nauru National NCD Strategic Action Plan (2014-2020) <i>[New NSP to be drafted in 2021 through MWP funding and TA support.]</i> |
| Niue | Niue Strategic Plan for STIs including HIV, (2014-2018) <i>[New NSP has been drafted pending finalization and endorsement.]</i> |
| Palau | Palau National HIV & STIs Strategic Plan 2016-2019 <i>[New NSP has been drafted however pending finalization and endorsement . MWP funding and TA support will be provided in 2021.]</i> |
| RMI | Republic of Marshall Islands National Strategic Plan for HIV and STI 2020--2025 |
| Samoa | National HIV, AIDS, and STI Policy 2017-2021 |
| Tonga | Tonga National Strategic Plan for HIV and STIs 2020-2025 |
| Tuvalu | Tuvalu National Strategic Plan for HIV & STIs 2020-2024 |
| Vanuatu | Vanuatu National Strategic Plan on HIV and STIs 2017-2021 <i>[Work on the new NSP will commence in 2021. MWP funding and TA support will be provided in 2021.]</i> |

Disease Context

HIV in the 11 GF Supported PICs

HIV in the region is mostly sexually transmitted, although there is also some perinatal transmission. From programmatic reporting,¹ the number of HIV cases across the 11 countries remains low and significant progress has been made in terms of percentage of PLHIV accessing treatment. By the end of 2019, a total of 65 PLHIV were reported, with 56 (86 percent) of these were enrolled on treatment. Of the total cases, there is equal gender distribution (50 percent male and 50 percent female), and 10 (15.4 percent) of these PLHIV are below 15 years old.

Table 3: Summary of PLHIV Cases in 11 PICs as per 2019 PUDR Results Analysis

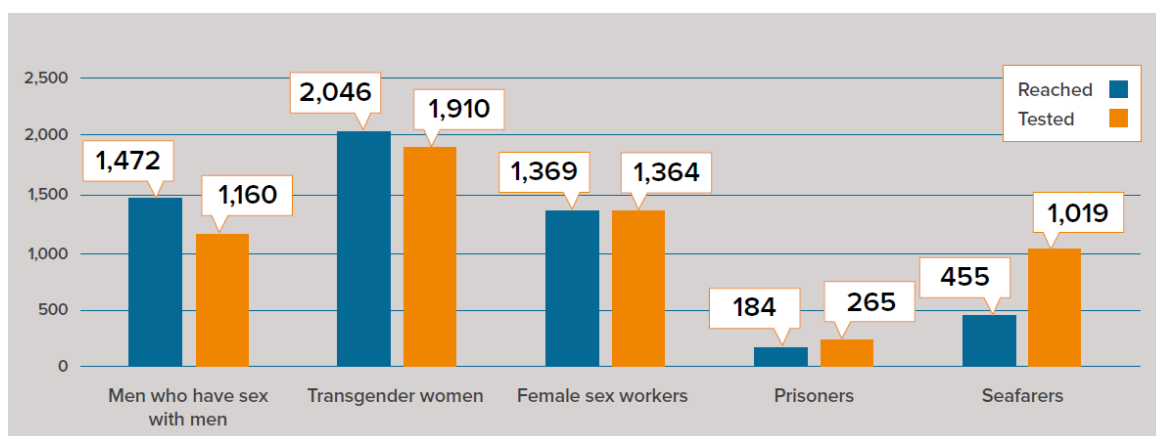
| Country | Total population mid-year 2018 | Index case year | Cumulative PLHIV 2019 | Cumulative on ART (2019) | Sex | | Age | | Remarks |
|--------------|--------------------------------|-----------------|-----------------------|--------------------------|-----|---|-----|-----|--|
| | | | | | M | F | <15 | >15 | |
| Cook Islands | 15,200 | 2010 | 1 | 1 (100%) | 1 | 0 | 0 | 1 | Diagnosed in New Zealand in 2019 and residing in CI. Those diagnosed with HIV after 2010 are no longer in country. |
| FSM | 105,300 | 1989 | 14 | 12 (86%) | 5 | 9 | 6 | 8 | |
| Kiribati | 120,100 | 1991 | 10 | 10 (100%) | 6 | 4 | 2 | 8 | |
| Nauru | 11,000 | 1999 | 1 | 1 (100%) | 0 | 1 | 0 | 1 | |
| Niue | 1,520 | n/a | 0 | 0 | - | - | - | - | |
| Palau | 17,900 | 1993 | 7 | 3 (43%) | 5 | 2 | 0 | 7 | |
| RMI | 35,500 | 1984 | 8 | 8 (100%) | 4 | 4 | 0 | 8 | |
| Samoa | 196,700 | 1990 | 13 | 13 (100%) | 9 | 4 | 2 | 11 | |
| Tonga | 100,300 | 1987 | 4 | 4 (100%) | 2 | 2 | 0 | 4 | |
| Tuvalu | 10,200 | 1995 | 0 | 0 | | | | | Tuvalu data has been cleaned as the cases in |

¹ MWP_TB HIV>PUDR Results Dec 2019

| Country | Total population (mid-year) | Index case year | Cumulative PLHIV (2019) | Cumulative on ART (2019) | Sex | | Age | | Remarks |
|--------------|-----------------------------|-----------------|-------------------------|--------------------------|-----------|-----------|-----------|-----------|--|
| | | | | | - | - | - | - | previous years cannot be traced for past 10 years. |
| Vanuatu | 304,500 | 2002 | 7 | 4 (57%) | 1 | 6 | 0 | 7 | |
| TOTAL | 877,300 | | 65 | 56 (86%) | 33 | 32 | 10 | 55 | |

The number of KPs reached with prevention programmes² in the Pacific region significantly increased over the course of 2018 and 2019. In 2019 alone, 5,718 KPs were tested for HIV.³

Figure 1: Numbers of Key Populations Reached with Prevention and Testing Programmes (2019 MWP Data)



Despite the high programme coverage, barriers to health service access by key and vulnerable populations still remain and if not addressed, create risks for HIV transmission in the region.

Behavioural risk factors and social and structural determinants of risk that drive the epidemic among vulnerable groups are due to several factors, including:

- Large number of young people.
- Significant movement of people into, through and out of the region.
- Unsafe sexual practices that give rise to high rates of STIs and teenage pregnancy.
- Varying knowledge of HIV prevention across the region.
- Internal stigma and stigma and discrimination by health care workers that prevents vulnerable groups and PLHIV from accessing services.
- Geographical constraints, including scattered and remote islands, and high costs of transportation to reach remote locations hinders provision of services.
- Socioeconomic status, especially of those living with HIV. Most PLHIV in the region are unemployed and do not earn a consistent income.
- Health system constraints, including limited staffing and health care budgets.

² As per the key populations definitions and service delivery guidelines, the term “reached with prevention programmes” refers to being reached with behaviour change communication, including information, education and communication products; condoms and lubricants and testing referral.

³ Multi-Country Western Pacific Integrated HIV/TB Programme Key Performance Indicator Results 2019, <https://www.undp.org/content/undp/en/home/librarypage/hiv-aids/western-pacific-hiv-tb-programme-key-performance-indicator-results-2019.html>

- Capacity constraints amongst community-based organizations that are at the forefront of the HIV response in the Pacific.
- Low levels of community engagement in policy making and programme design and implementation.
- Limited awareness and understanding amongst policy makers of the epidemic's potential long-term impact (i.e. low priority given to HIV due to low prevalence).
- Unsupportive policy and legal environments, including a lack of enabling legal environment for KPs to freely access services and become equal participants in the response.

Supporting Evidence: A study conducted in 2016 on risk vulnerability to HIV and STIs among key populations, including men who have sex with men, transgender women, female sex workers and seafarers⁴ in nine PICs, examined the behaviour risk factors and social and structural determinants of risk that drive the epidemic amongst these vulnerable groups. The study revealed that though there are overall low HIV rates of infection, there is high vulnerability to increased HIV transmission. This is exacerbated by behaviours such as:

- Low condom use amongst men who have sex with men and TG people. For instance, in Tuvalu, Kiribati, FSM and RMI fewer than 20 percent of men used a condom at their last instance of anal sex with a casual partner.
- Low condom use among female sex workers. For example, in Tonga only 18 percent of sex workers used a condom for sex with their last client.
- High rates of stigma and discrimination against female sex workers, as well as violence and abuse at the hands of clients, non-paying partners and family.
- High alcohol use and binge drinking, which can exacerbate high risk behaviour.
- Forced sex in the last 12 months ranged from 7 percent in Palau to 47 percent in FSM. Survey participants mentioned that they had been sexually assaulted as young children, usually by a male relative.
- HIV knowledge being mostly moderate across the region.
- Varying testing rates across the region. FSM had the lowest rates of HIV testing in the last 12 months.

The TB Situation in the Pacific

The Pacific region with its vast oceanic spread, multiple small islands with limited transport and communications, face unique challenges to provide adequate health services. Health departments are limited with small health workforces, frequent turnover and continuous need for technical expertise, face regular disease outbreaks leading to strained health systems. The island countries present specific challenges for TB control in ensuring universal access to quality TB care for all people, especially high-risk and vulnerable populations such as children and elderly people, people in poor communities and remote islands, and people with co-morbidities and other risk factors, particularly HIV, diabetes and tobacco use. The vast distribution of the island countries also has a unique challenge for communication and electronic data collection and management. Establishing a robust TB recording and reporting (R&R) system is a continuing challenge with limited or no electronic R&R leading to delayed and inadequate data collection.

The MWP programme provides much needed financial support for the 11 PICs. Although they have small populations, on average they have high estimated TB incidence rates – 145 new and

⁴ Pacific multi-country mapping and behavioural study: HIV and STI risk vulnerability among key populations, (2016), UNDP, UNSW, ASHM, PSGDN. Suva, Fiji: UNDP.

relapse cases per 100,000 population, compared to the Western Pacific region average of 93. The mortality rate has been reducing rapidly but is still high at 16.7 per 100,000 people, compared to the Western Pacific region average of 4.4. The incidence of TB among all these 11 PICs ranges from very high at > 400 to < 10 while the mortality tends to fluctuate widely due to the small notified numbers and limited population coverage.

In general, the PICs have a low HIV burden and hence the TB-HIV co-morbidities are low. However, the countries do have a very high diabetic burden as one of the major co-morbidities among the TB cases; diabetes has been described as “the HIV of the Pacific Islands”, adding to the burden of TB disease.

None of the PICs fall among the 30 high burden categories as per the WHO definitions, but can be grouped according to the incidence of TB disease as high, moderate and low burden countries.

Table 4: TB Country Burden Profile (Based on 2019 Data)

| Country | Population 2019 (SPC NMDI) | TB case notification 2019 (UNDP PUDR) | TB incidence rate per 100,000 population | TB disease burden (MWP categorization) |
|--------------|----------------------------|---------------------------------------|--|--|
| Cook Islands | 15,216 | 1 | 7 | Low |
| Niue | 1,583 | 0 | 0 | |
| Palau | 17,893 | 6 | 34 | |
| Samoa | 197,495 | 19 | 10 | |
| Tonga | 100,061 | 8 | 8 | |
| Vanuatu | 288,153 | 93 | 32 | |
| FSM | 105,227 | 92 | 87 | Moderate |
| Nauru | 11,505 | 17 | 148 | High |
| Tuvalu | 10,495 | 29 | 276 | |
| Kiribati | 116,766 | 409 | 350 | |
| RMI | 54,632 | 221 | 405 | |

Over the past decade, the PICs have demonstrated good treatment outcomes in sputum smear positive patients, almost reaching 90 percent.

TB Strategic Plans Context

Currently there are no TB NSPs and TB country level targets are based on the End TB Strategy Operational Targets. MWP programme coverage indicator targets at country level are set by the programme with advice from the WHO TB Technical Lead. The End TB strategy and the regional framework to implement it acts as the guiding principle for the TB prevention and care activities.

Table 5: The End TB Strategy targets

| | | | | |
|--------|----------------------------|------|------|------|
| Vision | A WORLD FREE OF TB | | | |
| | Zero TB deaths | | | |
| Goal | Zero TB disease | | | |
| | Zero TB suffering | | | |
| | END THE GLOBAL TB EPIDEMIC | | | |
| | 2020 | 2025 | 2030 | 2035 |

| | | | | |
|--|----|----|-----|----|
| | | | SDG | |
| Reduction in number of TB deaths (compared with 2015 %) | 35 | 75 | 90 | 95 |
| Reduction in TB incidence rates (compared with 2015 %) | 20 | 50 | 80 | 90 |
| TB-affected families facing catastrophic costs due to TB (%) | 0 | 0 | 0 | 0 |

The operational targets for achieving the goals of the End TB Strategy provide the direction to the national programmes for TB prevention and care services.

Table 6: TB Operational Targets

| No | Indicator | Recommended operational target level by 2020 / 2025 |
|----|---|---|
| 1 | TB treatment coverage | ≥90% |
| 2 | TB treatment success rate | ≥90% |
| 3 | Percentage of newly notified TB patients tested using WHO-recommended rapid tests | ≥90% |
| 4 | Documentation of HIV status among TB patients | 100% |
| 5 | LTBI treatment coverage | ≥90% |
| 6 | Contact investigation coverage | ≥90% |
| 7 | DST coverage for TB patients | 100% |
| 8 | Case fatality ratio (CFR – estimated mortality/estimated incidence) | ≤5% |
| 9 | Percentage of TB-affected households that experience catastrophic costs due to TB | 0% |
| 10 | Treatment coverage, new TB drugs | ≥90% |

Implementation Context:

It is important to note the constraints and challenges that exist across MWP programme countries that may impact activity implementation and reporting, some of which are highlighted in the table below. Efforts to address some of the challenges that lie within the programme's capacity to do so are detailed under Section 9 - Capacity Building.

Table 7: TB and HIV Recording and Reporting Challenges at the National Level

| Country | Challenge |
|---------------------|--|
| Cook Islands | <p>HIV: Absence of hardcopy national HIV/STIs register as well as evidence of case-based surveillance data. TB: Absence of hardcopy national TB register as well as evidence of case-based surveillance data.</p> <p>All patients presented at outpatient is recorded on the MedTech 32 system which is Cook Islands Health Information system. Data is extracted from this system as and when required. Due to ongoing low TB and HIV burden, there has not been a need to monitor and maintain patient records within the national TB and HIV registers up until 2019 when there was one patient diagnosed with TB. Last case detection was in 2016 with two cases confirmed positive for TB. Recently diagnosed 2019 and 2020 TB cases have been recorded in the TB lab register, however treatment updates of the one recent case diagnosed in 2020 is unknown at regional level as information updates which are usually extracted from the national registers are not available. Similarly, for HIV, as of the end of October 2020, there were only two positive cases living in Cook Islands that were diagnosed with HIV outside of the country as well as receives treatment</p> |

| | |
|-----------------|---|
| | <p>from abroad. The only support provided by the MOH is the provision of condoms and lubricants as well as standard check-ups when the patients fall sick. Viral load monitoring is undertaken by doctors in New Zealand and availability of these results to local clinicians is not guaranteed. Therefore, information updates on PLHIV in country is currently limited and mainly informal records and information provided by the national HIV Coordinator as well as nurse are available on file. In the absence of proper supporting documentation, it becomes difficult to substantiate donor reported results.</p> <p>Other Challenges:</p> <ul style="list-style-type: none"> • Inadequate government health budget allocations towards TB, HIV and STIs had a huge impact on the testing of Chlamydia as the most common STI which ceased in March 2020 due to the high cost of the test agent. • Due to low disease burden, there is limited donor funding support. |
| FSM | <p>HIV: Delayed submission of complete and accurate PLHIV patient monitoring data from the states in time for donor reporting.</p> <p>TB: TB information provided is comprehensive and detailed, however the summation of aggregate results from the four FSM states takes time as submission of state quarterly reports are not always on time.</p> <p>Other Challenges:</p> <ul style="list-style-type: none"> • Controlled access to online surveillance systems • Poor connectivity affects access to online surveillance. • Online case submission is not real time. • Multiple data platform from various donors • Turnover of TB / HIV programme staff. • Limited number of TB/ HIV program staff with multiple responsibilities and reporting. |
| Kiribati | <p>HIV:</p> <ul style="list-style-type: none"> • Kiribati uses the standard electronic HIV register, however case surveillance records at the national level are not centralized into one excel file but rather electronic treatment records for each patient are scattered across several excel sheets for each year limiting the examination and analysis of a patients' treatment cascade over time. • Difficult to ascertain the linkages between the national HIV register and the total number of newly diagnosed cases over time as national HIV registers are not cumulative in format. • HIV status by general and key population is unknown. HIV testing is conducted but data disaggregated by KPs is currently not entered or captured. <p>TB:</p> <ul style="list-style-type: none"> • Transportation of samples from Kiribati to Australia takes time. Currently facing difficulties in sending Biological samples using courier since DHL in Kiribati stopped shipping biological samples. • Mobile Xray machines not working – leads to restricted active case finding resulting in under reporting. • Scattered islands. Follow up actions with outer islands and DOT workers on the treatment outcomes of TB cases takes time. Also scattered islands makes the contact tracing difficult. • Communication and internet connectivity |
| Nauru | <p>HIV: Nauru has a small number of HIV infected people (two cases as of Dec 2020) and high rates of STIs. It has very limited resources and high population density. There is limited HIV testing and almost all HIV cases have been diagnosed late with a high mortality rate. There are also high levels of stigma and discrimination.</p> <p>Key Challenges:</p> <ul style="list-style-type: none"> • Sub-optimal capacity of TB HIV health care workers. • Limited staff, who wear many hats. Reports not submitted on time. Retraining is needed. • Lack of resources – transport, appropriate inpatients services, staff. • Structural challenges – lack of coordination with other sections. • Data coordination with HIV unit. • Internal TB reporting template needs to be developed. |
| Niue | <p>HIV: Currently zero HIV cases. There has been no identified positive case in Niue.</p> |

| | |
|----------------|--|
| | <p>TB: Absence of standard national TB register as well as case surveillance data. Confirmation of TB case notifications have been provided through email communications from doctors and lab staff and senior health executives over time as well as the result of patient treatment outcomes. Niue currently does not maintain a national TB register mainly due to low TB burden throughout the country. Therefore, the regional MWP programme has been vetting TB reports through verification of other sources such as TB media releases, communications from the WHO technical lead, World TB Reports and communication from key MOH staff including the national TB coordinator, TB doctors, lab staff and the M&E officer.</p> <p>Other Challenges:</p> <ul style="list-style-type: none"> - Inadequate government health budget allocations towards TB, HIV and STIs - Due to low disease burden there is limited donor funding support. - Limited staffing and non-prioritization of TB. - Relies heavily on external support from New Zealand. |
| Palau | <p>Main challenge for Palau in terms of TB and HIV R&R relates to staffing capacity, competing priorities and different donor expectations. Palau receives funding support from the Global Fund as well as CDC. Palau has a TB/HIV Coordinator that is responsible not only for implementation, but also data collection, monitoring and reporting. With limited staffing and competing priorities, progress report submissions to UNDP are not always on time. CDC holds a bigger funding pie in Palau relative to GF, and therefore greater attention, causing reporting priorities to be directed towards CDC first.</p> |
| RMI | <p>HIV:</p> <ul style="list-style-type: none"> • RMI uses the standard electronic HIV register, however case surveillance records at the national level are not centralized into one excel file but rather electronic treatment records for each patient are scattered across several excel sheets for each year limiting the examination and analysis of a patients' treatment cascade over time. • Difficult to ascertain the linkages between the national HIV register and the total number of newly diagnosed cases over time as national HIV registers are not cumulative in format. • HIV status by general and key population is unknown. Data is currently not entered captured. <p>TB:</p> <ul style="list-style-type: none"> • Reporting to different donors including the GF and CDC. There are different reporting requirements as well as reporting platforms. • There are two TB registers, for CDC and WHO. • Need for additional Grid card for Ebeye to ensure Ebeye can add TB data directly into CDC system. • Internet connectivity issues - slow connections and intermittent. |
| Samoa | <p>Turnover of key programme staff, i.e. a TB doctor who was trained in TB R&R left in 2020. Retraining required for new TB focal point.</p> |
| Tonga | <p>Turnover of key programme staff, i.e. an HIV/TB doctor who was trained in HIV and TB R&R. Retraining required for new HIV/TB focal point. The National HIV Coordinator is responsible for implementation of programme work, monitoring and reporting as well as supporting data verification and data coordination of the two Tonga GF-funded CSOs. Delays in CSO data submission to the national programme also causes delay in HIV/STI reports from the national programme to the grant PR (UNDP).</p> |
| Tuvalu | <ul style="list-style-type: none"> - Turnover of key programme staff i.e. HIV/TB Doctor who was trained in HIV and TB R&R. Retraining required for new HIV/ TB focal point - Transportation of samples from Tuvalu to PATLAB takes time. Currently facing difficulties in sending Biological samples using courier since DHL in Tuvalu stopped shipping biological samples. - Scattered islands. Follow up actions with outer islands and the treatment outcomes of TB cases takes time. Also scattered islands makes the contact tracing difficult. - Communication and internet connectivity |
| Vanuatu | <p>There is one National Coordinator responsible for the TB and HIV programme with the Ministry of Health. There are six provinces in Vanuatu and the TB/HIV Officers' capacities at provincial levels requires strengthening. The national coordinator is responsible for implementation of programme work for both TB and HIV including outreach and training, conducting monitoring visits, doing data collection and coordination as well as reporting to the Ministry, programme partners and to UNDP. Moreover because of financial and admin capacity gaps within the MOH, the coordinator often has to conduct follow up on financial issues relating to the MWP programme. For example, in 2019 and 2020, due to the absence of</p> |

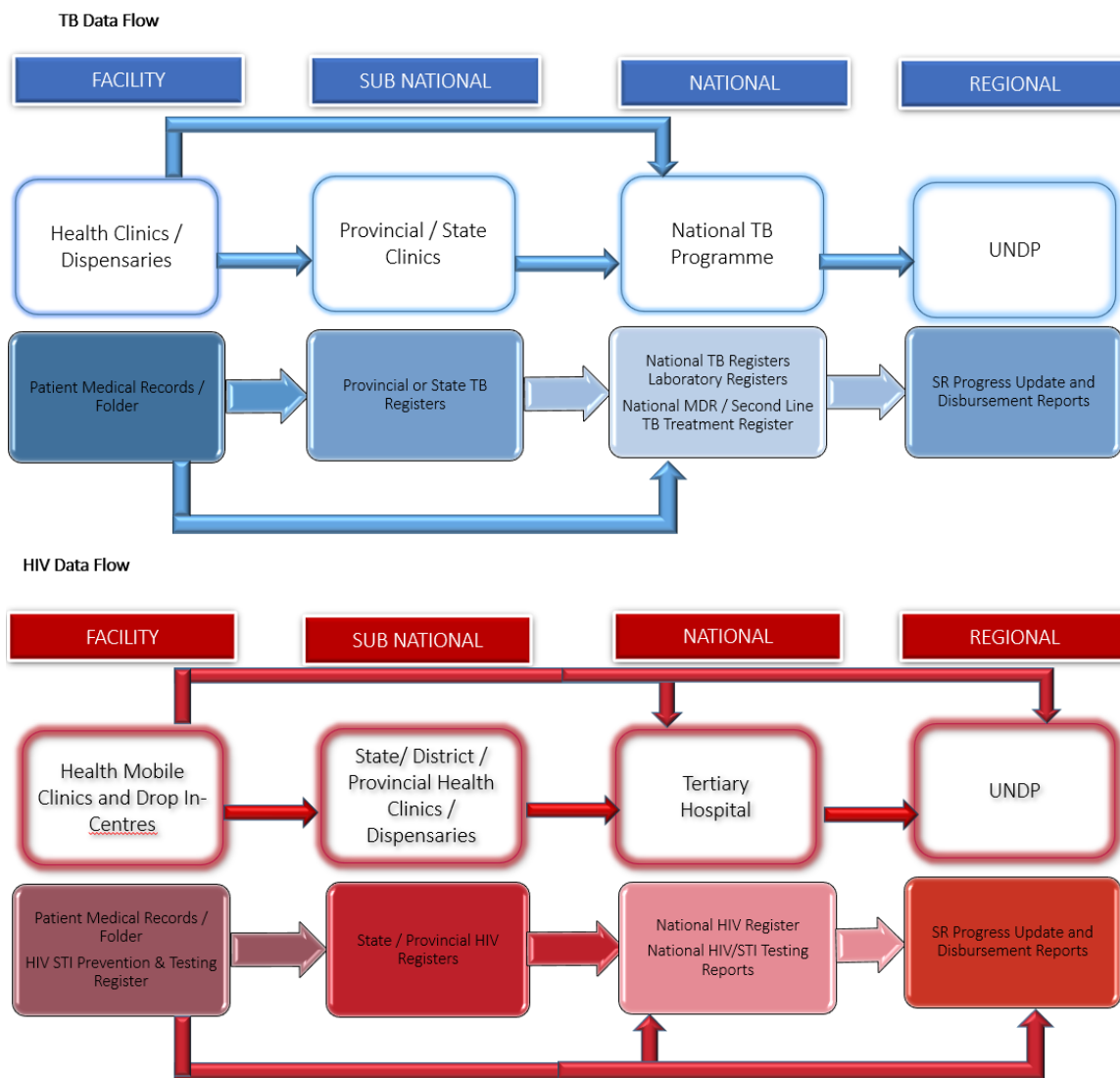
| | |
|--|---|
| | an admin officer, around 70 percent of the National Coordinators work was committed to doing administrative work. In 2021, the admin officer will be recruited through the MWP programme’s support. There is no M&E focal point within the programme. |
|--|---|

Regional M&E System Context

Data Flow

The overall M&E data flows are highlighted in Figure 2. The figure reflects the flow of data and the data storage points at each level of implementation from health facility through to UNDP as the PR of the grant. Emphasis is placed on the data storage points used to store and extract programme data needed for reporting against the programmes key performance indicators.

Figure 2: Regional TB and HIV Data Flows



M&E Roles and Responsibilities

Table 8 details all M&E positions and designated staff contributing to programme M&E at all levels of implementation. It also highlights the specific responsibilities played by each function in

the data management and reporting process as well as the accountability mechanisms in place to monitor all M&E related functions.

Table 8: M&E Roles and Responsibilities

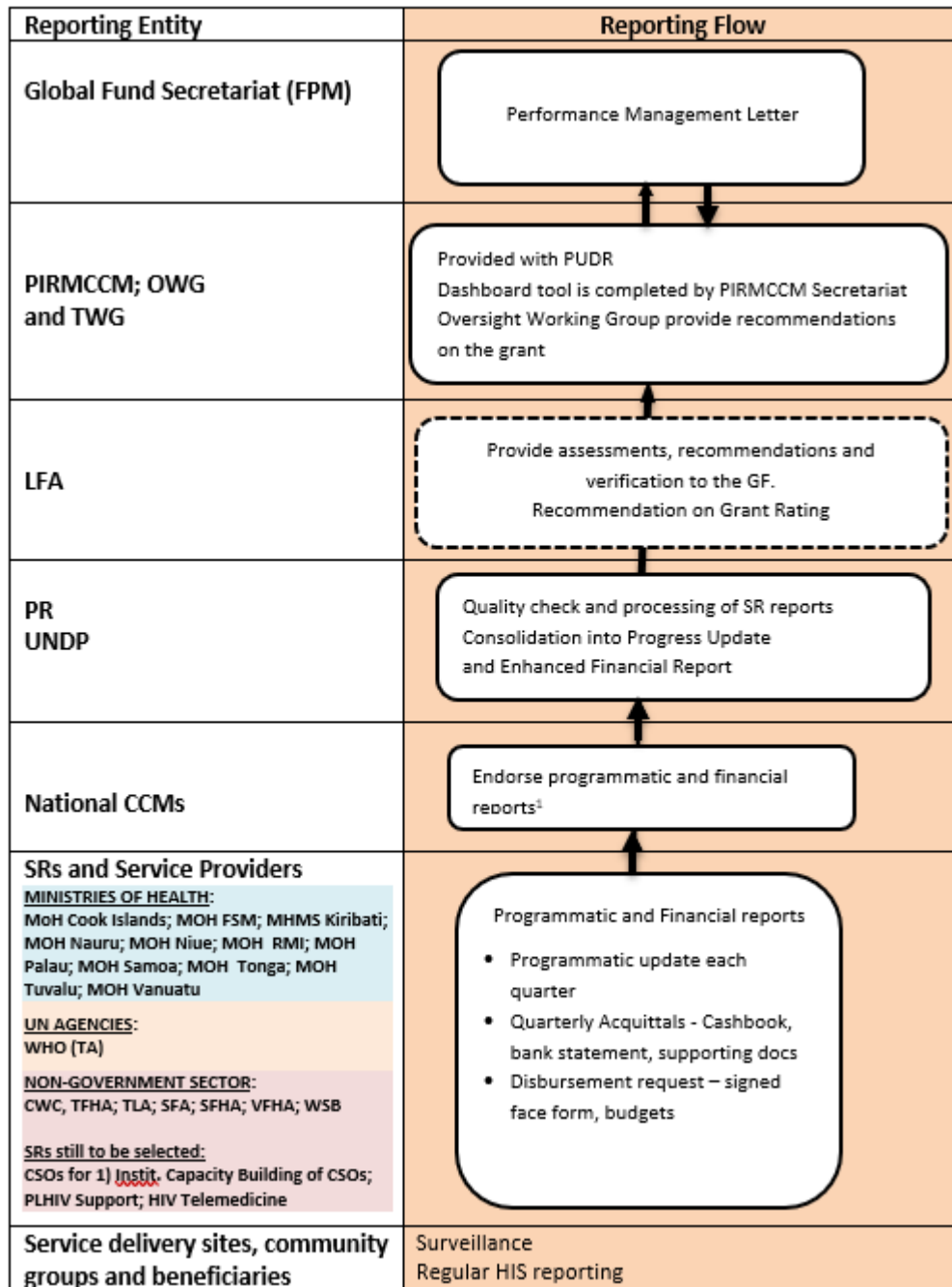
| Position (Agency) | Responsibility | Level | Reporting To |
|--|---|----------|--|
| Project / Programme Officer / Coordinator (SR) | <ul style="list-style-type: none"> - Implements project monitoring, data collection and reporting to UNDP as well as SR programme managers and wider programme stakeholders. - Maintains HIV/TB related databases. - Performs data verification ensuring accuracy and completeness of programme data stored and conducts follow up on data that is either incomplete or inaccurate. - Reports on programme progress in line with PR reporting schedule, UNDP GF project performance framework, and reporting expectations outlined in this MEL Plan. <p><i>Note: These responsibilities will be under the role of the M&E officer in locations where the position is funded</i></p> | National | Programme Manager |
| Project / Programme Manager (SR) | <ul style="list-style-type: none"> - Reviews all SR reports prepared by Programme Coordinator or Project Officer. - Provides report endorsement and sign off prior to submission to PR (UNDP). - Coordinates with programme / project staff on the use of project / programme results and findings for programme improvements. | National | Programme Director / Executive Director / CEO or Senior Health Executive |
| Programme Officer (PR) | <ul style="list-style-type: none"> - Conducts SR project monitoring in alignment with signed SR workplans and budgets and project performance frameworks. - Conducts SR monitoring and field visits. - Conducts first level of verification of SR reports, provides SR reporting feedback and submits reviewed reports to UNDP M&E Focal Point. | Regional | UNDP Programme Manager |
| M&E Officer, UNDP (PR) | <ul style="list-style-type: none"> - Conducts second / final verification of all SR data. - Enters all SR data into regional TB/HIV programme database. - Maintains regional TB/HIV Programme database. - Coordinates results reporting to all programme stakeholders. - Assesses R&R needs of national counterparts in relation to grant reporting and provides capacity development support where needed. - Collaborates with regional technical partners and other UN agencies outside the region on R&R improvements and interventions to strengthen evidence-based decision making at country and regional levels. | Regional | UNDP Programme Manager |
| Programme Manager, UNDP (PR) | <ul style="list-style-type: none"> - Reviews and endorses all TB/HIV results reports distributed to programme stakeholders. - Reviews and approves all M&E related visits and activities by programme staff in country. - Facilitates coordination with GF and UNDP Bangkok Regional Hub M&E Units when needed. | Regional | GF |

| Position (Agency) | Responsibility | Level | Reporting To |
|---|--|---------------|-------------------------|
| Local Fund Agent (LFA) | <ul style="list-style-type: none"> - Verifies all programme data submitted by UNDP for PUDR reporting on an annual basis. - Brings to the attention of the Global Fund and the PIRMCCM areas of concern in programme implementation based on data analysis and risk assessments of the PR. - Based on analysis of the programme's performance against the KPIs, provides recommendations on the overall grant rating for the programme. | International | GF |
| Pacific Islands Regional Country Coordinating Mechanism (PIRMCCM) | <ul style="list-style-type: none"> - Reviews programme results and provides guidance on programme direction in countries and for the regional programme. - Endorses recommendations for dissemination collectively or by the PIRMCCM Executive Committee (Excom). <p><u>TWG – Technical arm of PIRMCCM</u></p> <ul style="list-style-type: none"> - Provides technical advice on strengthening HMIS across GF supported PICs. - Technical assistance to review and/or develop national HIV and TB plans, policies and strategies. - Support the development of relevant R&R TB and HIV tools and templates. - WHO Regional Office provides updates on MDR TB treatment outcomes as per the support provided through the regional MDR Helpdesk support. - WHO provides Global TB Reports to the PR as and when available. - Analysis of TB and HIV regional data and provides guidance on programme directions based on analysis and findings. - Supports HIS interventions at regional and country level. | Regional | GF and Member Countries |

M&E Roles and Responsibilities

Figure 3 highlights the upward reporting flows within the MWP programme. The reporting feedback mechanisms, though not highlighted in this diagram, occur on a quarterly basis between SRs and the PRs as well as between the PR and the PIRMCCM groups including the OWG and TWG members. The PR reports to the GF, and the GF through the LFA verifies all reports and provides verification feedback on an annual basis to the PR.

Figure 3: MWP Reporting Flows



1) In principle, National CCMs should endorse programmatic and financial reports. However, in practice most of the reports are endorsed by staff from the National (HIV or TB) Programme or the Ministry of Health. In 2019, the (regional) PIRMCCM has been trying to activate the national CCMs with capacity building support. However not all national CCMs are active throughout the year and most of them do not review or endorse the programme reports.

4. Submission of the MEL Plan

The 2021-2023 MEL Plan was developed through a desk review of grant related documents, including:

1. MWP Programme M&E Plan 2015-2017
2. MWP Programme M&E Plan 2018-2020
3. HIV/STIs National Strategic Plans
4. Regional End TB Strategy and Operational Targets
5. WHO Programmatic Analysis of Tuberculosis in the Pacific
6. GF Indicator Guidance sheets for TB and HIV
7. TB and HIV recording and reporting tools submitted to the PR on a quarterly basis
8. Funding request documents submitted to the GF during 2021-2023 grant proposal submission. These documents include:
 - Strategy document in the funding request form and the applicant's response to the technical review panel (TRP)
 - Detailed workplan and budget
 - Performance framework
9. 2019 Regional TB Programmatic Management and Recording and Reporting Workshop meeting outcomes as well as country presentations
10. TB/HIV reporting communications with member countries

In-country consultations on the MEL Plan was not possible due to COVID travel restrictions. Therefore, the Plan was submitted for virtual review and feedback to member countries as well as regional programme stakeholders.

5. Content of the MEL Plan

Indicator Definitions and Measurements

Based on the agreed Performance Framework, there is a total of 21 key performance indicators that are used to measure the MWP programme response to HIV and TB.

| Indicator level | Total number of indicators | Separation by disease component |
|----------------------------------|----------------------------|---------------------------------|
| Impact level | 5 | HIV = 3; TB = 2 |
| Outcome level | 6 | HIV = 4; TB = 2 |
| Coverage level | 10 | HIV = 7; TB = 3 |
| Workplan tracking measure (WPTM) | | |
| Total | 21 | HIV = 14; TB = 7 |

[Annex A](#) – The Regional M&E Framework provides an outline of all programme indicators, their baseline values and data sources, performance targets, data collection frequency and entities responsible for the collection of data and reporting against these indicators.

[Annex B](#) The Indicator Reference Sheet provides additional information about each indicator. This includes the indicator rationale/purpose, numerator and denominator definitions, reporting

frequencies and information around the measurement, analysis and interpretation of the indicators.

| |
|--|
| Indicator code |
| Name of indicator |
| Rationale/purpose |
| Numerator |
| Denominator |
| Data source |
| Data collection in country |
| Frequency of reporting |
| Measurement, analysis and interpretation |

Routine Data Collection

Some of the sources of routinely collected data in MWP countries include:

| TB | HIV/STIs |
|--|--|
| National TB Registers and Quarterly Proforma Reports | HIV/STIs Prevention and Testing Register |
| TB Laboratory Registers | HIV Register and Reporting Forms |
| Patient Records and/or Treatment Records | Patient Records and/or Treatment Records |
| Second Line TB Treatment Register | HIV and STIs Testing Reports |

5.1 TB

5.1.1 Data Source: [National TB Programme Registers and Sub-National TB Registers](#)

At the health facility level, patient information is collected through paper records/registers. A single National TB Register for all forms of TB (clinically diagnosed and bacteriologically confirmed cases) is maintained at the NTP Office in all MWP countries except for FSM, Marshall Islands and Vanuatu – these countries maintain additional sub-national registers. The TB Register in the MWP have slight variations between countries. However, across MWP each register maintains patient information that can be used to deduce patient demographics, case finding, multi–drug resistance situation, and treatment outcomes data.

- i. **FSM:** Each state (Chuuk, Kosrae, Pohnpei and Yap) has a state-managed TB Register that is reported to the NTP office and then aggregated.
- ii. **Marshall Islands:** There are two registers. A register in Majuro that covers Majuro Atoll and all outer Islands, and a second Register for Ebeye. National aggregation is then done at the Majuro MOH NTP office.
- iii. **Vanuatu:** Each of the six provinces (Malampa, Penama, Sanma, Shefa, Tafea and Torba) has a Provincial TB Register. Coordination and aggregation are then done out of the MOH NTP Office in Port Vila.

5.1.2 Data Source: [Laboratory Registers](#)

TB laboratory registers are kept at the national and sub-national level. Information on these registers includes specimen receipt date, patient name, sex, age / D.O.B, patient address, treatment unit, BMU register number, HIV status, previous treatment details, examination type (diagnosis or follow up) and examination results (GeneXpert or Smear Results). Currently the WHO lab registers does not include details on the specimen type. Patient treatment details are all recorded in the BMU register / TB Register.

5.2 HIV

5.2.1 Data Source: [HIV/STIs Prevention and Testing Register](#)

This register was developed by UNDP as a means to record all key populations captured by GF-supported grant SRs, particularly those at facility level including civil society mobile clinics and drop-in centres. The register acts as a registration tool as well as a mini survey collecting basic behavioural information on last sex, condom use, anal sex and transactional sex. The tool also disaggregates patient details according to key population categories including sex workers, transgender people, men who have sex with men, seafarers, prisoners and other at-risk groups. The tool also allows the user to record whether the service beneficiary is experiencing STI symptoms as well as the type of prevention services offered, including IEC/BCC, condoms and lubricants and HIV counselling and testing referrals. The prevention and testing register is excel based and allows for automatic aggregation of total clients registered during an outreach and at the drop-in centres; total number of clients receiving the minimum prevention package of HIV services; the total number tested for HIV and syphilis; and the total number of clients that are HIV and syphilis reactive based on the results from the SD Duo rapid diagnostic tests. The register was part of the initiative to strengthen community-based routine surveillance by integrating basic behavioural information to HIV testing.

5.2.2 Data Source: [HIV Register and Reporting Forms](#)

The HIV Register in MWP largely follows a component of applicable HIV Reporting Forms agreed upon for use in most PICs as a regional approach for uniform reporting and monitoring of HIV incidence, prevalence and treatment outcomes. These forms are interrelated based on the HIV Register and includes the following:

- HIV form 2: Patients summary list covering ART regimen, CD-4 cell count and viral load
- HIV form 4: HIV care pre-ART register
- HIV form 5: ART register
- HIV form 7: Six monthly HIV ART/clinic report

5.2.3 Data Source: [Patient Records and/or Treatment Records](#)

While some of the HIV and TB incidence and treatment outcomes data for the indicators in this MEL Plan can be obtained from their relevant registers, patient records serve as the most valid source of data variables for applicable indicators. In all instances, where patient records will be used as a verifiable data source, these records MUST be de-identified following protected health information and medical records confidentiality protocols. The submission of

individual patient records is not common, however there has been instances in which countries with very low TB and HIV burden submit patient records (including treatment updates) in substitute of a national TB and HIV register.

5.3 Periodic Data Collection

5.3.1 Data Source: [National Census and/or National Population Estimates](#)

TB indicators such as the TB Treatment Coverage as well as the TB Mortality Rate require TB estimates from the Global TB Report to calculate indicator results. The programme re-calculates results for these indicators using updated population data as well as yearly case notification submitted by the NTP which are thoroughly verified by UNDP. Population estimates are obtained from either the SPC NMDI websites or in instances where census data is not up to date, World Bank data is used.

Key populations (including men who have sex with men, TG people, FSWs, prisoners and seafarers) size estimates are required for reporting in all HIV coverage indicators to determine the programme's reach to these vulnerable groups. KP size estimates are taken from the UNDP 2016 Key Populations Mapping and Behavioural Study. Dialogue has commenced on the need to revise the population size estimates for all GF-supported PICs based on the 2016 data and three years (2018-2020) of programme implementation data. This will be carried out mid-2021 with funding and technical support provided by UNAIDS.

5.3.2 Data Source: [WHO Global TB Reports](#)

Under the current Performance Framework, two TB indicators require reference to estimated results from the WHO Global TB Reports, which includes the TB mortality rate and TB treatment coverage.

Data Extraction Process for World TB Report

Step 1: Visit WHO website: <https://www.who.int/tb/publications/en/>

Step 2: Search 'TB publications' (the Global TB Report is usually the first report to appear under TB publications)

Step 3: Select 'Global Tuberculosis Report Year xx'

Step 4: Select 'Read the report'.

6. Data Management

Facility Level: The MWP Programme works directly with civil society groups through grant SR contracting arrangements. All contracted civil society groups have few key project staff with limited donor funding support. Not all countries have M&E focal points and staff responsible for project data management are the same staff responsible for project management and implementation. Programme data is mainly stored in excel and word files. Data quality checks and reporting of CSO data to UNDP is done at the facility level and varies from country to country. For countries like Tonga, the National HIV/STI Coordinator also performs data quality checks and provides feedback to the CSO and final verified data to UNDP. For Tonga, data coordination for UNDP report submission is done at the National HIV/STI Programme level. UNDP takes preliminary data and report submissions directly from the CSOs as part of GF SR reporting requirements, clearly articulated in the SR agreement. However, final verified CSO programme

data is collated and reported by the national HIV Programme. The verified data by the MOH is considered final for UNDP reporting purposes. For all other PICs with contracted CSOs, UNDP conducts data verification and provides feedback to all CSO reports on a quarterly basis and the UNDP verified data is considered final for donor reporting.

National Level: At the national level, TB and HIV data management responsibilities rests with the respective National HIV/STI Programmes as well as the National TB Programmes and this is performed by the National HIV and TB Coordinators. There are PICs such as Samoa, FSM, Niue that have their own M&E specialist within the health ministry that support data management and reporting of programme results to UNDP. Verification of national programme results is carried out by the UNDP Programme/Country Focal Points and final SR verification, regional synthesis and reporting of programme results is coordinated by the UNDP M&E Analyst.

Regional Level: All MWP SRs report to UNDP on a quarterly basis. UNDP country focal points conduct the first level verification of all SR reports and the final verification of all SR data is carried out by the UNDP M&E focal point. The M&E focal point is responsible for data analysis, aggregation into regional summaries and in collaboration with the UNDP Communications Specialist, production of programme results communication materials that are disseminated to programme partners through the channels outlined in Table 1 of this plan.

7. Programme Reviews, Evaluation and Surveys

The last MWP programme evaluation for HIV was carried out in 2019 with the report being published in March 2020. This was an independent assessment conducted by APMG Health and commissioned by the Global Fund. The TB Programme reviews carried out across the GF PICs are usually carried out by the TB Advisor from the WHO Pacific Regional Office. The review constitutes an assessment of PICs progress towards the End TB Operational Targets for 2020. The last TB assessment was carried out in 2020. Both programme review results were used to inform the strategic direction of the 2021-2023 grant both at regional and country level.

Funds have not been earmarked for mid-term reviews and end-term evaluations for the 2021-2023 grant cycle as these are typically commissioned and funded directly by the Global Fund.

8. Data Quality Assurance Mechanisms and Related Supportive Supervision

Data quality is regarded as a critical criterion in the M&E of programme implementation because of the central role that data plays in performance assessments and evidence-based decision-making processes. In this regard, data at all levels of implementation, and at all data management points (source, process, storage and end points), needs to be timely and be reviewed for accuracy and completeness. The PR supports this process through the following initiatives.

Reporting Accuracy

- Promotes reporting accuracy through diversifying verification roles and having two levels of verification at the PR level. The first level of verification is conducted by the Programme Country Focal Points then second and final verification by the M&E Focal Point.

- Provides orientation of SRs to the new grant cycle reporting requirements. This is conducted at the start of the grant cycle but informal refreshers are ongoing and provided on a quarterly basis through reporting feedback. This is through the PR country focal officers (Programme Analysts) and/or the M&E Analyst.
- All reported results are verified against approved MWP supporting documents and compared with other verifiable data sources, e.g. number of PLHIV in country can be crosschecked against global AIDS monitoring reports. Bacteriologically confirmed cases can be verified against the TB register and results confirmed through verification of the lab register. For TB, all reports on MDR-TB can be crosschecked against reports from the WHO Regional MDR Helpdesk Support. In addition, referencing past PUDR reports and other available statistics help to identify skewed trends that may be a result of erroneous reporting.
- Reduce data entry errors into reporting templates by restricting input through the utilization of excel functions such as data validation, conditional formatting and sheet protection.
- UNDP site visits by UNDP Programme Management Unit staff.

Report Completeness

- UNDP ensures that all required reports are available during report submission through the design of the reporting template. For each activity and indicator within the reporting template, the required supporting document has been included and a prompt text box requests the SR to identify if the supporting document is available or not. This acts as a reminder for the SR to attach valid supporting documents in their report submission.
- Sending of quarterly reporting reminders to SRs through email includes a detailed listing of each specific supporting document. Reporting reminders are distributed to SRs two weeks prior to the reporting deadline.
- Standardization, printing and distribution of R&R tools across the region to facilitate complete reporting for all TB and HIV performance indicators.

Report Timeliness

- Early distribution of reporting templates and reporting reminders. UNDP report reminders are sent at least two weeks prior to the reporting deadline.

Reporting Integrity

- All PMU verified reports are to be signed-off by a higher designated national executive (for example, sign-off on national PUDR reports by the Director of Public Health) and UNDP published reports to be vetted and approved by the Programme Manager prior to external distribution to programme stakeholders.

In addition to the above-mentioned measures, the UNDP PMU ensures overall reporting quality is maintained by:

- Maintaining utilization of the SR Performance Assessment Tool (Annex 3) as a means to improve overall grant management (including reporting) and to support performance monitoring.
- Issue yearly SR management letters based on the SR Performance Assessment results.
- In order to build capacity and build on lessons learned from each reporting period, the PR ensures that all reporting feedback is properly and consistently documented and provided to each SR on a quarterly basis.

9. M&E Coordination

Coordination of M&E interventions occurs at two distinct levels.

Coordination at Country Level

M&E coordination at country levels in the MWP programme occurs at two linked sub-levels:

- a) M&E coordination at programme level
- b) M&E coordination at national level

M&E coordination at the programme level happens for both government MOH/MHMS/DOH managed implementation as well as collaborating non-government implementation. The national level coordination is largely directed at the collection, aggregation and reporting of performance measures for all programmes (government and NGOs) within the country. In principle, this is supposed to be carried out by the MOH-based national coordinators in consultation with the national entity that serves as the National AIDS Council, or as the Country Coordinating Mechanism. However, in practice, there has been declining participation and dwindling functionality of national coordinating entities in the MWP programme. In this regard, intentions are to encourage strengthened partnership amongst the NGO and government entities through strengthening patient referral systems, improving data sharing processes and standardizing data collection and reporting systems amongst service-based providers to facilitate a smoother national aggregation process and to ensure reliability of data.

Coordination at Regional Level

UNDP as the PR of the GF grant is responsible for regional M&E coordination of GF supported interventions. The PR is required to support M&E regional processes and strengthen M&E systems and processes in MWP countries. This includes:

- Development and monitoring of performance frameworks for the various grant agreements with UNDP.
- Assess the M&E needs of national counterparts and provide capacity development support where needed. To be carried out in consultation and collaboration with regional and international technical partners including UNAIDS and WHO.
- Support SR M&E capacity development support in line with recommendations highlighted in the 2020 SR capacity assessment reports. The 2020 capacity assessments were carried out by Ernst & Young.
- Identify areas for research, studies and population estimates, lead on engagement with bilateral partners for funding and implementation support as well as lead on the TOR development for these.

- Regional programme data management support and dissemination of programme results.
- Identification of key success stories across MWP PICs and profiling successes through the programme page on the UNDP website, the programme Facebook page and other relevant media platforms including platforms at country level.
- Analysis of TB and HIV semi-annual and annual reports and provision of data for evidence-based decision making. Analysis to assist with regional programme mapping, strategy development and grant proposal submissions.

10. Capacity Building

A number of interventions through regional support is dedicated to improving M&E capacities and information systems strengthening at country level, including:

1. Review of HIV/STI National Strategic Plans and Results Frameworks for four PICs including Nauru, Palau, Samoa and Vanuatu. These plans and frameworks will strengthen performance monitoring at the national level.
2. Development of TB National Strategic Plans and Results Frameworks for all GF-supported PICs to strengthen TB performance monitoring at the national level.
3. Conduct a comprehensive analysis of existing regional HMIS/M&E systems available in relation to TB and HIV/STIs and provide technical support to strengthen health surveillance, data management and health information systems at the country level through regional TA support.
4. Support to integrate facility (particularly CSO) programme data into national reporting systems and strengthen data flow between CSOs and national HIV programmes.
5. Provide remote clinical monitoring support of PLHIV treatment regimens, management (CD-4 and viral load assessments) and care using the national HIV registers and recommend improvements where needed on a quarterly basis.
6. In consultation with PICs, identify electronic regional hub for HMIS and M&E information or data in relation to TB and HIV/STIs, and /or link to country-specific website.
7. Based on the SR capacity assessment gaps identified in 2020-2021, conduct M&E related trainings and support the development of SR M&E guidelines and tools.

11. Information Products, Dissemination and Use

Programme information and data will be collated, analyzed and disseminated to achieve the following objectives:

- Provide all programme stakeholders with programme results and progress update reports.
- Promote knowledge products/strategic information developed under the grant, ensuring they reach targeted audiences.
- Influence public narratives and government policies on priority issues, such as removing human rights and gender related barriers to TB and HIV services faced by key and vulnerable communities.

The programme will primarily utilize online and digital media to achieve its communications goals and will involve joint efforts from all of the programme partners. Several mediums and channels will be used. A dedicated Facebook page for the programme, first developed in an earlier phase of the grant, will continue to be a primary communications platform. The existing resources and networks of programme partners, including UNDP global, regional and country offices, will be used to amplify communications.

With regards to content, there will be three main streams: 1) Promoting strategic information developed by the programme to support advocacy efforts by policy makers as well as to inform evidence-based programme interventions; 2) developing stories and other communications materials which can compel and galvanize people of influence to pursue change – visual storytelling in the form of photo essays or short videos will be preferred; and 3) traditional press releases, web articles, blogs, op-eds and a mailing list to share progress and success with stakeholders.

Media outreach will be a joint effort by the partners. Press releases, product launches, results stories, etc. will be amplified through each partners’ channels.

Efforts will be made to tailor content to local audiences through translation and making use of communication channels deemed particularly effective in reaching certain target audiences in countries.

Communications and knowledge management technical advice will also be provided to programme partners to support their efforts to effectively respond to HIV and TB. Given the ongoing COVID-19 pandemic, this will be vital as the partners adapt and implement new strategies to ensure vulnerable communities continue to receive the health services and support they need.

The below table provides additional information on the main communications and knowledge products that are anticipated.

| Table 9: Information and Knowledge Products and Submission and/or Updating Schedule | | | | | | |
|--|--|----------|---|---------------------------------------|--|--|
| # | Information product | Level | Description and/or use | Frequency of update and/or submission | Responsible entity/ persons | Submit to and/or display for |
| 1. | Progress Update & Disbursement Request (PUDR) | Regional | Report to track MWP progress on GF Grant Performance Framework | Annually | UNDP M&E UNDP PSM UNDP Finance UNDP Mgt | <ul style="list-style-type: none"> ▪ PIRMCCM ▪ Endorsed version to GF |
| 2. | 6 Monthly Programmatic Progress Update Summaries | Regional | A regional ppt summary achievement by MWP against key programme performance indicators | 6 Monthly | UNDP M&E | <ul style="list-style-type: none"> ▪ All key stakeholders ▪ Regional MWP Workshops |
| 3. | SR Management Letters | Regional | Formal communication by UNDP to SR highlighting project performance and areas of concerns | Annual | UNDP PMU | <ul style="list-style-type: none"> ▪ All MWP SRs |
| 4. | Programme Newsletter | Regional | Using MailChimp email tool, regular updates of progress and | Ongoing | UNDP Comms | <ul style="list-style-type: none"> ▪ All key stakeholders ▪ UNDP Yammer |

Table 9: Information and Knowledge Products and Submission and/or Updating Schedule

| # | Information product | Level | Description and/or use | Frequency of update and/or submission | Responsible entity/ persons | Submit to and/or display for |
|----|--|----------------------------|--|---------------------------------------|---------------------------------------|---|
| | | | achievements of the regional grant | | | <ul style="list-style-type: none"> ▪ Social media |
| 5. | Programme Brief / Factsheet | Regional | Regularly updated programme brief, capturing key results | Annual | UNDP Comms UNDP PMU | <ul style="list-style-type: none"> ▪ UNDP Yammer ▪ Social media ▪ UNDP website ▪ Regional Workshops |
| 4. | Results Infographic | Regional | Visual presentation of key programme results | Annual | UNDP Comms UNDP M&E | <ul style="list-style-type: none"> ▪ UNDP Yammer ▪ Social media ▪ UNDP website ▪ Regional Workshops |
| 5. | Facebook, Twitter | International | Regular, short updates on programme progress, featuring photos, video and links to other related materials. Engage with partners and community. Accomplished via a programme Facebook page as well as cross-posting on other UNDP country office and regional office pages and Twitter accounts. | Ongoing | UNDP Comms and Designated Admin Users | <ul style="list-style-type: none"> ▪ Public |
| 6. | Press releases, news articles, results stories, photo essays, videos | Regional | Programme progress and results are presented in the form of press releases, news articles, results stories, photo essays, videos, etc. and published to the UNDP website (country office, regional, global) and other corporate platforms (for example: UNDP Stories, YouTube, Twitter, Medium, Flickr). | Ongoing | UNDP Comms UNDP Prog UNDP M&E | <ul style="list-style-type: none"> ▪ UNDP website ▪ UNDP Yammer ▪ Social media ▪ MailChimp (in the form of News Flash emails that highlight key developments) |
| 7. | Knowledge products | Regional/ International | As per the programme work plan, knowledge products are developed by the PR and SR and disseminated to target audiences. Types of products can include discussion papers, research reports, policy briefs, annual reports, IEC materials, etc. | Periodic | UNDP Comms UNDP Prog UNDP M&E | <ul style="list-style-type: none"> ▪ UNDP Yammer ▪ Social media ▪ UNDP website ▪ Regional Workshops MWP |

Annex 1 – Regional M&E Framework

| Indicator name | Baseline | Target(s) | Data source | Frequency of data collection | Entity responsible for data collection and reporting |
|--|-------------|--|--|------------------------------|---|
| Impact Level | | | | | |
| HIV I-9a(M): Percentage of men who have sex with men who are living with HIV | 0%, 2019 | 2021- 0% 2022 - 0% 2023 - 0% | <u>Numerator</u> HIV/STI Prevention and Testing Register <u>Denominator</u> HIV/STI Prevention and Testing Register | Quarterly | National HIV /STI Programme and NGO |
| HIV I-9b(M): Percentage of transgender people who are living with HIV | 0%, 2019 | 2021- 0% 2022 - 0% 2023 - 0% | <u>Numerator</u> HIV/STI Prevention and Testing Register <u>Denominator</u> HIV/STI Prevention and Testing Register | Quarterly | National HIV /STI Programme and NGO |
| HIV I-10(M): Percentage of sex workers who are living with HIV | 0%, 2019 | 2021- 0% 2022 - 0% 2023 - 0% | <u>Numerator</u> HIV/STI Prevention and Testing Register <u>Denominator</u> HIV/STI Prevention and Testing Register | Quarterly | National HIV /STI Programme and NGO |
| TB I-3(M): TB mortality rate per 100,000 population | 13, 2018 | 2021- 11 2022 - 10 2023 - 09 | <u>Numerator</u> TB Register <u>Denominator</u> SPC NMDI or World Bank Pop Estimates Or World TB Report | Annually | National TB Programme SPC, World Bank WHO |
| TB I-4(M): RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB | 0.28%, 2019 | 2021- 1% 2022 - 1% 2023 - 1% | <u>Numerator</u> National TB Register <u>Denominator</u> National TB Register | Quarterly | National Entity National TB Programme Regional Entity UNDP |
| Outcome Level | | | | | |
| HIV O-12 Percentage of people living with HIV and on ART who are virologically suppressed | 38%, 2019 | 2021 – 90% 2022 – 91% 2023 – 92% | <u>Numerator</u> HIV Register <u>Denominator</u> HIV Register | Quarterly | National HIV /STI Programme |
| HIV O-4a ^(M) Percentage of men | 26%, 2019 | 2021 – 30% 2022 – 35% | <u>Numerator</u> Prevention & Testing | Quarterly | National HIV /STI Programme and NGO |

| Indicator name | Baseline | Target(s) | Data source | Frequency of data collection | Entity responsible for data collection and reporting |
|---|---------------|---|--|---|--|
| <i>reporting the use of a condom the last time they had anal sex with a non-regular partner</i> | | 2023 – 40% | <i>Register</i> <i>Denominator</i> <i>Prevention & Testing Register</i> | | |
| <i>HIV O-4.1b^(M) Percentage of transgender people reporting using a condom in their last anal sex with a non-regular male partner</i> | 75%, 2019 | 2021 – 76% 2022 – 77% 2023 – 79% | <i>Numerator</i> <i>Prevention & Testing Register</i> <i>Denominator</i> <i>Prevention & Testing Register</i> | Quarterly | National HIV /STI Programme and NGO |
| <i>HIV O-5^(M) Percentage of sex workers reporting the use of a condom with their most recent client</i> | 46%, 2019 | 2021 – 48% 2022 – 50% 2023 – 54% | <i>Numerator</i> <i>Prevention & Testing Register</i> <i>Denominator</i> <i>Prevention & Testing Register</i> | Quarterly | National HIV /STI Programme and NGO |
| <i>TB O-4^(M) Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated</i> | 100%, 2019 | 2021 – 100% 2022 – 100% 2023 – 100% | <i>Numerator</i> <i>TB Register and/or Second Line TB Treatment Register</i> <i>Denominator</i> <i>TB Register and/or Second Line TB Treatment Register</i> | Annually (based on cohort from <u>two</u> preceding years) | National TB Programme WHO MDR Help Desk Support |
| <i>TB O-5(M): TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed)</i> | 79%, 2019 | 2021 – 91% 2022 – 92% 2023 – 93% | <i>Numerator</i> <i>TB Register</i> <i>Denominator</i> <i>Global TB Report</i> | Annually (based on cohort from preceding year) | National TB Programme |
| Coverage Level | | | | | |
| <i>KP-1a^(M) Percentage of men who have sex with men reached with</i> | 16%, 2019 | 2021 – 16% 2022 – 17% 2023 – 17% | <i>Numerator</i> <i>Prevention and Testing Register</i> | Quarterly | National HIV /STI Programme and NGO |

| Indicator name | Baseline | Target(s) | Data source | Frequency of data collection | Entity responsible for data collection and reporting |
|--|--------------|--|--|------------------------------|--|
| HIV prevention programs - defined package of services | | | <u>Denominator</u> Key Population Size Est | | |
| KP-1b ^(M) Percentage of transgender people reached with HIV prevention programs - defined package of services | 11%, 2019 | 2021 – 11% 2022 – 12% 2023 – 12% | <u>Numerator</u> Prevention and Testing Register <u>Denominator</u> Key Population Size Est | Quarterly | National HIV /STI Programme and NGO |
| KP-1c ^(M) Percentage of sex workers reached with HIV prevention programs - defined package of services | 35%, 2019 | 2021 – 37% 2022 – 38% 2023 – 40% | <u>Numerator</u> Prevention and Testing Register <u>Denominator</u> Key Population Size Est | Quarterly | National HIV /STI Programme and NGO |
| HTS-3a ^(M) Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results | 12%, 2019 | 2021 – 13% 2022 – 13% 2023 – 14% | <u>Numerator</u> Prevention and Testing Register <u>Denominator</u> Key Population Size Est | Quarterly | National HIV /STI Programme and NGO |
| HTS-3b ^(M) Percentage of transgender people that have received an HIV test during the reporting period and know their results | 10%, 2019 | 2021 – 11% 2022 – 11% 2023 – 11% | <u>Numerator</u> Prevention and Testing Register <u>Denominator</u> Key Population Size Est | Quarterly | National HIV /STI Programme and NGO |
| HTS-3c ^(M) Percentage of sex workers that have received an HIV test during the reporting period and know their results | 35%, 2019 | 2021 – 35% 2022 – 36% 2023 – 38% | <u>Numerator</u> Prevention and Testing Register <u>Denominator</u> Key Population Size Est | Quarterly | National HIV /STI Programme and NGO |
| TCS-1.1 ^(M) Percentage of people on ART among all people living with HIV at the end of the reporting period | 80%, 2019 | 2021 – 85% 2022 – 88% 2023 – 90% | <u>Numerator</u> HIV Register <u>Denominator</u> PLHIV Program Estimates | Quarterly | National HIV /STI Programme |
| TCP-1 ^(M) Number of | 895, 2019 | 2021 – 907 | <u>Numerator</u> | Quarterly | National TB Programme |

| Indicator name | Baseline | Target(s) | Data source | Frequency of data collection | Entity responsible for data collection and reporting |
|--|--------------|--|--|---|--|
| <i>notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), new and relapse cases</i> | | 2022 – 927 2023 – 948 | <i>TB Register</i> | | |
| <i>TCP-2^(M) Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases</i> | 91%, 2019 | 2021 – 91% 2022 – 92% 2023 – 93% | <u>Numerator</u> <i>TB Register</i> <u>Denominator</u> <i>TB Register</i> | <i>Annually (based on cohort from preceding year for example 2017 patients for 2018 report)</i> | <i>National TB Programme</i> |
| <i>MDR TB-3^(M) Number of cases with RR-TB and/or MDR-TB that began second-line treatment</i> | 5, 2019 | 2021 – 09% 2022 – 10% 2023 – 11% | <u>Numerator</u> <i>TB Register / Second Line TB Treatment Register</i> | <i>Quarterly</i> | <i>National TB Programme</i> |

Annex 2 - Indicator Reference Sheet

All definitions below are based on, or direct citation of UNGASS, GF indicator definitions where relevant. Some indicator definitions have been modified per programme requirements.

| IMPACT INDICATORS | |
|---|--|
| Indicator Code | HIV I-9a |
| Name of Indicator | Percentage of men who have sex with men who are living with HIV |
| Rationale/Purpose | Men who have sex with men typically have the highest HIV prevalence in countries with either concentrated or generalized epidemics. In many cases, prevalence among these populations can be more than double the prevalence among the general population. Reducing prevalence among men who have sex with men is a critical measure of a national-level response to HIV. |
| Numerator | Number of MSM who tested positive for HIV |
| Denominator | Number of MSM tested for HIV |
| Data source | Data from HIV tests conducted among respondents in primary sentinel site or sites (HIV STI Prevention and Testing Registers) |
| Data collection in country | Quarterly |
| Frequency of Reporting (To UNDP) | Quarterly |
| Measurement, Analysis and Interpretation | <p>1. The sentinel surveillance sites used for calculating this indicator should remain constant to allow for tracking changes over time.</p> <p>2. The period during which people belong to a key population is more closely associated with the risk of acquiring HIV than age. Therefore, in analysing prevalence data of MSM for the assessment of prevention programme impact, it is desirable not to restrict analysis to young people but to report on those persons who are newly initiated to behaviours that put them at risk for infection (e.g. by restricting the analysis to people who first had sex with another man within the last year). This type of analysis also has the advantage of not being affected by the effect of ART in increasing survival and thereby increasing prevalence.</p> <p>For details refer to:</p> <p>WHO/UNAIDS Working Group on Global HIV/AIDS and STI Surveillance. Guidelines on surveillance among populations most at risk for HIV. Geneva:</p> <p>World Health Organization; 2011 http://www.unaids.org/sites/default/files/sub_landing/files/20110518_Surveillance_among_most_at_risk.pdf.</p> <p>Operational guidelines for monitoring and evaluation of HIV programmes for sex workers, men who have sex with men, and transgender people. Chapel Hill (NC): MEASURE Evaluation; 2011 (http://www.cpc.unc.edu/measure/publications/ms-11-49a)."</p> |
| Indicator Code | HIV I-9b |
| Name of Indicator | Percentage of transgender people who are living with HIV |
| Rationale/Purpose | Transgender communities often have higher HIV prevalence than the general population. In many cases, the prevalence is more than twice that of the general population. Reducing the prevalence among transgender people is an important measure for monitoring the national HIV response. |
| Numerator | Number of transgender people who tested positive for HIV |
| Denominator | Number of transgender people tested for HIV |
| Data source | Data from HIV tests conducted among respondents in primary sentinel site or sites (HIV STI |

| | |
|---|---|
| | Prevention and Testing Registers) |
| Data collection in country | Quarterly |
| Frequency of Reporting (To UNDP) | Quarterly |
| Measurement, Analysis and Interpretation | <p>1. The sentinel surveillance sites used for calculating this indicator should remain constant to allow for tracking changes over time.</p> <p>2. The period during which people belong to a key population is more closely associated with the risk of acquiring HIV than age. Therefore, in analysing prevalence data of TG for the assessment of prevention programme impact, it is desirable not to restrict analysis to young people but to report on those persons who are newly initiated to behaviours that put them at risk for infection (e.g. by restricting the analysis to people who first had sex with another man within the last year). This type of analysis also has the advantage of not being affected by the effect of ART in increasing survival and thereby increasing prevalence.</p> <p>For details refer to:</p> <p>WHO/UNAIDS Working Group on Global HIV/AIDS and STI Surveillance. Guidelines on surveillance among populations most at risk for HIV. Geneva:</p> <p>World Health Organization; 2011 http://www.unaids.org/sites/default/files/sub_landing/files/20110518_Surveillance_among_most_at_risk.pdf.</p> <p>Operational guidelines for monitoring and evaluation of HIV programmes for sex workers, men who have sex with men, and transgender people. Chapel Hill (NC): MEASURE Evaluation; 2011 (http://www.cpc.unc.edu/measure/publications/ms-11-49a)."</p> |
| Indicator Code | HIV I-10 |
| Name of Indicator | Percentage of sex workers who are living with HIV |
| Rationale/Purpose | Sex workers typically have higher HIV prevalence than the general population in both concentrated and generalized epidemics. In many cases, the prevalence among these populations can be more than twice the prevalence among the general population. Reducing the prevalence among sex workers is a critical measure of a national-level response to HIV. |
| Numerator | Number of sex workers who test positive for HIV |
| Denominator | Number of sex workers tested for HIV |
| Data source | Data from HIV tests conducted among respondents in primary sentinel site or sites (HIV STIs Prevention and Testing Registers) |
| Data collection in country | Quarterly |
| Frequency of Reporting (To UNDP) | Quarterly |
| Measurement, Analysis and Interpretation | <p>1. The sentinel surveillance sites used for calculating this indicator should remain constant to allow for tracking changes over time.</p> <p>2. The period during which people belong to a key population is more closely associated with the risk of acquiring HIV than age. Therefore, in analysing prevalence data of sex workers for the assessment of prevention programme impact, it is desirable not to restrict analysis to young people but to report on those persons who are newly initiated to behaviours that put them at risk for infection (e.g. by restricting the analysis to people who have or participated in sex work for less than one year) This type of analysis also has the advantage of not being affected by the effect of ART in increasing survival and thereby increasing prevalence.</p> |

| | |
|---|---|
| | <p>For details refer to:</p> <p>WHO/UNAIDS Working Group on Global HIV/AIDS and STI Surveillance. Guidelines on surveillance among populations most at risk for HIV. Geneva:</p> <p>World Health Organization; 2011 http://www.unaids.org/sites/default/files/sub_landing/files/20110518_Surveillance_among_most_at_risk.pdf.</p> <p>Operational guidelines for monitoring and evaluation of HIV programmes for sex workers, men who have sex with men, and transgender people. Chapel Hill (NC): MEASURE Evaluation; 2011 (http://www.cpc.unc.edu/measure/publications/ms-11-49a).</p> |
| Indicator Code | TB I-3 |
| Name of Indicator | TB mortality rate (per 100,000 population) |
| Rationale/Purpose | Assesses the burden of tuberculosis (TB), indicating the number of people suffering from the disease at a given point in time, and the number dying each year. Furthermore, prevalence and mortality respond quickly to improvements in control, as timely and effective treatment reduce the average duration of disease (thus decreasing prevalence) and the likelihood of dying from the disease (thus reducing disease specific mortality). |
| Numerator | Number of deaths caused by TB (all forms) in HIV-negative people per year, according to the ICD10 definition |
| Denominator | Number of people in the population x 100,000 |
| Data source | Vital Registration system or Sample Vital Registration system Global TB report National TB Registers and Population Estimates |
| Data collection in country | Annual |
| Frequency of Reporting (To UNDP) | Annual |
| Measurement, Analysis and Interpretation | <p>"TB deaths among HIV-positive people are classified as HIV deaths in ICD-10.</p> <p>WHO recommends measuring TB deaths using a national vital registration system in which the causes of death are coded using the ICD-10. WHO also recommends that, where vital registration systems are weak or not yet developed, sample vital registration be used as an interim source for the reliable measurement of deaths, including deaths from TB.</p> <p>In countries where direct measurements of TB mortality through a nationwide vital registration system or a sample vital registration system are not available, indirect estimates of mortality are derived from estimates of incidence and case fatality. These indirect estimates have wide range of uncertainty."</p> |
| Indicator Code | TB I-4 |
| Name of Indicator | RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB |
| Rationale/Purpose | To assess the drug resistance burden among new TB patients |
| Numerator | Number of new TB cases with RR-TB and/or MDR-TB x 100 |
| Denominator | Total number of new TB cases with DST results/ Xpert result |
| Data source | National TB Registers and/or Second Line TB Treatment Register |
| Data collection in country | Quarterly |
| Frequency of Reporting (To UDNDP) | Quarterly |

| | |
|---|--|
| Measurement, Analysis and Interpretation | <p>"Extrapulmonary resistant cases are not included.</p> <p>Continuous surveillance for MDR-TB, based on routine DST of TB patients and systematic collection, collation and analysis of data, is the most effective approach to monitor trends in drug resistance over time.</p> <p>Special surveys still represent the most common approach to investigating the burden of drug resistance in resource-limited settings where routine DST is not accessible to all TB patients.</p> <p>Molecular technologies (e.g. GenoType® MTBDRplus, Xpert® MTB/RIF) are increasingly being used in drug resistance surveys to simplify logistics and reduce laboratory workload."</p> |
| OUTCOME INDICATORS | |
| Indicator Code | HIV O-12 |
| Name of Indicator | Percentage of people living with HIV and on ART who are virologically suppressed |
| Rationale/Purpose | Viral suppression among people living with HIV is one of the 10 global indicators in the 2015 WHO consolidated strategic information guidelines for HIV in the health sector. This indicator also helps monitor the third 90 of the UNAIDS 90–90–90 target: that 90% of the people receiving antiretroviral therapy will have suppressed viral loads by 2020. |
| Numerator | Number of people living with HIV and on ART who have suppressed viral load (<1000 copies per mL) |
| Denominator | Number of people living with HIV who are currently receiving ART |
| Data source | HIV Register |
| Data collection in country | Quarterly |
| Frequency of Reporting (To UNDP) | Quarterly |
| Measurement, Analysis and Interpretation | <p>With the programme-based denominator, measures virologic suppression achieved among all those currently on treatment who receive a VL measurement, regardless of when they started ART</p> <p>Measures clinical outcomes of patients in care and overall quality of care as ART programs expand. Also, viral load suppression is the best available measure of patient adherence to ART.</p> <p>Viral suppression is defined as <1000 copies/mL.</p> |
| Indicator Code | HIV O-4a |
| Name of Indicator | Percentage of men reporting the use of a condom the last time they had anal sex with a male partner |
| Rationale/Purpose | The practice of systematic condom use can substantially reduce the risk of sexually transmitting HIV. Consistently and correctly using condoms is therefore important for men who have sex with men because of the high risk of HIV transmission during unprotected anal sex. In addition, men who have anal sex with other men may also have female partners, who could become infected as well. Condom use with the most recent male partner is considered a reliable indicator of longer-term. |
| Numerator | Number of MSM who reported that a condom was used the last time they had anal sex with a male partner |
| Denominator | Number of MSM who reported having had anal sex with a male partner in the last six months |

| | |
|---|---|
| Data source | Program Records |
| Data collection in country | Quarterly |
| Frequency of Reporting | Quarterly |
| Measurement, Analysis and Interpretation | <p>If data is available on another time period, include in the comments section.</p> <p>If there are concerns that the data are not based on a representative sample, the interpretation of the survey data should reflect these concerns. Where different sources of data exist, the best available estimate should be used.</p> <p>For further information refer to:</p> <p>Operational guidelines for monitoring and evaluation of HIV programmes for sex workers, men who have sex with men, and transgender people. Chapel Hill (NC): MEASURE Evaluation; 2011 (http://www.cpc.unc.edu/measure/publications/ms-11-49a).</p> <p>If there are subnational data available, provide the disaggregation by administrative area, city, or site</p> |
| Additional information required for analysis | If there are subnational data available, provide the disaggregation by administrative area, city, or site |
| Indicator Code | HIV O-4.1b |
| Name of Indicator | Percentage of transgender people reporting the use of a condom the last time they had sex with a partner |
| Rationale/Purpose | Condoms can substantially reduce the risk of sexually transmitting HIV. Consistently and correctly using condoms is therefore important for transgender people, particularly transwomen, because of the high risk of HIV transmission during unprotected anal sex. Condom use with the most recent penetrative sex partner is considered a reliable indicator of longer-term behaviour. |
| Numerator | Number of transgender people who reported using a condom in their last sexual intercourse or sex with a partner |
| Denominator | Number of transgender people surveyed |
| Data source | Program Records |
| Data collection in country | Quarterly |
| Frequency of Reporting | Quarterly |
| Measurement, Analysis and Interpretation | <p>This indicator asks about sexual intercourse or anal sex in the past six months. If data is available on another time period, such as last three or 12 months, include in the comments section.</p> <p>If there are concerns that the data are not based on a representative sample, the interpretation of the survey data should reflect these concerns. Where different sources of data exist, the best available estimate should be used.</p> <p>For further information refer to:</p> <p>Operational guidelines for monitoring and evaluation of HIV programmes for sex workers, men who have sex with men, and transgender people. Chapel Hill (NC): MEASURE Evaluation;</p> |

| | |
|---|---|
| | 2011 (http://www.cpc.unc.edu/measure/publications/ms-11-49a). |
| Additional information required for analysis | If there are subnational data available, provide the disaggregation by administrative area, city, or site |
| Indicator Code | HIV O-5 |
| Name of Indicator | Percentage of sex workers reporting the use of a condom with their most recent client |
| Rationale/Purpose | Various factors increase the risk of exposure to HIV among sex workers, including multiple, non-regular partners and more frequent sexual intercourse. However, sex workers can substantially reduce the risk of HIV transmission, both from clients and to clients, by consistently and correctly using condoms. |
| Numerator | Number of sex workers who reported that a condom was used with their last client |
| Denominator | Number of sex workers who reported having commercial sex in the last 12 months |
| Data source | Program Records |
| Data collection in country | Quarterly |
| Frequency of Reporting | Quarterly |
| Measurement, Analysis and Interpretation | <p>This indicator asks about commercial sex in the past 12 months. If data is available on another time period, such as last three or 12 months, include in the comments section.</p> <p>If there are concerns that the data are not based on a representative sample, the interpretation of the survey data should reflect these concerns. Where different sources of data exist, the best available estimate should be used.</p> <p>For further information refer to:</p> <p>Operational guidelines for monitoring and evaluation of HIV programmes for sex workers, men who have sex with men, and transgender people. Chapel Hill (NC): MEASURE Evaluation; 2011 (http://www.cpc.unc.edu/measure/publications/ms-11-49a).</p> |
| Indicator Code | TB O-4 |
| Name of Indicator | Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated |
| Rationale/Purpose | It is a direct measure of the program's capacity to successfully treat RR-TB and/or MDR-TB patients using the prescribed second line treatment regimen. The program should be able to document that these patients have completed treatment as prescribed by the national guidelines anchored on WHO guidelines. |
| Numerator | Number of bacteriologically confirmed RR and/or MDR-TB cases enrolled on second-line anti-TB treatment during the year of assessment who are successfully treated (cured plus completed treatment) |
| Denominator | Total number of bacteriologically confirmed RR TB and/or MDR-TB cases enrolled on second-line anti-TB treatment during the year of assessment |
| Data source | TB register and/or Second-line TB treatment register |
| Data collection in country | Annual |
| Frequency of | Annual |

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| Reporting | |
| Measurement, Analysis and Interpretation | <p>"The period of assessment is 12 calendar months, usually counted from January to end December, and referred to as an annual cohort. All patients registered and starting treatment during this period are included in the calculation. In sites testing with Xpert MTB/RIF® alone, the indicator can be modified to include also RR-TB cases started on a full MDR-TB treatment regimen. Only laboratory confirmed RR-TB, MDR-TB and XDR-TB cases are counted for cohort reporting of Final Outcomes. It is measured 24 months after the end of the period of assessment. This gives sufficient time for most patients to complete their treatment and for the final culture results to be issued and recorded. All data can be extracted from the Second-line TB treatment register.</p> <p>For example- Patients on a second-line drug regimen to be assessed are those who started on second-line drugs in the current calendar year minus three. Thus, if the current calendar year is 2017, the outcomes collated will be for the cohort started on second-line drugs in calendar year 2014. The report due date will be Q1 of 2018."</p> |
| Indicator Code | TB O-5 |
| Name of Indicator | TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed) |
| Rationale/Purpose | It provides an indication of the effectiveness of national tuberculosis (TB) programmes in finding, diagnosing and treating people with TB. WHO does not recommend that countries set specific targets for TB treatment coverage for all forms of TB because the denominator (estimated number of incident TB cases during a calendar year) is not directly measurable and there is thus considerable uncertainty about its true value. |
| Numerator | Number of new and relapse cases that were notified and treated |
| Denominator | Estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed) |
| Data source | TB Registers and WHO Global TB Report |
| Data collection in country | Annual |
| Frequency of Reporting | Annual |
| Measurement, Analysis and Interpretation | The number of new and relapse TB cases that were notified and treated in a given year, divided by the estimated number of incident TB cases for the same year, expressed as a percentage. Uncertainty bounds are provided in addition to best estimates. Estimates are also produced at global level, for WHO regions and for World Bank Income Groups. For methodology, see Annex 1 of the WHO global tuberculosis control report. |
| OUTPUT INDICATORS | |
| Indicator Code | KP-1a |
| Name of Indicator | Percentage of MSM reached with HIV prevention programs- defined package of services |
| Rationale/Purpose | Successfully confronting the HIV epidemic requires combining preventive behaviour and antiretroviral therapy. Coverage with evidence-informed prevention programming is a critical component of the response, the importance of which is reflected in the UNAIDS Strategy. |
| Numerator | Number of MSM who have received a defined package of HIV prevention services |

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| Denominator | Estimated number of MSM in the targeted area |
| Data source | Numerator: Program records (HIV STI Prevention and Testing Register) Denominator: Estimated population size |
| Data collection in country | Continuously |
| Frequency of Reporting | Quarterly |
| Measurement, Analysis and Interpretation | <p>1. These indicators aim to monitor coverage of HIV prevention programs using program data and population size estimates. Where size estimations are not available, countries will be required to undertake estimation exercise as soon as possible. Until the revised estimates are provided, available estimates will be used as denominators.</p> <p>2. Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC; provision of consumables (condoms; lubricants, needles and syringes as needed); referral to another service such as STI diagnosis and treatment, HIV testing and counselling, etc. In addition, it could include other interventions from the comprehensive package of services.</p> <p>3. The components of the package of HIV prevention interventions should be defined at country level and tailored to the needs of the target population. Refer to the comprehensive package of services recommended by technical partners-</p> <p>Tool to set and monitor targets for HIV prevention, diagnosis, treatment and care for key populations: supplement to the 2014 consolidated guidelines for HIV prevention, diagnosis, treatment and care for key populations. Geneva: World Health Organization; 2015 (http://www.who.int/hiv/pub/toolkits/kpp-monitoring-tools/en).</p> <p>4. Data collection requires reliable tracking systems that are designed to count the number of individual "clients served" at the same service or across services as opposed to the "client visits". This can be ensured through implementation of Unique Identification Codes (UIC). In the absence of UIC, report on the number of contacts until the time when a system to avoid double counting is set up. Agree on a timeframe for setting up such system and ensure adequate funds are available.</p> <p>5. The coverage data from routine reporting will be triangulated with the coverage from survey data for overall impact assessment.</p> <p>6. When targeting "other vulnerable populations" specify in the comment's column of the performance framework which populations are being targeted.</p> |
| Additional information required for analysis | <ol style="list-style-type: none"> Specify the components of the HIV prevention package. Expected frequency of contacts per month/qtr./six months Describe the system in place to avoid double counting. Survey results when available |
| Indicator Code | KP-1b |
| Name of Indicator | Percentage of TG reached with HIV prevention programs - defined package of services |
| Rationale/Purpose | Successfully confronting the HIV epidemic requires combining preventive behaviour and antiretroviral therapy. Coverage with evidence-informed prevention programming is a critical component of the response, the importance of which is reflected in the UNAIDS Strategy. |
| Numerator | Number of TG who have received a defined package of HIV prevention services |

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| Denominator | Estimated number of TG in the targeted area |
| Data source | Numerator: Program records (HIV STI Prevention and Testing Register) Denominator: Estimated population size |
| Data collection in country | Continuously |
| Frequency of Reporting | Quarterly |
| Measurement, Analysis and Interpretation | <p>1. These indicators aim to monitor coverage of HIV prevention programs using program data and population size estimates. Where size estimations are not available, countries will be required to undertake estimation exercise as soon as possible. Until the revised estimates are provided, available estimates will be used as denominators.</p> <p>2. Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC; provision of consumables (condoms; lubricants, needles and syringes as needed); referral to another service such as STI diagnosis and treatment, HIV testing and counselling, etc. In addition, it could include other interventions from the comprehensive package of services.</p> <p>3. The components of the package of HIV prevention interventions should be defined at country level and tailored to the needs of the target population. Refer to the comprehensive package of services recommended by technical partners-</p> <p>Tool to set and monitor targets for HIV prevention, diagnosis, treatment and care for key populations: supplement to the 2014 consolidated guidelines for HIV prevention, diagnosis, treatment and care for key populations. Geneva: World Health Organization; 2015 (http://www.who.int/hiv/pub/toolkits/kpp-monitoring-tools/en).</p> <p>4. Data collection requires reliable tracking systems that are designed to count the number of individual "clients served" at the same service or across services as opposed to the "client visits". This can be ensured through implementation of Unique Identification Codes (UIC). In the absence of UIC, report on the number of contacts until the time when a system to avoid double counting is set up. Agree on a timeframe for setting up such system and ensure adequate funds are available.</p> <p>5. The coverage data from routine reporting will be triangulated with the coverage from survey data for overall impact assessment.</p> <p>6. When targeting "other vulnerable populations" specify in the comment's column of the performance framework which populations are being targeted.</p> |
| Additional information required for analysis | <ol style="list-style-type: none"> Specify the components of the HIV prevention package. Expected frequency of contacts per month/qtr./six months Describe the system in place to avoid double counting. Survey results when available |
| Indicator Code | KP-1c |
| Name of Indicator | Percentage of sex workers reached with HIV prevention programs - defined package of services |
| Rationale/Purpose | Successfully confronting the HIV epidemic requires combining preventive behaviour and antiretroviral therapy. Coverage with evidence-informed prevention programming is a critical component of the response, the importance of which is reflected in the UNAIDS Strategy. |
| Numerator | Number of sex workers who have received a defined package of HIV prevention services |

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| Denominator | Estimated number of sex workers in the targeted area |
| Data source | Numerator: Program records Denominator: Estimated population size |
| Data collection in country | Continuously |
| Frequency of Reporting | Quarterly |
| Measurement, Analysis and Interpretation | <p>1. These indicators aim to monitor coverage of HIV prevention programs using program data and population size estimates. Where size estimations are not available, countries will be required to undertake estimation exercise as soon as possible. Until the revised estimates are provided, available estimates will be used as denominators.</p> <p>2. Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC; provision of consumables (condoms; lubricants, needles and syringes as needed); referral to another service such as STI diagnosis and treatment, HIV testing and counselling, etc. In addition, it could include other interventions from the comprehensive package of services.</p> <p>3. The components of the package of HIV prevention interventions should be defined at country level and tailored to the needs of the target population. Refer to the comprehensive package of services recommended by technical partners-</p> <p>Tool to set and monitor targets for HIV prevention, diagnosis, treatment and care for key populations: supplement to the 2014 consolidated guidelines for HIV prevention, diagnosis, treatment and care for key populations. Geneva: World Health Organization; 2015 (http://www.who.int/hiv/pub/toolkits/kpp-monitoring-tools/en).</p> <p>4. Data collection requires reliable tracking systems that are designed to count the number of individual "clients served" at the same service or across services as opposed to the "client visits". This can be ensured through implementation of Unique Identification Codes (UIC). In the absence of UIC, report on the number of contacts until the time when a system to avoid double counting is set up. Agree on a timeframe for setting up such system and ensure adequate funds are available.</p> <p>5. The coverage data from routine reporting will be triangulated with the coverage from survey data for overall impact assessment.</p> <p>6. When targeting "other vulnerable populations" specify in the comment's column of the performance framework which populations are being targeted.</p> |
| Additional information required for analysis | <ol style="list-style-type: none"> Specify the components of the HIV prevention package. Expected frequency of contacts per month/qtr./six months Describe the system in place to avoid double counting. Survey results when available |
| Indicator Code | HTS-3a |
| Name of Indicator | Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results |
| Rationale/Purpose | Ensuring that people living with HIV receive the care and treatment required to live healthy, productive lives and reducing the chance of transmitting HIV require that they know their HIV status. In many countries, targeting testing and counselling at locations and populations with the highest HIV burden is the most efficient way to reach people living with HIV and ensure that they know their HIV status. This indicator captures the effectiveness of HIV testing |

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| | interventions targeting populations at higher risk of HIV infection. |
| Numerator | Number of MSM who have been tested for HIV during the reporting period and who know their results |
| Denominator | Estimated number of MSM in the targeted areas |
| Data source | Numerator: Program records (HIV STI Prevention and Testing Register) Denominator: Estimated population size |
| Data collection in country | Continuously |
| Frequency of Reporting | Quarterly |
| Measurement, Analysis and Interpretation | '- Coverage will be assessed based on population size estimates. Where these are not available, countries will be required to undertake a size estimation as soon as possible. Until the revised estimates are provided, available, estimates will be used. '- Coverage data from routine reporting will be triangulated with the coverage from survey data for overall impact assessment. '-If data on persons who retest are not available, this indicator (reported as numbers only) will give information on the number of times HTC services were delivered, rather than the number of individuals who received HTC services. |
| Additional information required for analysis | 1. Survey results when available. 2. Number of repeat tests or re-testers, if available 3. Specify if these are included in the reported results 4. Nationally recommended frequency of testing for MSM and TG people |
| Indicator Code | HTS-3b |
| Name of Indicator | Percentage of transgender people that have received an HIV test during the reporting period and know their results |
| Rationale/Purpose | Ensuring that people living with HIV receive the care and treatment required to live healthy, productive lives and reducing the chance of transmitting HIV require that they know their HIV status. In many countries, targeting testing and counselling at locations and populations with the highest HIV burden is the most efficient way to reach people living with HIV and ensure that they know their HIV status. This indicator captures the effectiveness of HIV testing interventions targeting populations at higher risk of HIV infection. |
| Numerator | Number of TG who have been tested for HIV during the reporting period and who know their results |
| Denominator | Estimated number of TGs in the targeted areas |
| Data source | Numerator: Program records (HIV STI Prevention and Testing Register) Denominator: Estimated population size |
| Data collection in country | Continuously |
| Frequency of Reporting | Quarterly |
| Measurement, Analysis and Interpretation | '- Coverage will be assessed based on population size estimates. Where these are not available, countries will be required to undertake a size estimation as soon as possible. Until the revised estimates are provided, available, estimates will be used. '- Coverage data from routine reporting will be triangulated with the coverage from survey data for overall impact assessment. '-If data on persons who retest are not available, this indicator (reported as numbers only) will give information on the number of times HTC services were delivered, rather than the number of individuals who received HTC services. |

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| Additional information required for analysis | <ol style="list-style-type: none"> 1. Survey results when available. 2. Number of repeat tests or re-testers, if available 3. Specify if these are included in the reported results 4. Nationally recommended frequency of testing for MSM and TG people |
| Indicator Code | HTS-3c |
| Name of Indicator | Percentage of sex workers that have received an HIV test during the reporting period and know their results |
| Rationale/Purpose | Ensuring that people living with HIV receive the care and treatment required to live healthy, productive lives and reducing the chance of transmitting HIV require that they know their HIV status. In many countries, targeting testing and counselling at locations and populations with the highest HIV burden is the most efficient way to reach people living with HIV and ensure that they know their HIV status. This indicator captures the effectiveness of HIV testing interventions targeting populations at higher risk of HIV infection. |
| Numerator | Number of sex workers who have been tested for HIV during the reporting period and who know their results |
| Denominator | Estimated number of sex workers in the targeted areas |
| Data source | Numerator: Program records (Prevention and Testing Register) Denominator: Estimated population size |
| Data collection in country | Continuously |
| Frequency of Reporting | Quarterly |
| Measurement, Analysis and Interpretation | <ol style="list-style-type: none"> '1. Coverage will be assessed based on population size estimates. Where these are not available, countries will be required to undertake a size estimation as soon as possible. Until the revised estimates are provided, available, estimates will be used. 2. Coverage data from routine reporting will be triangulated with the coverage from survey data for overall impact assessment. 3. If data on persons who retest are not available, this indicator (reported as numbers only) will give information on the number of times HIV testing and counselling services were delivered, rather than the number of individuals who received HIV testing and counselling services. |
| Additional information required for analysis | <ol style="list-style-type: none"> 1. Survey results when available. 2. Number of repeat tests or re-testers, if available 3. Specify if these are included in the reported results 4. Nationally recommended frequency of testing for sex workers |
| Indicator Code | TCS-1.1 |
| Name of Indicator | Percentage of people on ART among all people living with HIV at the end of the reporting period |
| Rationale/Purpose | <p>Antiretroviral therapy has been shown to reduce HIV-related morbidity and mortality among people living with HIV and to halt onward transmission of the virus. Studies also show that early initiation, regardless of a person's CD4 cell count, can enhance treatment benefits and save lives. WHO currently recommends treatment for all.</p> <p>The percentage of people on antiretroviral therapy among all people living with HIV provides a benchmark for monitoring global targets over time and comparing progress across countries. It is one of the 10 global indicators in the 2015 WHO Consolidated strategic information guidelines for HIV in the health sector.</p> |

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| | This indicator also monitors progress toward the second 90 of the UNAIDS 90–90–90 target: that 90% of the people who know their HIV-positive status are accessing antiretroviral therapy by 2020. |
| Numerator | Number of people currently receiving antiretroviral therapy at the end of the reporting period |
| Denominator | Estimated number of people living with HIV |
| Data source | Numerator: HIV Register Denominator: PLHIV Programme Estimates |
| Data collection in country | Continuously |
| Frequency of Reporting | Quarterly |
| Measurement, Analysis and Interpretation | <p>The count should not include people who have stopped treatment, died or emigrated to another country or who are otherwise lost to follow-up at the facility during this period. Protocols should be in place to avoid duplicate counting of individuals across facilities or over time.</p> <p>This indicator does not include antiretroviral medicines taken only for preventing mother-to-child transmission and post-exposure prophylaxis. This indicator includes pregnant women living with HIV who are receiving lifelong antiretroviral therapy.</p> <p>Countries should triangulate the numerator from programme data with national procurement and drug monitoring systems and adjust reported numbers as appropriate.</p> <p>Countries that undertake data quality assessments or reviews that monitor the extent to which facilities are able to accurately report the number of people on treatment during reporting periods should also adjust programme numerator data to account for these inconsistencies.</p> <p>Estimates of coverage of antiretroviral therapy from surveys can also be used to inform or validate the numerator. Note that surveys that only capture self-reported data on treatment uptake should not be used, since self-reported data has been shown to be of limited quality.</p> <p>Report by target groups as applicable and available- MSM, TGs, Sex workers, PWID, Others (specify)</p> |
| Indicator Code | TCP-1(M) |
| Name of Indicator | Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), new and relapse cases |
| Rationale/Purpose | Number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) notified to the national health authority during the reporting period |
| Numerator | Number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) notified to the national health authority during the reporting period |
| Denominator | Not applicable |
| Data source | Numerator: TB Register Denominator: Not Applicable |
| Data collection in country | Quarterly |
| Frequency of | Annual and every six months |

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| Reporting | |
| Measurement, Analysis and Interpretation | <p>It refers to all forms of TB cases that are bacteriologically confirmed or clinically diagnosed with active TB by a clinician.</p> <p>It includes- new and relapse cases that are-</p> <ol style="list-style-type: none"> (1) smear and/or culture positive; or smear positive/culture negative (2) smear and/or culture negative. (3) smear unknown/not done. (4) Positive by WHO-recommended rapid molecular diagnostics (e.g. Xpert MTB/RIF). (5) extra-pulmonary cases confirmed by WRD. (6) cases confirmed on the basis of X-Ray abnormalities or suggestive histology. <p>It does not include- retreatment cases such as-</p> <ol style="list-style-type: none"> (1) treatment after failure patients. (2) treatment after loss to follow-up (previously known as 'treatment after default') (3) other retreatment cases |
| Indicator Code | TCP-2 |
| Name of Indicator | Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases |
| Rationale/Purpose | Treatment success is an indicator of the performance of national TB programmes |
| Numerator | Number of all forms of TB cases (i.e. bacteriologically confirmed plus clinically diagnosed) in a specified period who subsequently were successfully treated (sum of WHO outcome categories "cured" plus "treatment completed") |
| Denominator | Total number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) registered for treatment in the same period |
| Data source | TB Register |
| Data collection in country | Annual |
| Frequency of Reporting | Annual |
| Measurement, Analysis and Interpretation | <p>Where applicable, report separately for all forms of TB cases provided with treatment in prisons, or by a specific type of health care provider or the community. This indicator is also reported as a coverage/output indicator to facilitate performance-based funding at each Progress Update and Disbursement Request (PU/DR).</p> <p>It refers to all forms of TB cases that are bacteriologically confirmed or clinically diagnosed with active TB by a clinician.</p> <p>It includes- new and relapse cases that are-</p> <ol style="list-style-type: none"> (1) smear and/or culture positive; or smear positive/culture negative (2) smear and/or culture negative. (3) smear unknown/not done. (4) Positive by WHO-recommended rapid molecular diagnostics (e.g. Xpert MTB/RIF). (5) extra-pulmonary cases confirmed by WRD. (6) cases confirmed on the basis of X-Ray abnormalities or suggestive histology. <p>It does not include- retreatment cases such as-</p> <ol style="list-style-type: none"> (1) treatment after failure patients. (2) treatment after loss to follow-up (previously known as 'treatment after default') (3) other retreatment cases |

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| Indicator Code | MDR TB-3 |
| Name of Indicator | Number of cases with RR-TB and/or MDR-TB that began second-line treatment |
| Rationale/Purpose | Number of RR-TB and/or MDR-TB cases (presumptive or confirmed) registered and started on a prescribed MDR-TB treatment regimen during the period of assessment |
| Numerator | Number of cases with RR-TB and/or MDR-TB that began second-line treatment |
| Denominator | Not applicable |
| Data source | TB Register and/or Second-line TB treatment register |
| Data collection in country | Annual |
| Frequency of Reporting | Annual |
| Measurement, Analysis and Interpretation | <ul style="list-style-type: none"> - The programme manager is responsible to ensure that all patients in whom RR-TB or MDR-TB is detected are placed on appropriate treatment in the shortest time possible. This may also apply to patients at risk of infection with RR-TB but who are not confirmed (presumptive). - Patients detected with rifampicin-resistant TB (RR-TB) in sites using Xpert MTB/RIF to be included in the denominator as well as numerator. - A comparison of enrolled to identified RR-TB/MDR-TB cases gives an indication of access to care although patients started on treatment may have been detected prior to the period of assessment. Comparator data are sourced from the Laboratory register for culture, Xpert MTB/RIF® and DST (using the date of DST result). - The suggested period of assessment is six calendar months, the first usually counted from January to end June and July to end December. Indicators are measured in the month following the end of the six-month period." |

Annex 3 – SR Performance Assessment Guide

| Performance criteria | Measurement Interpretation | Highly Satisfactory | Satisfactory | Requires Improvements | Needs Urgent Attention |
|---------------------------------------|---|--|---|---|--|
| Reporting Completeness | Measures the availability of all required reports and supporting documentation | | Excel + Narrative + Supporting Docs rec'd by reporting deadline | No Excel or No Narrative or No Supporting Documents rec'd by reporting deadline | No reports received at all by reporting deadline |
| Reporting Timeliness | Measures the efficiency with which completed reports are sent to the PR | Completed reports rec'd by reporting deadline | Completed reports rec'd within 1 month of reporting deadline | Completed reports rec'd after 1 month or more after reporting deadline | No reports received at all |
| Reporting Accuracy | Measures deviation of verified data / information from reported results | 0% deviation of verified findings against reported results | <5% deviation of verified findings against reported results | >5% deviation of verified findings against reported results | No report(s) submitted to provide basis of analysis |
| Programmatic Performance | Measures the attainment of targets and/ or deliverables | >90% of planned activities completed | 60-89% of planned activities completed | 40-59% of planned activities completed | 0-39% of planned activities completed |
| Response to PR Recommendations | Measures % of management actions fulfilled by the specified time | >90% of PR recommendations acted upon and / or no outstanding actions required | 60-89% of PR recommendations fulfilled by the specified time | 40-59% of PR recommendations fulfilled by the specified time | 0-39% of PR recommendations fulfilled by the specified time |
| Cash Utilization Rate | Measures the proportion of funds disbursed to SRs against total budget allocation | >85% of funds disbursed against total budget allocated | 60-84% of funds disbursed against total budget allocated | 40-59% of funds disbursed against total budget allocated | 0-39% of funds disbursed against total budget allocated |
| Financial Absorption Rate | Measures the proportion of funds acquitted by SRs against total funds disbursed to the SR | >85% of funds acquitted against total funds disbursed to the SR | 60-84% of funds acquitted against total funds disbursed to the SR | 40-59% of funds acquitted against total funds disbursed to the SR | 0-39% of funds acquitted against total funds disbursed to the SR |
| Unauthorized Use of Funds | Assesses if the SR used funds for unauthorized purposes | | No | Yes | Reports have not been provided |

Annex 4 – Multi-Country Monitoring & Evaluation Work Plan and Budget

| Budget Line No. | Module | Intervention | Activity Description | Implementer | Q1 Bdgt | Q2 Bdgt | Q3 Bdgt | Q4 Bdgt | Y1 Total Bdgt | Q5 Bdgt | Q6 Bdgt | Q7 Bdgt | Q8 Bdgt | Y2 Total Bdgt | Q9 Bdgt | Q10 Bdgt | Q11 Bdgt | Q12 Bdgt | Y3 Total Bdgt | Y1-4 Total Bdgt |
|-----------------|---|--|--|---|----------|----------|----------|----------|---------------|----------|----------|----------|---------|---------------|----------|----------|----------|----------|---------------|-----------------|
| 22 | RSSH: Health management information systems and M&E | Routine reporting | 10. M&E Site Visits: TB/HIV | Federated States of Micronesia Department of Health | 3,832.64 | 8,228.00 | 3,832.64 | - | 15,893.28 | 3,832.64 | 8,228.00 | 3,832.64 | - | 15,893.28 | 3,832.64 | 8,228.00 | 3,832.64 | - | 15,893.28 | 47,679.84 |
| 29 | RSSH: Health management information systems and M&E | Routine reporting | 14. Refresher Trainings: Complete documentations of document & workup/LTBI Treatment/Recording and Reporting of cases | Federated States of Micronesia Department of Health | | | 800.00 | - | 800.00 | 550.00 | 250.00 | - | - | 800.00 | 550.00 | 250.00 | - | - | 800.00 | 2,400.00 |
| 32 | Program management | Coordination and management of national disease control programs | 6. National Advisory Council (NAC) for HIV and Other STIs Multi-Sectoral Bi-Annual Meeting | Marshall Islands Ministry of Health | - | - | - | - | - | 900.00 | - | 900.00 | - | 1,800.00 | - | 900.00 | - | 900.00 | 1,800.00 | 3,600.00 |
| 40 | Program management | Coordination and management of national disease control programs | 3. Office related Cost | Marshall Islands Ministry of Health | 488.50 | 488.50 | 488.50 | 488.50 | 1,954.00 | 488.50 | 488.50 | 488.50 | 488.50 | 1,954.00 | 488.50 | 488.50 | 488.50 | 488.50 | 1,954.00 | 5,862.00 |
| 51 | Program management | Coordination and management of national disease control programs | 1. Meeting and Review 1.1 TB/ HIV core team meeting 1.2 TUNAC meetings 1.3 Stakeholder Annual Meeting for activity review 1.4 Meetings to Review SRH policy 2014-2018 and HIV/STI legislation. 1.5 Reviewing national STI/HIV guidelines and develop referral pathways. | Tuvalu Ministry of Health | 274.08 | 479.64 | 137.04 | 1,079.19 | 1,969.96 | 277.59 | 346.98 | 607.22 | 485.77 | 1,717.56 | 138.79 | 346.98 | 138.79 | 485.77 | 1,110.34 | 4,797.86 |
| 52 | Program management | Coordination and management of national disease control programs | 8.1 Operational cost - Office related costs. | Tuvalu Ministry of Health | 777.24 | 499.65 | 777.24 | 499.65 | 2,553.78 | 777.24 | 499.65 | 777.24 | 499.65 | 2,553.78 | 777.24 | 499.65 | 777.24 | 499.65 | 2,553.78 | 7,661.35 |
| 64 | RSSH: Health management information systems and M&E | Analysis, evaluations, reviews and transparency | 10.0 Surveillance, data management and Information Technology 10.1 - Contact Tracing tracking system - a monitoring system to help track close contacts on the progress of TB control in evaluating contacts 10.2 - Strengthen on existing electronic tools to improve surveillance including staff training 11.2 Surveillance and Contact Tracing including ongoing refresher and training | Palau Ministry of Health | 1,000.00 | 1,000.00 | 1,000.00 | - | 3,000.00 | 1,000.00 | 1,000.00 | - | - | 2,000.00 | - | 1,000.00 | - | - | 1,000.00 | 6,000.00 |

| Budget Line No. | Module | Intervention | Activity Description | Implementer | Q1 Bdgt | Q2 Bdgt | Q3 Bdgt | Q4 Bdgt | Y1 Total Bdgt | Q5 Bdgt | Q6 Bdgt | Q7 Bdgt | Q8 Bdgt | Y2 Total Bdgt | Q9 Bdgt | Q10 Bdgt | Q11 Bdgt | Q12 Bdgt | Y3 Total Bdgt | Y1-4 Total Bdgt | |
|-----------------|---|--|--|--------------------------------------|------------|------------|------------|------------|---------------|------------|------------|------------|------------|---------------|------------|------------|------------|------------|---------------|-----------------|-----------|
| 66 | RSSH: Health sector governance and planning | Policy and planning for national disease control programs | 12.0 Enhance Operational Research (OR) to optimized National Strategic Plan implementation and adopt use of innovations (new diagnosis, drugs) | Palau Ministry of Health | 1,500.00 | | - | - | 1,500.00 | - | - | - | - | - | 1,500.00 | - | - | - | 1,500.00 | 3,000.00 | |
| 67 | Program management | Coordination and management of national disease control programs | 1.0Coordination Meetings - CSOs, NGOs and MOH (Quarterly),1.1 Programme Management Workshop for Coordinators | Nauru Ministry of Health | 555.17 | 555.17 | 555.17 | 555.17 | 2,220.68 | 555.17 | 8,605.14 | 555.17 | 555.17 | 10,270.65 | 555.17 | 555.17 | 555.17 | 555.17 | 2,220.68 | 14,712.01 | |
| 79 | RSSH: Health management information systems and M&E | Program and data quality | 3.1 Conduct quarterly monitoring visits to outer islands. 4.4 Quarterly Governance and Coordination meeting - oversighting and progress update of the National Program 3.3 Support GAM Report submission - workshop for validation of findings for GAM submission Positive network meeting - quarterly (refreshment + transportation) 4.3 Quarterly meeting for Tonga's 3 SRs - Progress monitoring of the National Program 4.2 Support meeting of the Treatment Core Team (TCT- 12 Members) -implementing the Treatment Care and Support Program | Tonga Ministry of Health | 3,601.05 | 3,079.88 | 3,271.93 | 2,870.36 | 12,823.22 | 4,842.65 | 2,660.19 | 2,660.19 | 2,660.19 | 12,823.22 | 4,842.65 | 2,660.19 | 2,660.19 | 2,660.19 | 2,660.19 | 12,823.22 | 38,469.66 |
| 92 | RSSH: Health management information systems and M&E | Program and data quality | 3.Review and update the health information system to reflect NSP for SRH data requirements | Cook Islands Ministry of Health | | | | | | | | | | | | | | | | | |
| 111 | RSSH: Health management information systems and M&E | Program and data quality | 7. RESEARCH, SURVEILLANCE, MONITORING & EVALUATION 7.1 procurement of M&E data collection tools & softwares 7.2 M&E visits to 11 health centers - follow up on TB and HIV patients treatment and support. | Samoa Ministry of Health | | 1,322.25 | | 1,322.25 | 2,644.50 | | 1,322.25 | | 1,322.25 | 2,644.50 | | 8,877.98 | | 1,322.25 | 10,200.23 | 15,489.23 | |
| 122 | Program management | Coordination and management of national disease control programs | 8. Programme Management Support -Printing, Stationery & Office Supplies | Niue Ministry of Health | 811.69 | | 811.69 | | 1,623.38 | 811.69 | | 811.69 | | 1,623.38 | 811.69 | | 811.69 | | 1,623.38 | 4,870.13 | |
| 123 | Program management | Grant management | PR PMU - Human resources for the Grant Management Unit | United Nations Development Programme | 140,634.89 | 140,634.89 | 140,634.89 | 140,634.89 | 562,539.57 | 140,634.89 | 140,634.89 | 140,634.89 | 140,634.89 | 562,539.57 | 147,626.69 | 147,626.69 | 147,626.69 | 147,626.69 | 590,506.75 | 1,715,585.88 | |
| 125 | Program management | Grant management | PR PMU - Regional Monitoring and supportive costs | United Nations Development Programme | 30,645.00 | 30,645.00 | 30,645.00 | 30,645.00 | 122,580.00 | 30,645.00 | 30,645.00 | 30,645.00 | 30,645.00 | 122,580.00 | 30,645.00 | 30,645.00 | 30,645.00 | 30,645.00 | 122,580.00 | 367,740.00 | |
| 132 | TB care and prevention | Treatment (TB care and prevention) | Technical Assistance/ Advisor – Tuberculosis | United Nations Development Programme | 28,848.59 | 28,848.59 | 28,848.59 | 28,848.59 | 115,394.37 | 28,848.59 | 28,848.59 | 28,848.59 | 28,848.59 | 115,394.37 | 28,848.59 | 28,848.59 | 28,848.59 | 28,848.59 | 115,394.37 | 346,183.10 | |

| Budget Line No. | Module | Intervention | Activity Description | Implementer | Q1 Bdgt | Q2 Bdgt | Q3 Bdgt | Q4 Bdgt | Y1 Total Bdgt | Q5 Bdgt | Q6 Bdgt | Q7 Bdgt | Q8 Bdgt | Y2 Total Bdgt | Q9 Bdgt | Q10 Bdgt | Q11 Bdgt | Q12 Bdgt | Y3 Total Bdgt | Y1-4 Total Bdgt |
|-----------------|--|---|---|--------------------------------------|-------------------|-------------------|-------------------|-------------------|---------------------|-------------------|-------------------|-------------------|-------------------|---------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
| 133 | TB care and prevention | Treatment (TB care and prevention) | Technical Assistance/ Advisor – Tuberculosis | United Nations Development Programme | 5,000.00 | - | 5,000.00 | - | 10,000.00 | 5,000.00 | - | 5,000.00 | - | 10,000.00 | 5,000.00 | - | 5,000.00 | - | 10,000.00 | 30,000.00 |
| 134 | Treatment, care and support | Differentiated ART service delivery and HIV care | Technical Assistance/ Advisor – HIV/STI | United Nations Development Programme | 10,118.92 | 10,118.92 | 10,118.92 | 10,118.92 | 40,475.69 | 10,118.92 | 10,118.92 | 10,118.92 | 10,118.92 | 40,475.69 | 10,118.92 | 10,118.92 | 10,118.92 | 10,118.92 | 40,475.69 | 121,427.07 |
| 135 | Treatment, care and support | Differentiated ART service delivery and HIV care | Technical Assistance/ Advisor – HIV/STI | United Nations Development Programme | 4,500.00 | - | 4,500.00 | - | 9,000.00 | 4,500.00 | - | 4,500.00 | - | 9,000.00 | 4,500.00 | - | 4,500.00 | - | 9,000.00 | 27,000.00 |
| 136 | Treatment, care and support | Differentiated ART service delivery and HIV care | Regional HIV/STI Telemedicine - Helpdesk and Supervision and Capacity Building Hub | United Nations Development Programme | 6,977.36 | 6,977.36 | 6,977.36 | 6,977.36 | 27,909.44 | 6,896.25 | 6,896.25 | 6,896.25 | 6,896.25 | 27,585.00 | 6,896.25 | 6,896.25 | 6,896.25 | 6,896.25 | 27,585.00 | 83,079.44 |
| 139 | RSSH: Community systems strengthening | Institutional capacity building, planning and leadership development | CSOs Capacity Strengthening - organisational, institutional, technical and programmatic | United Nations Development Programme | 15,000.00 | 15,000.00 | 15,000.00 | 15,000.00 | 60,000.00 | 12,500.00 | 12,500.00 | 12,500.00 | 12,500.00 | 50,000.00 | 12,500.00 | 12,500.00 | 12,500.00 | 12,500.00 | 50,000.00 | 160,000.00 |
| 166 | RSSH: Human resources for health, including community health workers | Community health workers: Remuneration and deployment | 1.0 - 1.1.1 Office related Costs(Operational Management Support) 14. Salaries M & E Officer. 15 Salaries Finance officer. 16. Salaries Microscopy officer x 2 | Vanuatu Ministry of Health | 11,017.27 | 11,017.27 | 11,017.27 | 11,017.27 | 44,069.07 | 11,017.27 | 11,017.27 | 11,017.27 | 11,017.27 | 44,069.07 | 11,017.27 | 11,017.27 | 11,017.27 | 11,017.27 | 44,069.07 | 132,207.22 |
| 167 | RSSH: Human resources for health, including community health workers | Education and production of new health workers (excluding community health workers) | 2. Health Workers PMTCT Refresher Training 12 TB Training (Health workers, Clinician) Conduct OR relevant to the NTP in Vanuatu | Vanuatu Ministry of Health | 12,756.05 | 13,610.95 | 23,512.20 | - | 49,879.21 | 16,021.64 | 25,906.96 | 16,005.71 | - | 57,934.31 | 17,763.28 | 27,648.61 | 17,747.36 | - | 63,159.24 | 170,972.76 |
| 168 | RSSH: Health management information systems and M&E | Analysis, evaluations, reviews and transparency | 3. Sub National conducted to DOTS centers /HF Supervisory Visit (M&E to DOTS HF) | Vanuatu Ministry of Health | 5,615.06 | 5,615.06 | 5,615.06 | 5,615.06 | 22,460.25 | 5,615.06 | 5,615.06 | 5,615.06 | 5,615.06 | 22,460.25 | 5,615.06 | 5,615.06 | 5,615.06 | 5,615.06 | 22,460.25 | 67,380.74 |
| | | | | | 283,953.51 | 278,121.14 | 293,543.51 | 255,672.23 | 1,111,290.39 | 284,933.09 | 296,483.66 | 281,514.34 | 253,187.53 | 1,116,118.62 | 294,027.74 | 304,722.86 | 289,779.36 | 260,179.32 | 1,148,709.28 | 3,376,118.25 |

Annex 5: Cook Islands Ministry of Health Performance Framework

| Indicator Code | Indicator Description | Baseline Data | Baseline Year | Data Source | Targets | | | Data Requirements |
|---|---|---------------|---------------|---|---------|------|------|--|
| | | | | | 2021 | 2022 | 2023 | |
| Impact Indicators (National Baseline and Targets) | | | | | | | | |
| HIV I-9a ^{9d} | Percentage of men who have sex with men who are living with HIV | 0 54 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing in P&T register and National HIV Register Numerator: Number of MSM who tested positive for HIV Denominator: Number of MSM tested for HIV |
| HIV I-9b ^{9d} | Percentage of transgender people who are living with HIV | 0 90 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing in P&T register and National HIV Register Numerator: Number of TG who tested positive for HIV Denominator: Number of TG tested for HIV |
| HIV I-10 ^{9d} | Percentage of female sex workers who are living with HIV | 0 26 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing in P&T register and National HIV Register Numerator: Number of SW who tested positive for HIV Denominator: Number of SW tested for HIV |
| TB I-3 ^{9d} | TB mortality rate per 100,000 population | 0 | 2019 | National TB Register / NDM Census Report or World TB Report | 0 | 0 | 0 | Data source: TB Register / Census Data (SPC NMDI) Numerator: Number of TB deaths in HIV negative people Denominator: Number of people in the population |
| TB I-4 ^{9d} | RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB | 0 01 = 0% | 2019 | TB Register | 0% | 0% | 0% | Data source: Data for this indicator will be collected through the TB register and/or the Lab register Numerator: Number of 'new' TB cases with RR and/or MDR TB Denominator: Number of 'new' TB cases with DST/xpert results |
| | HIV positivity rate amongst seafarers | 0 0 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register. |
| | HIV positivity rate amongst prisoners | 0 20 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register. |
| Outcome Indicators (National Baseline and Targets) | | | | | | | | |
| HIV O-12 | Percentage of people living with HIV and on ART who are virologically suppressed | No Baseline | 2019 | National HIV Register | 90% | 91% | 92% | Baseline to be established in 2021 Numerator: Number of people living with HIV and on ART who have suppressed viral load (<1000 copies per ml) Denominator: Number of people living with HIV who are currently receiving ART |
| HIV O-4a ^{9d} | Percentage of men reporting the use of a condom the last time they had anal sex with a non regular partner | 17 22 = 77% | 2019 | Prevention and Testing Register | 77% | 77% | 77% | Numerator: Number of MSM who reported condom use during last anal sex with a male partner Denominator: Number of MSM who reported having anal sex with a male partner in the last 12 months |
| HIV O-4.1b ^{9d} | Percentage of transgender people reporting using a condom in their last anal sex with a non-regular male partner | 19 25 = 76% | 2019 | Prevention and Testing Register | 76% | 77% | 79% | Numerator: Number of transgender people who reported using a condom in their last sexual intercourse or anal sex with a partner Denominator: Number of TG surveyed |
| HIV O-5 ^{9d} | Percentage of sex workers reporting the use of a condom with their most recent client | 19 26 = 73% | 2019 | Prevention and Testing Register | 73% | 73% | 73% | Numerator: Number of sex workers who reported that a condom was used with their last client Denominator: Number of sex workers who reported having transactional sex in the last 12 month |
| TB O-4 ^{9d} | Treatment success rate of RR-TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated | 0 0 | 2019 | TB Register / Second Line TB Register | 100% | 100% | 100% | Numerator: Number of bacteriologically-confirmed RR and/or MDR-TB cases enrolled on second-line anti-TB treatment during the year of assessment who were successfully treated (cured plus completed treatment) Denominator: Total number of bacteriologically-confirmed RR TB and/or MDR-TB cases enrolled on second-line anti-TB treatment during the year of assessment |
| TB O-5 ^{9d} | TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed) | 0 0 | 2019 | TB Register and World TB Report | 91% | 92% | 93% | Numerator: Number of new and relapse cases that were notified and treated Denominator: Estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed) |
| | Percentage of seafarers reporting the use of a condom during last sex | 0 0 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register. |
| | Percentage of prisoners reporting the use of a condom during last sex | 0 0 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register. |
| Coverage Indicators (SR Baseline and Targets) | | | | | | | | |
| KP-1a ^{9d} | Number of men who have sex with men reached with HIV prevention programs - defined package of services | 54 | 2019 | Prevention and Testing Register | 56 | 58 | 61 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC/IEC which should include provider-initiated pre-test counselling; provision of consumables (condoms; lubricants) and referral to HIV /STI testing. Data to be collected from P&T Register |
| KP-1b ^{9d} | Number of transgender people reached with HIV prevention programs - defined package of services | 90 | 2019 | Prevention and Testing Register | 94 | 97 | 101 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC/IEC which should include provider-initiated pre-test counselling; provision of consumables (condoms; lubricants) and referral to HIV /STI testing. Data to be collected from P&T Register |
| KP-1c ^{9d} | Number of sex workers reached with HIV prevention programs - defined package of services | 26 | 2019 | Prevention and Testing Register | 27 | 29 | 30 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC/IEC which should include provider-initiated pre-test counselling; provision of consumables (condoms; lubricants) and referral to HIV /STI testing. Data to be collected from P&T Register |
| HTS-3a ^{9d} | Number of men who have sex with men that have received an HIV test during the reporting period and know their results | 54 | 2019 | Prevention and Testing Register | 54 | 54 | 55 | Data to be collected from P&T Register. Target Setting: Based on the 2019 regional prevention to testing ratio of 79% |
| HTS-3b ^{9d} | Number of transgender people that have received an HIV test during the reporting period and know their results | 90 | 2019 | Prevention and Testing Register | 90 | 91 | 91 | Data to be collected from P&T Register. Target Setting: Based on the 2019 regional prevention to testing ratio of 93% |
| HTS-3c ^{9d} | Number of sex workers that have received an HIV test during the reporting period and know their results | 26 | 2019 | Prevention and Testing Register | 26 | 27 | 29 | Data to be collected from P&T Register. Target Setting: Based on the 2019 regional prevention to testing ratio of 95% |
| TCS-1(M) | Percentage of people living with HIV currently receiving antiretroviral therapy | 1 1 = 100% | 2019 | National HIV Register | 100% | 100% | 100% | Numerator: Number of people receiving antiretroviral therapy at the end of the reporting period Denominator: Number of people living with HIV at the end of the reporting period |
| TCP-1(M) | Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases | 1 | 2019 | National TB Register | 0 | 0 | 0 | Numerator: Number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) notified to the national health authority during the reporting period |
| TCP-2(M) | Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases | 0 0 | 2019 | National TB Register | 91% | 92% | 93% | Numerator: Number of all forms of TB cases (i.e. bacteriologically confirmed plus clinically diagnosed) in a reporting period successfully treated (sum of WHO outcome categories "cured" plus "treatment completed") Denominator: Total number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) registered for treatment in the same period |
| MDR TB-3(M) | Number of cases with RR-TB and/or MDR-TB that began second-line treatment | 0 | 2019 | TB Register / Second Line TB Register | 0 | 0 | 0 | Numerator: Number of RR-TB and/or MDR-TB cases (presumptive or confirmed) registered and started on a prescribed MDR-TB treatment regimen during the period of assessment Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register. |
| | Number of seafarers people reached with HIV prevention programs - defined package of services | 0 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register. |
| | Number of seafarers people that have received an HIV test during the reporting period and know their results | 0 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register. |
| | Number of prisoners people reached with HIV prevention programs - defined package of services | 20 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register. |
| | Number of prisoners people that have received an HIV test during the reporting period and know their results | 20 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register. |

Key Note:
National Baseline and Targets - Refers to overall country baseline and targets. This includes combined data from government and civil society organisations due to the reasoning that outcome and Impact level results cannot be tagged to the sole contribution of one organization.

Annex 6: FSM Department of Health Performance Framework

| Indicator Code | Indicator Description | Baseline Data | Baseline Year | Data Source | Targets | | | Data Requirements |
|---|---|----------------|---------------|--|---------|------|------|---|
| | | | | | 2021 | 2022 | 2023 | |
| Impact Indicators (National Baseline and Targets) | | | | | | | | |
| HIV 1-9a ^{NA} | Percentage of men who have sex with men who are living with HIV | 0 65 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of MSM who tested positive for HIV Denominator: Number of MSM tested for HIV |
| HIV 1-9b ^{NA} | Percentage of transgender people who are living with HIV | 0 107 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of TG who tested positive for HIV Denominator: Number of TG tested for HIV |
| HIV 1-10 ^{NA} | Percentage of female sex workers who are living with HIV | 1 61 = 2% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of SW who tested positive for HIV Denominator: Number of SW tested for HIV |
| TB 1-3 ^{NA} | TB mortality rate per 100,000 population | 12 | 2019 | National TB Register NDM Census Report or World TB Report | 9 | 8 | 8 | Data source: TB Register / Census Data (SPC NMDI) Numerator: Number of TB deaths in HIV negative people Denominator: Number of people in the population Target Setting: As per the End TB Strategy, TB mortality should reduce by at least 90% by 2030 from 2015. Estimated annual reduction of 6% per year. Therefore by 2021, 2022, 2023, cumulative target reduction from 2015 baseline should be at least 36%, 42%, and 46% respectively. 2015 estimated TB mortality for FSM as per the 2016 World TB Report was 14 |
| TB 1-4 ^{NA} | RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB | 0 49 = 0% | 2019 | TB Register | 0% | 0% | 0% | Data source: Data for this indicator will be collected through the TB register and/or the Lab register Numerator: Number of 'new' TB cases with RR and/or MDR TB Denominator: Number of 'new' TB cases with DST/epert results |
| | HIV positivity rate amongst seafarers | 0 00 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | HIV positivity rate amongst prisoners | 0 94 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| Outcome Indicators (National Baseline and Targets) | | | | | | | | |
| HIV O-12 | Percentage of people living with HIV and on ART who are virologically suppressed | No Baseline | 2019 | National HIV Register | 90% | 91% | 92% | Baseline to be established in 2021 Numerator: Number of people living with HIV and on ART who have suppressed viral load (<1000 copies per mL) Denominator: Number of people living with HIV who are currently receiving ART |
| HIV O-4a ^{NA} | Percentage of men reporting the use of a condom the last time they had anal sex with a non regular partner | 23 62 = 37% | 2019 | Prevention and Testing Register | 40% | 45% | 50% | Numerator: Number of MSM who reported condom use during last anal sex with a male partner Denominator: Number of MSM who reported having anal sex with a male partner in the last 12 months |
| HIV O-4.1b ^{NA} | Percentage of transgender people reporting using a condom in their last anal sex with a non-regular male partner | 44 101 = 44% | 2019 | Prevention and Testing Register | 76% | 77% | 79% | Numerator: Number of transgender people who reported using a condom in their last sexual intercourse or anal sex with a partner Denominator: Number of TG surveyed |
| HIV O-5 ^{NA} | Percentage of sex workers reporting the use of a condom with their most recent client | 24 59 = 41% | 2019 | Prevention and Testing Register | 48% | 50% | 54% | Numerator: Number of sex workers who reported that a condom was used with their last client Denominator: Number of sex workers who reported having transactional sex in the last 12 months |
| TB O-4 ^{NA} | Treatment success rate of RR-TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated | 1 1 = 100% | 2019 | TB Register / Second Line TB Register | 100% | 100% | 100% | Numerator: Number of bacteriologically-confirmed RR and/or MDR-TB cases enrolled on second-line anti-TB treatment during the year of assessment who were successfully treated (cured plus completed treatment) Denominator: Total number of bacteriologically-confirmed RR-TB and/or MDR-TB cases enrolled on second-line anti-TB treatment during the year of assessment |
| TB O-5 ^{NA} | TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed) | 93 114 = 82% | 2019 | TB Register and World TB Report | 91% | 92% | 93% | Numerator: Number of new and relapse cases that were notified and treated Denominator: Estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed) |
| | Percentage of seafarers reporting the use of a condom during last sex | 0 0 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | Percentage of prisoners reporting the use of a condom during last sex | 0 0 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| Coverage Indicators (SA Baseline and Targets) | | | | | | | | |
| KP-1 ^{NA} | Number of men who have sex with men reached with HIV prevention programs - defined package of services | 10 | 2019 | Prevention and Testing Register | 0 | 0 | 0 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC/IEC which should include provider-initiated pre-test counselling; provision of consumables (condoms, lubricants) and referral to HIV /STI testing. Data to be collected from P&T Register. |
| KP-1b ^{NA} | Number of transgender people reached with HIV prevention programs - defined package of services | 10 | 2019 | Prevention and Testing Register | 0 | 0 | 0 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC/IEC which should include provider-initiated pre-test counselling; provision of consumables (condoms, lubricants) and referral to HIV /STI testing. Data to be collected from P&T Register. |
| KP-1c ^{NA} | Number of sex workers reached with HIV prevention programs - defined package of services | 10 | 2019 | Prevention and Testing Register | 0 | 0 | 0 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC/IEC which should include provider-initiated pre-test counselling; provision of consumables (condoms, lubricants) and referral to HIV /STI testing. Data to be collected from P&T Register. |
| HTS-3a ^{NA} | Number of men who have sex with men that have received an HIV test during the reporting period and know their results | 10 | 2019 | Prevention and Testing Register | 0 | 0 | 0 | Data to be collected from P&T Register. Target Setting: Based on the 2019 regional prevention to testing ratio of 79% |
| HTS-3b ^{NA} | Number of transgender people that have received an HIV test during the reporting period and know their results | 9 | 2019 | Prevention and Testing Register | 0 | 0 | 0 | Data to be collected from P&T Register. Target Setting: Based on the 2019 regional prevention to testing ratio of 93% |
| HTS-3c ^{NA} | Number of sex workers that have received an HIV test during the reporting period and know their results | 9 | 2019 | Prevention and Testing Register | 0 | 0 | 0 | Data to be collected from P&T Register. Target Setting: Based on the 2019 regional prevention to testing ratio of 95% |
| TCS-1[M] | Percentage of people living with HIV currently receiving antiretroviral therapy | 12 14 = 86% | 2019 | HIV Register | 87% | 88% | 90% | Numerator: Number of people receiving antiretroviral therapy at the end of the reporting period Denominator: Number of people living with HIV at the end of the reporting period |
| TCR-1[M] | Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases | 92 | 2019 | National TB Register | 94 | 96 | 98 | Numerator: Number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) notified to the national health authority during the reporting period |
| TCR-2[M] | Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases | 87 93 = 94% | 2019 | National TB Register | 94% | 95% | 95% | Numerator: Number of all forms of TB cases (i.e. bacteriologically confirmed plus clinically diagnosed) in a reporting period successfully treated (sum of WHO outcome categories 'cured' plus 'treatment completed') Denominator: Total number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) registered for treatment in the same period |
| MDR-TB-3[M] | Number of cases with RR-TB and/or MDR-TB that began second-line treatment | 0 | 2019 | TB Register / Second Line TB Register | 1 | 1 | 1 | Numerator: Number of RR-TB and/or MDR-TB cases (presumptive or confirmed) registered and started on a prescribed MDR-TB treatment regimen during the period of assessment |
| | Number of seafarers people reached with HIV prevention programs - defined package of services | 0 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | Number of seafarers people that have received an HIV test during the reporting period and know their results | 0 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | Number of prisoners people reached with HIV prevention programs - defined package of services | 8 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | Number of prisoners people that have received an HIV test during the reporting period and know their results | 93 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |

Key Note:
National Baseline and Targets - Refers to overall country baseline and targets. This includes combined data from government and civil society organisations due to the reasoning that outcome and Impact level results cannot be tagged to the sole contribution of one organization.

Annex 7: FSM Chuuk Women's Council Performance Framework

| Indicator Code | Indicator | Indicator Description | Baseline Data | Baseline Year | Data Source | Targets | | | Data Requirements |
|---|---|-----------------------|---------------|--|-------------|---------|------|--|-------------------|
| | | | | | | 2021 | 2022 | 2023 | |
| Impact Indicators (National Baseline and Targets) | | | | | | | | | |
| HIV I-9a ^(M) | Percentage of men who have sex with men who are living with HIV | 0 65 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of MSM who tested positive for HIV Denominator: Number of MSM tested for HIV | |
| HIV I-9b ^(M) | Percentage of transgender people who are living with HIV | 0 107 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of TG who tested positive for HIV Denominator: Number of TG tested for HIV | |
| HIV I-10 ^(M) | Percentage of female sex workers who are living with HIV | 1 61 = 2% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of SW who tested positive for HIV Denominator: Number of SW tested for HIV | |
| | HIV positivity rate amongst seafarers | 0 0 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register | |
| | HIV positivity rate amongst prisoners | 0 1 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register | |
| Outcome Indicators (National Baseline and Targets) | | | | | | | | | |
| HIV O-4a ^(M) | Percentage of men reporting the use of a condom the last time they had anal sex with a non regular partner | 23 62 = 37% | 2019 | Prevention and Testing Register | 40% | 45% | 50% | Numerator: Number of MSM who reported condom use during last anal sex with a male partner Denominator: Number of MSM who reported having anal sex with a male partner in the last 12 months | |
| HIV O-4.1b ^(M) | Percentage of transgender people reporting using a condom in their last anal sex with a non-regular male partner | 44 101 = 44% | 2019 | Prevention and Testing Register | 76% | 77% | 79% | Numerator: Number of transgender people who reported using a condom in their last sexual intercourse of anal sex with a partner Denominator: Number of TG surveyed | |
| HIV O-5 ^(M) | Percentage of sex workers reporting the use of a condom with their most recent client | 24 59 = 41% | 2019 | Prevention and Testing Register | 48% | 50% | 54% | Numerator: Number of sex workers who reported that a condom was used with their last client Denominator: Number of sex workers who reported having transactional sex in the last 12 month | |
| | Percentage of seafarers reporting the use of a condom during last sex | 0 0 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register | |
| | Percentage of prisoners reporting the use of a condom during last sex | 0 1 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register | |
| Coverage Indicators (SR Baseline and Targets) | | | | | | | | | |
| KP-1a ^(M) | Number of men who have sex with men reached with HIV prevention programs - defined package of services | 56 | 2019 | Prevention and Testing Register | 69 | 73 | 76 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC/EC, which should include provider-initiated pre-test counselling, provision of consumables (condoms; lubricants) and referral to HIV /STI testing. Data to be collected from P&T Register | |
| KP-1b ^(M) | Number of transgender people reached with HIV prevention programs - defined package of services | 98 | 2019 | Prevention and Testing Register | 110 | 112 | 115 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC/EC, which should include provider-initiated pre-test counselling, provision of consumables (condoms; lubricants) and referral to HIV /STI testing. Data to be collected from P&T Register | |
| KP-1c ^(M) | Number of sex workers reached with HIV prevention programs - defined package of services | 52 | 2019 | Prevention and Testing Register | 65 | 68 | 72 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC/EC, which should include provider-initiated pre-test counselling, provision of consumables (condoms; lubricants) and referral to HIV /STI testing. Data to be collected from P&T Register | |
| HTS-3a ^(M) | Number of men who have sex with men that have received an HIV test during the reporting period and know their results | 55 | 2019 | Prevention and Testing Register | 55 | 57 | 60 | Data to be collected from P&T Register. Target Setting: Based on the 2019 regional prevention to testing ratio of 79% | |
| HTS-3b ^(M) | Number of transgender people that have received an HIV test during the reporting period and know their results | 98 | 2019 | Prevention and Testing Register | 102 | 104 | 107 | Data to be collected from P&T Register. Target Setting: Based on the 2019 regional prevention to testing ratio of 93% | |
| HTS-3c ^(M) | Number of sex workers that have received an HIV test during the reporting period and know their results | 52 | 2019 | Prevention and Testing Register | 61 | 62 | 68 | Data to be collected from P&T Register. Target Setting: Based on the 2019 regional prevention to testing ratio of 95% | |
| | Number of seafarers people reached with HIV prevention programs - defined package of services | 0 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register | |
| | Number of seafarers people that have received an HIV test during the reporting period and know their results | 0 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register | |
| | Number of prisoners people reached with HIV prevention programs - defined package of services | 1 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register | |
| | Number of prisoners people that have received an HIV test during the reporting period and know their results | 1 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register | |

Key Note:
National Baseline and Targets - Refers to overall country baseline and targets. This includes combined data from government and civil society organisations due to the reasoning that outcome and Impact level results cannot be tagged to the sole contribution of one organization.

Annex 8: Kiribati Ministry of Health Performance Framework

| Indicator Code | Indicator Description | Baseline Data | Baseline Year | Data Source | Targets | | | Data Requirements |
|---|---|-----------------|---------------|---|---------|------|------|--|
| | | | | | 2021 | 2022 | 2023 | |
| Impact Indicators (National Baseline and Targets) | | | | | | | | |
| HIV 1-9a ^(M) | Percentage of men who have sex with men who are living with HIV | 0 244 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing in P&T register and National HIV Register Numerator: Number of MSM who tested positive for HIV Denominator: Number of MSM tested for HIV |
| HIV 1-9b ^(M) | Percentage of transgender people who are living with HIV | 0 133 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing in P&T register and National HIV Register Numerator: Number of TG who tested positive for HIV Denominator: Number of TG tested for HIV |
| HIV 1-10 ^(M) | Percentage of female sex workers who are living with HIV | 0 648 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing in P&T register and National HIV Register Numerator: Number of SW who tested positive for HIV Denominator: Number of SW tested for HIV |
| TB 1-3 ^(M) | TB mortality rate per 100,000 population | 37 | 2019 | National TB Register / NMI Census Report or World TB Report | 17 | 16 | 15 | Data source: TB Register / Census Data (SPC NMDI) Numerator: Number of TB deaths in HIV negative people Denominator: Number of people in the population Target Setting: As per the End TB Strategy, TB mortality should reduce by at least 90% by 2030 from 2015. Estimated annual reduction of 6% per year. Therefore by 2021, 2022, 2023, cumulative target reduction from 2015 baseline should be at least 36%, 42%, and 46% respectively. 2015 estimated TB mortality for Kiribati as per the 2016 World TB Report was 27 |
| TB 1-4 ^(M) | RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB | 1 88 = 1% | 2019 | TB Register | 1% | 1% | 1% | Data source: Data for this indicator will be collected through the TB register and/or the Lab register Numerator: Number of 'new' TB cases with RR and/or MDR TB Denominator: Number of 'new' TB cases with DST/Agpt results |
| | HIV positivity rate amongst seafarers | 0 788 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | HIV positivity rate amongst prisoners | 0 72 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| Outcome Indicators (National Baseline and Targets) | | | | | | | | |
| HIV O-12 | Percentage of people living with HIV and on ART who are virologically suppressed | No Baseline | 2019 | National HIV Register | 90% | 91% | 92% | Baseline to be established in 2021 Numerator: Number of people living with HIV and on ART who have suppressed viral load (<1000 copies per ml) Denominator: Number of people living with HIV who are currently receiving ART |
| HIV O-4a ^(M) | Percentage of men reporting the use of a condom the last time they had anal sex with a non-regular partner | 50 234 = 21% | 2019 | Prevention and Testing Register | 30% | 35% | 40% | Numerator: Number of MSM who reported condom use during last anal sex with a male partner Denominator: Number of MSM who reported having anal sex with a male partner in the last 12 months |
| HIV O-4.1b ^(M) | Percentage of transgender people reporting using a condom in their last anal sex with a non-regular male partner | 42 133 = 32% | 2019 | Prevention and Testing Register | 76% | 77% | 79% | Numerator: Number of transgender people who reported using a condom in their last sexual intercourse or anal sex with a partner Denominator: Number of TG surveyed |
| HIV O-5 ^(M) | Percentage of sex workers reporting the use of a condom with their most recent client | 359 633 = 57% | 2019 | Prevention and Testing Register | 57% | 58% | 60% | Numerator: Number of sex workers who reported that a condom was used with their last client Denominator: Number of sex workers who reported having transactional sex in the last 12 month |
| TB O-4 ^(M) | Treatment success rate of RR-TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated | 2 2 = 100% | 2019 | TB Register / Second Line TB Register | 100% | 100% | 100% | Numerator: Number of bacteriologically-confirmed RR and/or MDR-TB cases enrolled on second-line anti-TB treatment during the year of assessment who were successfully treated (cured plus completed treatment) Denominator: Total number of bacteriologically-confirmed RR-TB and/or MDR-TB cases enrolled on second-line anti-TB treatment during the year of assessment |
| TB O-5 ^(M) | TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed) | 323 419 = 77% | 2019 | TB Register and World TB Report | 91% | 92% | 93% | Numerator: Number of new and relapse cases that were notified and treated Denominator: Estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed) |
| | Percentage of seafarers reporting the use of a condom during last sex | 0 0 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | Percentage of prisoners reporting the use of a condom during last sex | 0 132 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| Coverage Indicators (SR Baseline and Targets) | | | | | | | | |
| KP-1a ^(M) | Number of men who have sex with men reached with HIV prevention programs - defined package of services | 244 | 2019 | Prevention and Testing Register | 246 | 249 | 251 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BC/CIC which should include provider-initiated pre-test counselling; provision of consumables (condoms, lubricants) and referral to HIV /STI testing. Data to be collected from P&T Register |
| KP-1b ^(M) | Number of transgender people reached with HIV prevention programs - defined package of services | 133 | 2019 | Prevention and Testing Register | 134 | 136 | 137 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BC/CIC which should include provider-initiated pre-test counselling; provision of consumables (condoms, lubricants) and referral to HIV /STI testing. Data to be collected from P&T Register |
| KP-1c ^(M) | Number of sex workers reached with HIV prevention programs - defined package of services | 648 | 2019 | Prevention and Testing Register | 651 | 654 | 658 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BC/CIC which should include provider-initiated pre-test counselling; provision of consumables (condoms, lubricants) and referral to HIV /STI testing. Data to be collected from P&T Register |
| HTS-3a ^(M) | Number of men who have sex with men that have received an HIV test during the reporting period and know their results | 244 | 2019 | Prevention and Testing Register | 195 | 197 | 199 | Data to be collected from P&T Register. Target Setting: Based on the 2019 regional prevention to testing ratio of 79% |
| HTS-3b ^(M) | Number of transgender people that have received an HIV test during the reporting period and know their results | 133 | 2019 | Prevention and Testing Register | 134 | 136 | 137 | Data to be collected from P&T Register. |
| HTS-3c ^(M) | Number of sex workers that have received an HIV test during the reporting period and know their results | 648 | 2019 | Prevention and Testing Register | 650 | 652 | 653 | Data to be collected from P&T Register. |
| TCS-1(M) | Percentage of people living with HIV currently receiving antiretroviral therapy | 10 10 = 100% | 2019 | HIV Register | 100% | 100% | 100% | Numerator: Number of people receiving antiretroviral therapy at the end of the reporting period Denominator: Number of people living with HIV at the end of the reporting period |
| TCF-1(M) | Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases | 409 | 2019 | National TB Register | 417 | 426 | 434 | Numerator: Number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) notified to the national health authority during the reporting period |
| TCF-2(M) | Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases | 298 323 = 92% | 2019 | National TB Register | 93% | 94% | 94% | Numerator: Number of all forms of TB cases (i.e. bacteriologically confirmed plus clinically diagnosed) in a reporting period successfully treated (sum of WHO outcome categories "cured" plus "treatment completed") Denominator: Total number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) registered for treatment in the reporting period |
| MDR TB-3(M) | Number of cases with RR-TB and/or MDR-TB that began second-line treatment | 3 | 2019 | TB Register / Second Line TB Register | 4 | 4 | 4 | Numerator: Number of RR-TB and/or MDR-TB cases (presumptive or confirmed) registered and started on a prescribed MDR-TB treatment regimen during the period of assessment |
| | Number of seafarers people reached with HIV prevention programs - defined package of services | 198 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | Number of seafarers people that have received an HIV test during the reporting period and know their results | 788 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | Number of prisoners people reached with HIV prevention programs - defined package of services | 72 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | Number of prisoners people that have received an HIV test during the reporting period and know their results | 72 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |

Key Note:
National Baseline and Targets - Refers to overall country baseline and targets. This includes combined data from government and civil society organisations due to the reasoning that outcome and Impact level results cannot be tagged to the sole contribution of one organization.

Annex 9: Marshall Islands Ministry of Health Performance Framework

| Indicator Code | Indicator | Indicator Description | Baseline Data | Baseline Year | Data Source | Targets | | | Data Requirements |
|---|---|-----------------------|---------------|---|-------------|---------|------|---|-------------------|
| | | | | | | 2021 | 2022 | 2023 | |
| Impact Indicators (National Baseline and Targets) | | | | | | | | | |
| HIV-1-9a ^{9a} | Percentage of men who have sex with men who are living with HIV | 0 37 + 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of MSM who tested positive for HIV Denominator: Number of MSM tested for HIV | |
| HIV-1-9b ^{9b} | Percentage of transgender people who are living with HIV | 0 41 + 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of TG who tested positive for HIV Denominator: Number of TG tested for HIV | |
| HIV-1-10 ^{9d} | Percentage of female sex workers who are living with HIV | 0 44 + 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of SW who tested positive for HIV Denominator: Number of SW tested for HIV | |
| TB-1-3 ^{9d} | TB mortality rate per 100,000 population | 48 | 2019 | National TB Register NMDI Census Report or World TB Report | 28 | 26 | 24 | Data source: TB Register / Census Data (SPC NMDI) Numerator: Number of TB deaths in HIV negative people Denominator: Number of people in the population Target Setting: As per the End TB Strategy, TB mortality should reduce by at least 90% by 2030 from 2015. Estimated annual reduction of 6% per year. Therefore by 2021, 2022, 2023, cumulative target reduction from 2015 baseline should be at least 36%, 42%, and 46% respectively. 2015 estimated TB mortality for RMI as per the 2016 World TB Report was 44 | |
| TB-1-4 ^{9d} | RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB | 0 173 + 0% | 2019 | TB Register | 0% | 0% | 0% | Data source: Data for this indicator will be collected through the TB register and/or the Lab register Numerator: Number of 'new' TB cases with RR and/or MDR TB Denominator: Number of 'new' TB cases with DST/spert results | |
| | HIV positivity rate amongst seafarers | 0 0 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register | |
| | HIV positivity rate amongst prisoners | 0 0 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register | |
| Outcome Indicators (National Baseline and Targets) | | | | | | | | | |
| HIV-0-12 | Percentage of people living with HIV and on ART who are virologically suppressed | No Baseline | 2019 | National HIV Register | 90% | 91% | 92% | Baseline to be established in 2021 Numerator: Number of people living with HIV and on ART who have suppressed viral load (<1000 copies per ml) Denominator: Number of people living with HIV who are currently receiving ART | |
| HIV-0-4 ^{9a} | Percentage of men reporting the use of a condom the last time they had anal sex with a non-regular partner | 33 36 + 92% | 2019 | Prevention and Testing Register | 92% | 92% | 92% | Numerator: Number of MSM who reported condom use during last anal sex with a male partner Denominator: Number of MSM who reported having anal sex with a male partner in the last 12 months | |
| HIV-0-4.1b ^{9a} | Percentage of transgender people reporting using a condom in their last anal sex with a non-regular male partner | 35 41 + 85% | 2019 | Prevention and Testing Register | 85% | 85% | 85% | Numerator: Number of transgender people who reported using a condom in their last sexual intercourse or anal sex with a partner Denominator: Number of TG surveyed | |
| HIV-0-5 ^{9a} | Percentage of sex workers reporting the use of a condom with their most recent client | 33 44 + 75% | 2019 | Prevention and Testing Register | 76% | 77% | 77% | Numerator: Number of sex workers who reported that a condom was used with their last client Denominator: Number of sex workers who reported having transactional sex in the last 12 months | |
| TB-0-4 ^{9d} | Treatment success rate of RR-TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated | 0 0 | 2019 | TB Register / Second Line TB Register | 100% | 100% | 100% | Numerator: Number of bacteriologically confirmed RR and/or MDR-TB cases enrolled on second-line anti-TB treatment during the year of assessment who were successfully treated (cured plus completed treatment) Denominator: Total number of bacteriologically confirmed RR-TB and/or MDR-TB cases enrolled on second-line anti-TB treatment during the year of assessment | |
| TB-0-5 ^{9d} | TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed) | 411 241 + 171% | 2019 | TB Register and World TB Report | 91% | 92% | 93% | Numerator: Number of new and relapse cases that were notified and treated Denominator: Estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed) | |
| | Percentage of seafarers reporting the use of a condom during last sex | 0 0 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register | |
| | Percentage of prisoners reporting the use of a condom during last sex | 0 0 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register | |
| Coverage Indicators (SR Baseline and Targets) | | | | | | | | | |
| KP-1 ^{9a} | Number of men who have sex with men reached with HIV prevention programs - defined package of services | 37 | 2019 | Prevention and Testing Register | 39 | 41 | 43 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC/EC which should include provider-initiated pre-test counselling; provision of consumables (condoms; lubricants) and referral to HIV /STI testing. Data to be collected from P&T Register | |
| KP-1b ^{9a} | Number of transgender people reached with HIV prevention programs - defined package of services | 41 | 2019 | Prevention and Testing Register | 43 | 45 | 47 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC/EC which should include provider-initiated pre-test counselling; provision of consumables (condoms; lubricants) and referral to HIV /STI testing. Data to be collected from P&T Register | |
| KP-1c ^{9a} | Number of sex workers reached with HIV prevention programs - defined package of services | 44 | 2019 | Prevention and Testing Register | 45 | 46 | 47 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC/EC which should include provider-initiated pre-test counselling; provision of consumables (condoms; lubricants) and referral to HIV /STI testing. Data to be collected from P&T Register | |
| HTS-3a ^{9a} | Number of men who have sex with men that have received an HIV test during the reporting period and know their results | 37 | 2019 | Prevention and Testing Register | 38 | 39 | 40 | Data to be collected from P&T Register Target Setting: Based on the 2019 regional prevention to testing ratio of 79% | |
| HTS-3b ^{9a} | Number of transgender people that have received an HIV test during the reporting period and know their results | 41 | 2019 | Prevention and Testing Register | 42 | 43 | 44 | Data to be collected from P&T Register Target Setting: Based on the 2019 regional prevention to testing ratio of 93% | |
| HTS-3c ^{9a} | Number of sex workers that have received an HIV test during the reporting period and know their results | 44 | 2019 | Prevention and Testing Register | 44 | 45 | 46 | Data to be collected from P&T Register Target Setting: Based on the 2019 regional prevention to testing ratio of 95% | |
| TCS-1(M) | Percentage of people living with HIV currently receiving antiretroviral therapy | 8 8 = 100% | 2019 | HIV Register | 100% | 100% | 100% | Numerator: Number of people receiving antiretroviral therapy at the end of the reporting period Denominator: Number of people living with HIV at the end of the reporting period | |
| TCP-1(M) | Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases | 221 | 2019 | National TB Register | 225 | 230 | 235 | Numerator: Number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) notified to the national health authority during the reporting period Denominator: Total number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) registered for treatment in the same period | |
| TCP-2(M) | Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases | 368 411 + 90% | 2019 | National TB Register | 91% | 92% | 93% | Numerator: Number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) successfully treated (sum of WHO outcome categories "cured" plus "Treatment completed") Denominator: Total number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) registered for treatment in the same period | |
| MDR-TB-3(M) | Number of cases with RR-TB and/or MDR-TB that began second-line treatment | 0 | 2019 | TB Register / Second Line TB Register | 2 | 2 | 2 | Numerator: Number of RR-TB and/or MDR-TB cases (presumptive or confirmed) registered and started on a prescribed MDR-TB treatment regimen during the period of assessment | |
| | Number of seafarers people reached with HIV prevention programs - defined package of services | 0 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register | |
| | Number of seafarers people that have received an HIV test during the reporting period and know their results | 0 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register | |
| | Number of prisoners people reached with HIV prevention programs - defined package of services | 0 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register | |
| | Number of prisoners people that have received an HIV test during the reporting period and know their results | 0 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register | |

Key Note:
National Baseline and Targets - Refers to overall country baseline and targets. This includes combined data from government and civil society organisations due to the reasoning that outcome and Impact level results cannot be tagged to the sole contribution of one organization.

Annex 10: Niue Department of Health Performace Framework

| Indicator Code | Indicator Description | Baseline Data | Baseline Year | Data Source | Targets | | | Data Requirements |
|---|---|---------------|---------------|--|---------|------|------|---|
| | | | | | 2021 | 2022 | 2023 | |
| Impact Indicators (National Baseline and Targets) | | | | | | | | |
| TB I-3 ^(M) | TB mortality rate per 100,000 population | 5.8 | 2019 | National TB Register NDMI Census Report or World TB Report | 2.2 | 2 | 1.9 | Data source: TB Register / Census Data (SPC NMDI) Numerator: Number of TB deaths in HIV negative people Denominator: Number of people in the population Target Setting: As per the End TB Strategy , TB mortality should reduce by at least 90% by 2030 from 2015. Estimated annual reduction of 6% per year. Therefore by 2021, 2022, 2023, cumulative target reduction from 2015 baseline should be at least 36%,42%, and 46% respectively. 2015 estimated TB mortality for Niue as per the 2016 World TB Report was 3.5 |
| TB I-4 ^(M) | RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB | 0 0 | 2019 | TB Register | 0% | 0% | 0% | Data source: Data for this indicator will be collected through the TB register and/or the Lab register Numerator: Number of 'new' TB cases with RR and/or MDR TB Denominator: Number of 'new' TB cases with DST/Xpert results |
| Outcome Indicators (National Baseline and Targets) | | | | | | | | |
| HIV O-12 | Percentage of people living with HIV and on ART who are virologically suppressed | No Baseline | 2019 | National HIV Register | 90% | 91% | 92% | Baseline to be established in 2021 Numerator: Number of people living with HIV and on ART who have suppressed viral load (<1000 copies per mL) Denominator: Number of people living with HIV who are currently receiving ART |
| TB O-4 ^(M) | Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated | 0 0 | 2019 | TB Register / Second Line TB Register | 100% | 100% | 100% | Numerator: Number of bacteriologically-confirmed RR and/or MDR-TB cases enrolled on second-line anti-TB treatment during the year of assessment who were successfully treated (cured plus completed treatment) Denominator: Total number of bacteriologically-confirmed RR TB and/or MDR-TB cases enrolled on second-line anti-TB treatment during the year of assessment |
| TB O-5 ^(M) | TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed) | 2 1 = 200% | 2019 | TB Register and World TB Report | 91% | 92% | 93% | Numerator: Number of new and relapse cases that were notified and treated Denominator: Estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed) |
| Coverage Indicators (SR Baseline and Targets) | | | | | | | | |
| TCS-1(M) | Percentage of people living with HIV currently receiving antiretroviral therapy | 0 0 | 2019 | HIV Register | 85% | 88% | 90% | Numerator: Number of people receiving antiretroviral therapy at the end of the reporting period Denominator: Number of people living with HIV at the end of the reporting period |
| TCP-1(M) | Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases | 0 | 2019 | National TB Register | 0 | 0 | 0 | Numerator: Number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) notified to the national health authority during the reporting period |
| TCP-2(M) | Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases | 1 2 = 50% | 2019 | National TB Register | 91% | 92% | 93% | Numerator: Number of all forms of TB cases (i.e. bacteriologically confirmed plus clinically diagnosed) in a reporting period successfully treated (sum of WHO outcome categories "cured" plus "treatment completed") Denominator: Total number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) registered for treatment in the same period |
| MDR TB-3(M) | Number of cases with RR-TB and/or MDR-TB that began second-line treatment | 0 | 2019 | TB Register / Second Line TB Register | 0 | 0 | 0 | Numerator: Number of RR-TB and/or MDR-TB cases (presumptive or confirmed) registered and started on a prescribed MDR-TB treatment regimen during the period of assessment |

Key Note:

National Baseline and Targets - Refers to overall country baseline and targets. This includes combined data from government and civil society organisations due to the reasoning that outcome and Impact level results cannot be tagged to the sole contribution of one organization.

Annex 11: Nauru Ministry of Health Performance Framework

| Indicator Code | Indicator Description | Baseline Data | Baseline Year | Data Source | Targets | | | Data Requirements |
|---|---|---------------|---------------|--|---------|------|------|--|
| | | | | | 2021 | 2022 | 2023 | |
| Impact Indicators (National Baseline and Targets) | | | | | | | | |
| TB I-3 ^(M) | TB mortality rate per 100,000 population | 4.4 | 2019 | National TB Register NDMI Census Report or World TB Report | 5.9 | 5.3 | 5 | Data source: TB Register / Census Data (SPC NMDI) Numerator: Number of TB deaths in HIV negative people Denominator: Number of people in the population Target Setting: As per the End TB Strategy, TB mortality should reduce by at least 90% by 2030 from 2015. Estimated annual reduction of 6% per year. Therefore by 2021, 2022, 2023, cumulative target reduction from 2015 baseline should be at least 36%, 42%, and 46% respectively. 2015 estimated TB mortality for Nauru as per the 2016 World TB Report was 9.2 |
| TB I-4 ^(M) | RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB | 0 2 = 0% | 2019 | TB Register | 0% | 0% | 0% | Data source: Data for this indicator will be collected through the TB register and/or the Lab register Numerator: Number of 'new' TB cases with RR and/or MDR TB Denominator: Number of 'new' TB cases with DST/xpert results |
| Outcome Indicators (National Baseline and Targets) | | | | | | | | |
| HIV O-12 | Percentage of people living with HIV and on ART who are virologically suppressed | No Baseline | 2019 | National HIV Register | 90% | 91% | 92% | Baseline to be established in 2021 Numerator: Number of people living with HIV and on ART who have suppressed viral load (<1000 copies per mL) Denominator: Number of people living with HIV who are currently receiving ART |
| TB O-4 ^(M) | Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated | 0 0 | 2019 | TB Register / Second Line TB Register | 100% | 100% | 100% | Numerator: Number of bacteriologically-confirmed RR and/or MDR-TB cases enrolled on second-line anti-TB treatment during the year of assessment who were successfully treated (cured plus completed treatment) Denominator: Total number of bacteriologically-confirmed RR TB and/or MDR-TB cases enrolled on second-line anti-TB treatment during the year of assessment |
| TB O-5 ^(M) | TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed) | 5 6 = 83% | 2019 | TB Register and World TB Report | 91% | 92% | 93% | Numerator: Number of new and relapse cases that were notified and treated Denominator: Estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed) |
| Coverage Indicators (SR Baseline and Targets) | | | | | | | | |
| TCS-1(M) | Percentage of people living with HIV currently receiving antiretroviral therapy | 1 1 = 100% | 2019 | HIV Register | 85% | 88% | 90% | Numerator: Number of people receiving antiretroviral therapy at the end of the reporting period Denominator: Number of people living with HIV at the end of the reporting period |
| TCP-1(M) | Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases | 17 | 2019 | National TB Register | 11 | 12 | 13 | Numerator: Number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) notified to the national health authority during the reporting period |
| TCP-2(M) | Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases | 5 5 = 100% | 2019 | National TB Register | 91% | 92% | 93% | Numerator: Number of all forms of TB cases (i.e. bacteriologically confirmed plus clinically diagnosed) in a reporting period successfully treated (sum of WHO outcome categories "cured" plus "treatment completed") Denominator: Total number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) registered for treatment in the same period |
| MDR TB-3(M) | Number of cases with RR-TB and/or MDR-TB that began second-line treatment | 0 | 2019 | TB Register / Second Line TB Register | 0 | 0 | 0 | Numerator: Number of RR-TB and/or MDR-TB cases (presumptive or confirmed) registered and started on a prescribed MDR-TB treatment regimen during the period of assessment |

Key Note:

National Baseline and Targets - Refers to overall country baseline and targets. This includes combined data from government and civil society organisations due to the reasoning that outcome and Impact level results cannot be tagged to the sole contribution of one organization.

Annex 12: Palau Ministry of Health Performance Framework

| Indicator Code | Indicator Description | Baseline Data | Baseline Year | Data Source | Targets | | | Data Requirements |
|---|---|---------------|---------------|---|---------|------|------|--|
| | | | | | 2021 | 2022 | 2023 | |
| Impact Indicators (National Baseline and Targets) | | | | | | | | |
| HIV I-9a ⁶⁰ | Percentage of men who have sex with men who are living with HIV | 0 9 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing in P&T register and National HIV Register Numerator: Number of MSM who tested positive for HIV Denominator: Number of MSM tested for HIV |
| HIV I-9b ⁶⁰ | Percentage of transgender people who are living with HIV | 0 9 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing in P&T register and National HIV Register Numerator: Number of TG who tested positive for HIV Denominator: Number of TG tested for HIV |
| HIV I-10 ⁶⁰ | Percentage of female sex workers who are living with HIV | 0 6 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing in P&T register and National HIV Register Numerator: Number of SW who tested positive for HIV Denominator: Number of SW tested for HIV |
| TB I-3 ⁶⁰ | TB mortality rate per 100,000 population | 9 | 2019 | National TB Register NDMI Census Report or World TB Report | 4 | 4 | 3 | Data source: TB Register / Census Data (SPC NMDI) Numerator: Number of TB deaths in HIV negative people Denominator: Number of people in the population Target Setting: As per the End TB Strategy, TB mortality should reduce by at least 90% by 2030 from 2015. Estimated annual reduction of 6% per year. Therefore by 2021, 2022, 2023, cumulative target reduction from 2015 baseline should be at least 36%, 42%, and 46% respectively. 2015 estimated TB mortality for RMI as per the 2016 World TB Report was 6.2 |
| TB I-4 ⁶⁰ | RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB | 0 6 = 0% | 2019 | TB Register | 0% | 0% | 0% | Data source: Data for this indicator will be collected through the TB register and/or the Lab register Numerator: Number of 'new' TB cases with RR and/or MDR TB Denominator: Number of 'new' TB cases with DST/Agpt results |
| | HIV positivity rate amongst seafarers | 0 0 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | HIV positivity rate amongst prisoners | 0 0 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| Outcome Indicators (National Baseline and Targets) | | | | | | | | |
| HIV O-12 | Percentage of people living with HIV and on ART who are virologically suppressed | No Baseline | 2019 | National HIV Register | 90% | 91% | 92% | Baseline to be established in 2021 Numerator: Number of people living with HIV and on ART who have suppressed viral load (<1000 copies per ml) Denominator: Number of people living with HIV who are currently receiving ART |
| HIV O-4a ⁶⁰ | Percentage of men reporting the use of a condom the last time they had anal sex with a non regular partner | 3 9 = 33% | 2019 | Prevention and Testing Register | 35% | 40% | 45% | Numerator: Number of MSM who reported condom use during last anal sex with a male partner Denominator: Number of MSM who reported having anal sex with a male partner in the last 12 months |
| HIV O-4.1b ⁶⁰ | Percentage of transgender people reporting using a condom in their last anal sex with a non-regular male partner | 2 8 = 25% | 2019 | Prevention and Testing Register | 30% | 40% | 48% | Numerator: Number of transgender people who reported using a condom in their last sexual intercourse or anal sex with a partner Denominator: Number of TG surveyed |
| HIV O-5a ⁶⁰ | Percentage of sex workers reporting the use of a condom with their most recent client | 3 6 = 50% | 2019 | Prevention and Testing Register | 52% | 54% | 55% | Numerator: Number of sex workers who reported that a condom was used with their last client Denominator: Number of sex workers who reported having transactional sex in the last 12 month |
| TB O-4 ⁶⁰ | Treatment success rate of RR-TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated | 0 0 | 2019 | TB Register / Second Line TB Register | 100% | 100% | 100% | Numerator: Number of bacteriologically-confirmed RR and/or MDR-TB cases enrolled on second-line anti-TB treatment during the year of assessment who were successfully treated (cured plus completed treatment) Denominator: Total number of bacteriologically-confirmed RR-TB and/or MDR-TB cases enrolled on second-line anti-TB treatment during the year of assessment |
| TB O-5 ⁶⁰ | TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed) | 85% | 2019 | TB Register and World TB Report | 91% | 92% | 93% | Numerator: Number of new and relapse cases that were notified and treated Denominator: Estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed) |
| | Percentage of seafarers reporting the use of a condom during last sex | 0 0 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | Percentage of prisoners reporting the use of a condom during last sex | 0 0 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| Coverage Indicators (SR Baseline and Targets) | | | | | | | | |
| KP-1a ⁶⁰ | Number of men who have sex with men reached with HIV prevention programs - defined package of services | 11 | 2019 | Prevention and Testing Register | 12 | 13 | 15 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC/IEC which should include provider-initiated pre-test counselling; provision of consumables (condoms; lubricants) and referral to HIV /STI testing. Data to be collected from P&T Register |
| KP-1b ⁶⁰ | Number of transgender people reached with HIV prevention programs - defined package of services | 9 | 2019 | Prevention and Testing Register | 10 | 11 | 12 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC/IEC which should include provider-initiated pre-test counselling; provision of consumables (condoms; lubricants) and referral to HIV /STI testing. Data to be collected from P&T Register |
| KP-1c ⁶⁰ | Number of sex workers reached with HIV prevention programs - defined package of services | 6 | 2019 | Prevention and Testing Register | 15 | 17 | 19 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC/IEC which should include provider-initiated pre-test counselling; provision of consumables (condoms; lubricants) and referral to HIV /STI testing. Data to be collected from P&T Register |
| HTS-3a ⁶⁰ | Number of men who have sex with men that have received an HIV test during the reporting period and know their results | 9 | 2019 | Prevention and Testing Register | 10 | 11 | 12 | Data to be collected from P&T Register. Target Setting: Based on the 2019 regional prevention to testing ratio of 79% |
| HTS-3b ⁶⁰ | Number of transgender people that have received an HIV test during the reporting period and know their results | 9 | 2019 | Prevention and Testing Register | 9 | 10 | 11 | Data to be collected from P&T Register. Target Setting: Based on the 2019 regional prevention to testing ratio of 93% |
| HTS-3c ⁶⁰ | Number of sex workers that have received an HIV test during the reporting period and know their results | 6 | 2019 | Prevention and Testing Register | 15 | 16 | 18 | Data to be collected from P&T Register. Target Setting: Based on the 2019 regional prevention to testing ratio of 95% |
| TCS-1(M) | Percentage of people living with HIV currently receiving antiretroviral therapy | 3 7 = 43% | 2019 | HIV Register | 85% | 88% | 90% | Numerator: Number of people receiving antiretroviral therapy at the end of the reporting period Denominator: Number of people living with HIV at the end of the reporting period |
| TCF-1(M) | Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases | 6 | 2019 | National TB Register | 7 | 8 | 9 | Numerator: Number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) notified to the national health authority during the reporting period Denominator: Number of all forms of TB cases (i.e. bacteriologically confirmed plus clinically diagnosed) in a reporting period successfully treated (sum of WHO outcome categories "cured" plus "treatment completed") |
| TCF-2(M) | Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases | 13 17 = 76% | 2019 | National TB Register | 91% | 92% | 93% | Denominator: Total number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) registered for treatment in the same period |
| MDR-TB-3(M) | Number of cases with RR-TB and/or MDR-TB that began second-line treatment | 0 | 2019 | TB Register / Second Line TB Register | 0 | 0 | 0 | Numerator: Number of RR-TB and/or MDR-TB cases (presumptive or confirmed) registered and started on a prescribed MDR-TB treatment regimen during the period of assessment |
| | Number of seafarers people reached with HIV prevention programs - defined package of services | 0 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | Number of seafarers people that have received an HIV test during the reporting period and know their results | 0 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | Number of prisoners people reached with HIV prevention programs - defined package of services | 0 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | Number of prisoners people that have received an HIV test during the reporting period and know their results | 0 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |

Key Note:
National Baseline and Targets - Refers to overall country baseline and targets. This includes combined data from government and civil society organisations due to the reasoning that outcome and Impact level results cannot be tagged to the sole contribution of one organization.

Annex 13: Samoa Ministry of Health Performance Framework

| Indicator Code | Indicator Description | Baseline Data | Baseline Year | Data Source | Targets | | | Data Requirements |
|---|---|-------------------|---------------|---|---------|------|------|--|
| | | | | | 2021 | 2022 | 2023 | |
| Impact Indicators (National Baseline and Targets) | | | | | | | | |
| HIV I-9a ^(M) | Percentage of men who have sex with men who are living with HIV | 0 616 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of MSM who tested positive for HIV Denominator: Number of MSM tested for HIV |
| HIV I-9b ^(M) | Percentage of transgender people who are living with HIV | 0 1,210 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of TG who tested positive for HIV Denominator: Number of TG tested for HIV |
| HIV I-10 ^(M) | Percentage of female sex workers who are living with HIV | 0 36 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of SW who tested positive for HIV Denominator: Number of SW tested for HIV |
| TB I-3 ^(M) | TB mortality rate per 100,000 population | 0.53 | 2019 | National TB Register NDMI Census Report or World TB Report | 0.59 | 0.57 | .50 | Data source: TB Register / Census Data (SPC NMDI) Numerator: Number of TB deaths in HIV negative people Denominator: Number of people in the population Target Setting: As per the End TB Strategy, TB mortality should reduce by at least 90% by 2030 from 2015. Estimated annual reduction of 6% per year. Therefore by 2021, 2022, 2023, cumulative target reduction from 2015 baseline should be at least 36%, 42%, and 46% respectively. 2015 estimated TB mortality for Samoa as per the 2015 World TB Report was .93 |
| TB I-4 ^(M) | RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB | 0 14 = 0% | 2019 | TB Register | 0% | 0% | 0% | Data source: Data for this indicator will be collected through the TB register and/or the Lab register Numerator: Number of 'new' TB cases with RR and/or MDR TB Denominator: Number of 'new' TB cases with DST/xpert results |
| | HIV positivity rate amongst seafarers | 0 149 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register. |
| | HIV positivity rate amongst prisoners | 0 0 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register. |
| Outcome Indicators (National Baseline and Targets) | | | | | | | | |
| HIV O-12 | Percentage of people living with HIV and on ART who are virologically suppressed | No Baseline | 2019 | National HIV Register | 90% | 91% | 92% | Baseline to be established in 2021 Numerator: Number of people living with HIV and on ART who have suppressed viral load (<1000 copies per mL) Denominator: Number of people living with HIV who are currently receiving ART |
| HIV O-4a ^(M) | Percentage of men reporting the use of a condom the last time they had anal sex with a non-regular partner | 65 557 = 12% | 2019 | Prevention and Testing Register | 30% | 35% | 40% | Numerator: Number of MSM who reported condom use during last anal sex with a male partner Denominator: Number of MSM who reported having anal sex with a male partner in the last 12 months |
| HIV O-4.1b ^(M) | Percentage of transgender people reporting using a condom in their last anal sex with a non-regular male partner | 932 1,056 = 88% | 2019 | Prevention and Testing Register | 88% | 89% | 90% | Numerator: Number of transgender people who reported using a condom in their last sexual intercourse or anal sex with a partner Denominator: Number of TG surveyed |
| HIV O-5 ^(M) | Percentage of sex workers reporting the use of a condom with their most recent client | 18 40 = 45% | 2019 | Prevention and Testing Register | 48% | 50% | 54% | Numerator: Number of sex workers who reported that a condom was used with their last client Denominator: Number of sex workers who reported having transactional sex in the last 12 month |
| TB O-4 ^(M) | Treatment success rate of RR-TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated | 0 = 0 | 2019 | TB Register / Second Line TB Register | 100% | 100% | 100% | Numerator: Number of bacteriologically-confirmed RR and/or MDR-TB cases enrolled on second-line anti-TB treatment during the year of assessment who were successfully treated (cured plus completed treatment) Denominator: Total number of bacteriologically-confirmed RR-TB and/or MDR-TB cases enrolled on second-line anti-TB treatment during the year of assessment |
| TB O-5 ^(M) | TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed) | 11 13 = 85% | 2019 | TB Register and World TB Report | 91% | 92% | 93% | Numerator: Number of new and relapse cases that were notified and treated Denominator: Estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed) |
| | Percentage of seafarers reporting the use of a condom during last sex | 149 149 = 100% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register. |
| | Percentage of prisoners reporting the use of a condom during last sex | 0 0 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register. |
| Coverage Indicators (SR Baseline and Targets) | | | | | | | | |
| TCS-1(M) | Percentage of people living with HIV currently receiving antiretroviral therapy | 13 13 = 100% | 2019 | HIV Register | 100% | 100% | 100% | Numerator: Number of people receiving antiretroviral therapy at the end of the reporting period Denominator: Number of people living with HIV at the end of the reporting period |
| TCP-1(M) | Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases | 19 | 2019 | National TB Register | 19 | 20 | 21 | Numerator: Number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) notified to the national health authority during the reporting period |
| TCP-2(M) | Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases | 8 11 = 73% | 2019 | National TB Register | 91% | 92% | 93% | Numerator: Number of all forms of TB cases (i.e. bacteriologically confirmed plus clinically diagnosed) in a reporting period successfully treated (sum of WHO outcome categories "cured" plus "treatment completed") Denominator: Total number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) registered for treatment in the same period. |
| MDR TB-3(M) | Number of cases with RR-TB and/or MDR-TB that began second-line treatment | 0 | 2019 | TB Register / Second Line TB Register | 0 | 0 | 0 | Numerator: Number of RR-TB and/or MDR-TB cases (presumptive or confirmed) registered and started on a prescribed MDR-TB treatment regimen during the period of assessment |
| | Number of seafarers people reached with HIV prevention programs - defined package of services | 0 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register. |
| | Number of seafarers people that have received an HIV test during the reporting period and know their results | 0 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register. |
| | Number of prisoners people reached with HIV prevention programs - defined package of services | 0 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register. |
| | Number of prisoners people that have received an HIV test during the reporting period and know their results | 0 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register. |

Key Note:
National Baseline and Targets - Refers to overall country baseline and targets. This includes combined data from government and civil society organisations due to the reasoning that outcome and Impact level results cannot be tagged to the sole contribution of one organization.

Annex 14: Samoa Family Health Association Performance Framework

| Indicator Code | Indicator | Indicator Description | Baseline Data | Baseline Year | Data Source | Targets | | | Data Requirements |
|---|-----------|---|------------------|---------------|--|---------|------|------|--|
| | | | | | | 2021 | 2022 | 2023 | |
| Impact Indicators (National Baseline and Targets) | | | | | | | | | |
| HIV I-9a ^(M) | | Percentage of men who have sex with men who are living with HIV | 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of MSM who tested positive for HIV Denominator: Number of MSM tested for HIV |
| | | HIV positivity rate amongst seafarers | 0 149 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| Outcome Indicators (National Baseline and Targets) | | | | | | | | | |
| HIV O-4a ^(M) | | Percentage of men reporting the use of a condom the last time they had anal sex with a non regular partner | 65 557 = 12% | 2019 | Prevention and Testing Register | 30% | 35% | 40% | Numerator: Number of MSM who reported condom use during last anal sex with a male partner Denominator: Number of MSM who reported having anal sex with a male partner in the last 12 months |
| | | Percentage of seafarers reporting the use of a condom during last sex | 149 149 = 100% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| Coverage Indicators (SR Baseline and Targets) | | | | | | | | | |
| KP-1a ^(M) | | Number of men who have sex with men reached with HIV prevention programs - defined package of services | 877 | 2019 | Prevention and Testing Register | 886 | 895 | 904 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC/IEC which should include provider-initiated pre-test counselling; provision of consumables (condoms; lubricants) and referral to HIV /STI testing. Data to be collected from P&T Register |
| HTS-3a ^(M) | | Number of men who have sex with men that have received an HIV test during the reporting period and know their results | 616 | 2019 | Prevention and Testing Register | 700 | 707 | 714 | Data to be collected from P&T Register. Target Setting: Based on the 2019 regional prevention to testing ratio of 79% |
| | | Number of seafarers people reached with HIV prevention programs - defined package of services | 149 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | | Number of seafarers people that have received an HIV test during the reporting period and know their results | 149 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |

Key Note:

National Baseline and Targets - Refers to overall country baseline and targets. This includes combined data from government and civil society organisations due to the reasoning that outcome and Impact level results cannot be tagged to the sole contribution of one organization.

Annex 15: Samoa Faafafine Association Performace Framework

| Indicator Code | Indicator Description | Baseline Data | Baseline Year | Data Source | Targets | | | Data Requirements |
|---|--|-------------------|---------------|--|---------|-------|-------|--|
| | | | | | 2021 | 2022 | 2023 | |
| Impact Indicators (National Baseline and Targets) | | | | | | | | |
| HIV I-9b ^(M) | Percentage of transgender people who are living with HIV | 0 1,210 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of TG who tested positive for HIV Denominator: Number of TG tested for HIV |
| HIV I-10 ^(M) | Percentage of female sex workers who are living with HIV | 0 36 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of SW who tested positive for HIV Denominator: Number of SW tested for HIV |
| Outcome Indicators (National Baseline and Targets) | | | | | | | | |
| HIV O-4.1b ^(M) | Percentage of transgender people reporting using a condom in their last anal sex with a non-regular male partner | 932 1,056 = 88% | 2019 | Prevention and Testing Register | 88% | 89% | 90% | Numerator: Number of transgender people who reported using a condom in their last sexual intercourse or anal sex with a partner Denominator: Number of TG surveyed |
| HIV O-5 ^(M) | Percentage of sex workers reporting the use of a condom with their most recent client | 18 40 = 45% | 2019 | Prevention and Testing Register | 48% | 50% | 54% | Numerator: Number of sex workers who reported that a condom was used with their last client Denominator: Number of sex workers who reported having transactional sex in the last 12 month |
| Coverage Indicators (SR Baseline and Targets) | | | | | | | | |
| KP-1b ^(M) | Number of transgender people reached with HIV prevention programs - defined package of services | 1,202 | 2019 | Prevention and Testing Register | 1,222 | 1,234 | 1,247 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC/JEC which should include provider-initiated pre-test counselling; provision of consumables (condoms; lubricants) and referral to HIV /STI testing. Data to be collected from P&T Register |
| KP-1c ^(M) | Number of sex workers reached with HIV prevention programs - defined package of services | 23 | 2019 | Prevention and Testing Register | 48 | 58 | 69 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC/JEC which should include provider-initiated pre-test counselling; provision of consumables (condoms; lubricants) and referral to HIV /STI testing. Data to be collected from P&T Register |
| HTS-3b ^(M) | Number of transgender people that have received an HIV test during the reporting period and know their results | 1,202 | 2019 | Prevention and Testing Register | 1,137 | 1,148 | 1,159 | Data to be collected from P&T Register. Target Setting: Based on the 2019 regional prevention to testing ratio of 93% |
| HTS-3c ^(M) | Number of sex workers that have received an HIV test during the reporting period and know their results | 23 | 2019 | Prevention and Testing Register | 46 | 55 | 66 | Data to be collected from P&T Register. Target Setting: Based on the 2019 regional prevention to testing ratio of 95% |

Key Note:

National Baseline and Targets - Refers to overall country baseline and targets. This includes combined data from government and civil society organisations due to the reasoning that outcome and Impact level results cannot be tagged to the sole contribution of one organization.

Annex 16: Tonga Ministry of Health Performance Framework

| Indicator Code | Indicator Description | Baseline Data | Baseline Year | Data Source | Targets | | | Data Requirements |
|---|---|------------------|---------------|---|---------|------|------|---|
| | | | | | 2021 | 2022 | 2023 | |
| Impact Indicators (National Baseline and Targets) | | | | | | | | |
| HIV I-9a ^(M) | Percentage of men who have sex with men who are living with HIV | 0 71 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of MSM who tested positive for HIV Denominator: Number of MSM tested for HIV |
| HIV I-9b ^(M) | Percentage of transgender people who are living with HIV | 0 201 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of TG who tested positive for HIV Denominator: Number of TG tested for HIV |
| HIV I-10 ^(M) | Percentage of female sex workers who are living with HIV | 0 264 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of SW who tested positive for HIV Denominator: Number of SW tested for HIV |
| TB I-3 ^(M) | TB mortality rate per 100,000 population | 1 | 2019 | National TB Register NDMI Census Report or World TB Report | 0.77 | 0.69 | 0.65 | Data source: TB Register / Census Data (SPC NMDI) Numerator: Number of TB deaths in HIV negative people Denominator: Number of people in the population Target Setting: As per the End TB Strategy, TB mortality should reduce by at least 90% by 2030 from 2015. Estimated annual reduction of 6% per year. Therefore by 2021, 2022, 2023, cumulative target reduction from 2015 baseline should be at least 36%,42%, and 46% respectively. 2015 estimated TB mortality for Tonga as per the 2016 World TB Report was 1.2 |
| TB I-4 ^(M) | RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB | 0 0 | 2019 | TB Register | 0% | 0% | 0% | Data source: Data for this indicator will be collected through the TB register and/or the Lab register Numerator: Number of new TB cases with RR and/or MDR TB Denominator: Number of new TB cases with DST/xpert results |
| | HIV positivity rate amongst seafarers | 0 63 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | HIV positivity rate amongst prisoners | 0 71 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| Outcome Indicators (National Baseline and Targets) | | | | | | | | |
| HIV O-12 | Percentage of people living with HIV and on ART who are virologically suppressed | No Baseline | 2019 | National HIV Register | 90% | 91% | 92% | Baseline to be established in 2021 Numerator: Number of people living with HIV and on ART who have suppressed viral load (<1000 copies per ml) Denominator: Number of people living with HIV who are currently receiving ART |
| HIV O-4a ^(M) | Percentage of men reporting the use of a condom the last time they had anal sex with a non-regular partner | 61 61 = 100% | 2019 | Prevention and Testing Register | 88% | 89% | 90% | Numerator: Number of MSM who reported condom use during last anal sex with a male partner Denominator: Number of MSM who reported having anal sex with a male partner in the last 12 months |
| HIV O-4.1b ^(M) | Percentage of transgender people reporting using a condom in their last anal sex with a non-regular male partner | 191 191 = 100% | 2019 | Prevention and Testing Register | 88% | 89% | 90% | Numerator: Number of transgender people who reported using a condom in their last sexual intercourse or anal sex with a partner Denominator: Number of TG surveyed |
| HIV O-5 ^(M) | Percentage of sex workers reporting the use of a condom with their most recent client | 115 178 = 65% | 2019 | Prevention and Testing Register | 67% | 70% | 75% | Numerator: Number of sex workers who reported that a condom was used with their last client Denominator: Number of sex workers who reported having transactional sex in the last 12 months |
| TB O-4 ^(M) | Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated | 0 0 | 2019 | TB Register / Second Line TB Register | 100% | 100% | 100% | Numerator: Number of bacteriologically-confirmed RR and/or MDR-TB cases enrolled on second-line anti-TB treatment during the year of assessment who were successfully treated (cured plus completed treatment) Denominator: Total number of bacteriologically-confirmed RR TB and/or MDR-TB cases enrolled on second-line anti-TB treatment during the year of assessment |
| TB O-5 ^(M) | TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed) | 9 10 = 90% | 2019 | TB Register and World TB Report | 91% | 92% | 93% | Numerator: Number of new and relapse cases that were notified and treated Denominator: Estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed) |
| | Percentage of seafarers reporting the use of a condom during last sex | 14 63 = 22% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | Percentage of prisoners reporting the use of a condom during last sex | 17 17 = 100% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| Coverage Indicators (SR Baseline and Targets) | | | | | | | | |
| TCS-1(M) | Percentage of people living with HIV currently receiving antiretroviral therapy | 4 4 = 100% | 2019 | HIV Register | 85% | 88% | 90% | Numerator: Number of people receiving antiretroviral therapy at the end of the reporting period Denominator: Number of people living with HIV at the end of the reporting period |
| TCP-1(M) | Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases | 8 | 2019 | National TB Register | 9 | 10 | 11 | Numerator: Number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) notified to the national health authority during the reporting period Denominator: Number of all forms of TB cases (i.e. bacteriologically confirmed plus clinically diagnosed) in a reporting period successfully treated (sum of WHO outcome categories "cured" plus "treatment completed") |
| TCP-2(M) | Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases | 9 9 = 100% | 2019 | National TB Register | 91% | 92% | 93% | Numerator: Number of all forms of TB cases (i.e. bacteriologically confirmed plus clinically diagnosed) in a reporting period successfully treated (sum of WHO outcome categories "cured" plus "treatment completed") Denominator: Total number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) registered for treatment in the same period |
| MDR TB-3(M) | Number of cases with RR-TB and/or MDR-TB that began second-line treatment | 0 | 2019 | TB Register / Second Line TB Register | 0 | 0 | 0 | Numerator: Number of RR-TB and/or MDR-TB cases (presumptive or confirmed) registered and started on a prescribed MDR-TB treatment regimen during the period of assessment Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | Number of seafarers people reached with HIV prevention programs - defined package of services | 63 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | Number of seafarers people that have received an HIV test during the reporting period and know their results | 63 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | Number of prisoners people reached with HIV prevention programs - defined package of services | 60 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | Number of prisoners people that have received an HIV test during the reporting period and know their results | 60 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |

Key Note:
National Baseline and Targets - Refers to overall country baseline and targets. This includes combined data from government and civil society organisations due to the reasoning that outcome and Impact level results cannot be tagged to the sole contribution of one organization.

Annex 17: Tonga Family Health Association Performance Framework

| Indicator Code | Indicator | Baseline Data | Baseline Year | Data Source | Targets | | | Data Requirements |
|---|---|-----------------|---------------|--|---------|------|------|--|
| | | | | | 2021 | 2022 | 2023 | |
| Impact Indicators (National Baseline and Targets) | | | | | | | | |
| HIV I-10 ^(M) | Percentage of female sex workers who are living with HIV | 0 264 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of SW who tested positive for HIV Denominator: Number of SW tested for HIV |
| Outcome Indicators (National Baseline and Targets) | | | | | | | | |
| HIV O-5 ^(M) | Percentage of sex workers reporting the use of a condom with their most recent client | 115 178 = 65% | 2019 | Prevention and Testing Register | 67% | 70% | 75% | Numerator: Number of sex workers who reported that a condom was used with their last client Denominator: Number of sex workers who reported having transactional sex in the last 12 month |
| Coverage Indicators (SR Baseline and Targets) | | | | | | | | |
| KP-1c ^(M) | Number of sex workers reached with HIV prevention programs - defined package of services | 209 | 2019 | Prevention and Testing Register | 277 | 291 | 306 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC/IEC which should include provider-initiated pre-test counselling; provision of consumables (condoms; lubricants) and referral to HIV /STI testing. Data to be collected from P&T Register |
| HTS-3c ^(M) | Number of sex workers that have received an HIV test during the reporting period and know their results | 209 | 2019 | Prevention and Testing Register | 263 | 277 | 290 | Data to be collected from P&T Register. Target Setting: Based on the 2019 regional prevention to testing ratio of 95% |

Key Note:

National Baseline and Targets - Refers to overall country baseline and targets. This includes combined data from government and civil society organisations due to the reasoning that outcome and Impact level results cannot be tagged to the sole contribution of one organization.

Annex 18: Tonga Leiti's Performance Framework

| Indicator Code | Indicator Description | Baseline Data | Baseline Year | Data Source | Targets | | | Data Requirements |
|---|---|------------------|---------------|--|---------|------|------|--|
| | | | | | 2021 | 2022 | 2023 | |
| Impact Indicators (National Baseline and Targets) | | | | | | | | |
| HIV I-9a ^(M) | Percentage of men who have sex with men who are living with HIV | 0 71 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of MSM who tested positive for HIV Denominator: Number of MSM tested for HIV |
| HIV I-9b ^(M) | Percentage of transgender people who are living with HIV | 0 201 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of TG who tested positive for HIV Denominator: Number of TG tested for HIV |
| Outcome Indicators (National Baseline and Targets) | | | | | | | | |
| HIV O-4a ^(M) | Percentage of men reporting the use of a condom the last time they had anal sex with a non-regular partner | 61 61 = 100% | 2019 | Prevention and Testing Register | 88% | 89% | 90% | Numerator: Number of MSM who reported condom use during last anal sex with a male partner Denominator: Number of MSM who reported having anal sex with a male partner in the last 12 months |
| HIV O-4.1b ^(M) | Percentage of transgender people reporting using a condom in their last anal sex with a non-regular male partner | 191 191 = 100% | 2019 | Prevention and Testing Register | 88% | 89% | 90% | Numerator: Number of transgender people who reported using a condom in their last sexual intercourse or anal sex with a partner Denominator: Number of TG surveyed |
| Coverage Indicators (SR Baseline and Targets) | | | | | | | | |
| KP-1a ^(M) | Number of men who have sex with men reached with HIV prevention programs - defined package of services | 71 | 2019 | Prevention and Testing Register | 78 | 86 | 95 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC/IEC which should include provider-initiated pre-test counselling; provision of consumables (condoms; lubricants) and referral to HIV /STI testing. Data to be collected from P&T Register |
| KP-1b ^(M) | Number of transgender people reached with HIV prevention programs - defined package of services | 201 | 2019 | Prevention and Testing Register | 221 | 243 | 268 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC/IEC which should include provider-initiated pre-test counselling; provision of consumables (condoms; lubricants) and referral to HIV /STI testing. Data to be collected from P&T Register |
| HTS-3a ^(M) | Number of men who have sex with men that have received an HIV test during the reporting period and know their results | 71 | 2019 | Prevention and Testing Register | 62 | 68 | 75 | Data to be collected from P&T Register. Target Setting: Based on the 2019 regional prevention to testing ratio of 79% |
| HTS-3b ^(M) | Number of transgender people that have received an HIV test during the reporting period and know their results | 201 | 2019 | Prevention and Testing Register | 206 | 226 | 249 | Data to be collected from P&T Register. Target Setting: Based on the 2019 regional prevention to testing ratio of 93% |

Key Note:

National Baseline and Targets - Refers to overall country baseline and targets. This includes combined data from government and civil society organisations due to the reasoning that outcome and Impact level results cannot be tagged to the sole contribution of one organization.

Annex 19: Tuvalu Ministry of Health Performance Framework

| Indicator Code | Indicator Description | Baseline Data | Baseline Year | Data Source | Targets | | | Data Requirements |
|---|---|---------------|---------------|---|---------|------|------|--|
| | | | | | 2021 | 2022 | 2023 | |
| Impact Indicators (National Baseline and Targets) | | | | | | | | |
| HIV I-9a ^(M) | Percentage of men who have sex with men who are living with HIV | 0 8 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of MSM who tested positive for HIV Denominator: Number of MSM tested for HIV |
| HIV I-9b ^(M) | Percentage of transgender people who are living with HIV | 0 16 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of TG who tested positive for HIV Denominator: Number of TG tested for HIV |
| HIV I-10 ^(M) | Percentage of female sex workers who are living with HIV | 0 15 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of SW who tested positive for HIV Denominator: Number of SW tested for HIV |
| TB I-3 ^(M) | TB mortality rate per 100,000 population | 22 | 2019 | National TB Register NDMI Census Report or World TB Report | 12 | 11 | 10 | Data source: TB Register / Census Data (SPC NMDI) Numerator: Number of TB deaths in HIV negative people Denominator: Number of people in the population Target Setting: As per the End TB Strategy, TB mortality should reduce by at least 90% by 2030 from 2015. Estimated annual reduction of 6% per year. Therefore by 2021, 2022, 2023, cumulative target reduction from 2015 baseline should be at least 36%, 42%, and 46% respectively. 2015 estimated TB mortality for Tuvalu as per the 2016 World TB Report was 19 |
| TB I-4 ^(M) | RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB | 0 22 = 0% | 2019 | TB Register | 0% | 0% | 0% | Data source: Data for this indicator will be collected through the TB register and/or the Lab register Numerator: Number of 'new' TB cases with RR and/or MDR TB Denominator: Number of 'new' TB cases with DST/rapid results |
| | HIV positivity rate amongst seafarers | 0 19 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | HIV positivity rate amongst prisoners | 0 8 = 0% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| Outcome Indicators (National Baseline and Targets) | | | | | | | | |
| HIV O-12 | Percentage of people living with HIV and on ART who are virologically suppressed | No Baseline | 2019 | National HIV Register | 90% | 91% | 92% | Baseline to be established in 2021 Numerator: Number of people living with HIV and on ART who have suppressed viral load (<1000 copies per ml) Denominator: Number of people living with HIV who are currently receiving ART |
| HIV O-4a ^(M) | Percentage of men reporting the use of a condom the last time they had anal sex with a non-regular partner | 1 09 = 11% | 2019 | Prevention and Testing Register | 30% | 35% | 40% | Numerator: Number of MSM who reported condom use during last anal sex with a male partner Denominator: Number of MSM who reported having anal sex with a male partner in the last 12 months |
| HIV O-4.1b ^(M) | Percentage of transgender people reporting using a condom in their last anal sex with a non-regular male partner | 9 15 = 60% | 2019 | Prevention and Testing Register | 76% | 77% | 79% | Numerator: Number of transgender people who reported using a condom in their last sexual intercourse or anal sex with a partner Denominator: Number of TG surveyed |
| HIV O-5 ^(M) | Percentage of sex workers reporting the use of a condom with their most recent client | 1 3 = 33% | 2019 | Prevention and Testing Register | 48% | 50% | 54% | Numerator: Number of sex workers who reported that a condom was used with their last client Denominator: Number of sex workers who reported having transactional sex in the last 12 months |
| TB O-4 ^(M) | Treatment success rate of RR-TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated | 0 0 | 2019 | TB Register / Second Line TB Register | 100% | 100% | 100% | Numerator: Number of bacteriologically-confirmed RR and/or MDR-TB cases enrolled on second-line anti-TB treatment during the year of assessment who were successfully treated (cured plus completed treatment) Denominator: Total number of bacteriologically-confirmed RR-TB and/or MDR-TB cases enrolled on second line anti-TB treatment during the year of assessment |
| TB O-5 ^(M) | TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed) | 27 28 = 96% | 2019 | TB Register and World TB Report | 96% | 96% | 96% | Numerator: Number of new and relapse cases that were notified and treated Denominator: Estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed) |
| | Percentage of seafarers reporting the use of a condom during last sex | 7 47 = 15% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | Percentage of prisoners reporting the use of a condom during last sex | 2 12 = 17% | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| Coverage Indicators (SR Baseline and Targets) | | | | | | | | |
| KP-1a ^(M) | Number of men who have sex with men reached with HIV prevention programs - defined package of services | 10 | 2019 | Prevention and Testing Register | 11 | 12 | 13 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC/IEC which should include provider-initiated pre-test counselling; provision of consumables (condoms, lubricants) and referral to HIV/STI testing. Data to be collected from P&T Register |
| KP-1b ^(M) | Number of transgender people reached with HIV prevention programs - defined package of services | 16 | 2019 | Prevention and Testing Register | 17 | 18 | 19 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC/IEC which should include provider-initiated pre-test counselling; provision of consumables (condoms, lubricants) and referral to HIV/STI testing. Data to be collected from P&T Register |
| KP-1c ^(M) | Number of sex workers reached with HIV prevention programs - defined package of services | 15 | 2019 | Prevention and Testing Register | 16 | 17 | 17 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC/IEC which should include provider-initiated pre-test counselling; provision of consumables (condoms, lubricants) and referral to HIV/STI testing. Data to be collected from P&T Register |
| HTS-3a ^(M) | Number of men who have sex with men that have received an HIV test during the reporting period and know their results | 8 | 2019 | Prevention and Testing Register | 9 | 9 | 10 | Data to be collected from P&T Register Target Setting: Based on the 2019 regional prevention to testing ratio of 79% |
| HTS-3b ^(M) | Number of transgender people that have received an HIV test during the reporting period and know their results | 16 | 2019 | Prevention and Testing Register | 16 | 17 | 18 | Data to be collected from P&T Register Target Setting: Based on the 2019 regional prevention to testing ratio of 93% |
| HTS-3c ^(M) | Number of sex workers that have received an HIV test during the reporting period and know their results | 15 | 2019 | Prevention and Testing Register | 15 | 16 | 16 | Data to be collected from P&T Register Target Setting: Based on the 2019 regional prevention to testing ratio of 95% |
| TCS-1(M) | Percentage of people living with HIV currently receiving antiretroviral therapy | 0 0 | 2019 | HIV Register | 85% | 88% | 90% | Numerator: Number of people receiving antiretroviral therapy at the end of the reporting period Denominator: Number of people living with HIV at the end of the reporting period |
| TCF-1(M) | Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed) includes new and relapse cases | 29 | 2019 | National TB Register | 29 | 29 | 29 | Numerator: Total number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) notified to the national health authority during the reporting period |
| TCF-2(M) | Treatment success rate- all forms. Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases | 25 27 = 93% | 2019 | National TB Register | 93% | 93% | 93% | Numerator: Number of all forms of TB cases (i.e. bacteriologically confirmed plus clinically diagnosed) in a reporting period successfully treated (sum of WHO outcome categories "cured" plus "treatment completed") Denominator: Total number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) registered for treatment in the same period |
| MDR-TB-3(M) | Number of cases with RR-TB and/or MDR-TB that began second-line treatment | 0 | 2019 | TB Register / Second Line TB Register | 0 | 0 | 0 | Numerator: Number of RR-TB and/or MDR-TB cases (presumptive or confirmed) registered and started on a prescribed MDR-TB treatment regimen during the period of assessment |
| | Number of seafarers people reached with HIV prevention programs - defined package of services | 45 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | Number of seafarers people that have received an HIV test during the reporting period and know their results | 19 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | Number of prisoners people reached with HIV prevention programs - defined package of services | 12 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | Number of prisoners people that have received an HIV test during the reporting period and know their results | 8 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |

Key Note:
National Baseline and Targets - Refers to overall country baseline and targets. This includes combined data from government and civil society organisations due to the reasoning that outcome and Impact level results cannot be tagged to the sole contribution of one organization.

Annex 20: Vanuatu Ministry of Health Performance Framework

| Indicator Code | Indicator Description | Baseline Data | Baseline Year | Data Source | Targets | | | Data Requirements |
|---|---|----------------|---------------|---|---------|------|------|--|
| | | | | | 2021 | 2022 | 2023 | |
| Impact Indicators (National Baseline and Targets) | | | | | | | | |
| HIV I-9a ^(MI) | Percentage of men who have sex with men who are living with HIV | 0 56 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of MSM who tested positive for HIV Denominator: Number of MSM tested for HIV |
| HIV I-9b ^(MI) | Percentage of transgender people who are living with HIV | 0 103 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of TG who tested positive for HIV Denominator: Number of TG tested for HIV |
| HIV I-10 ^(MI) | Percentage of female sex workers who are living with HIV | 0 264 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of SW who tested positive for HIV Denominator: Number of SW tested for HIV |
| TB I-3 ^(MI) | TB mortality rate per 100,000 population | 7.5 | 2019 | National TB Register NDMI Census Report or World TB Report | 4.1 | 3.7 | 3.5 | Data source: TB Register / Census Data (SPC NMD0) Numerator: Number of TB deaths in HIV negative people Denominator: Number of people in the population Target Setting: As per the End TB Strategy, TB mortality should reduce by at least 90% by 2030 from 2015. Estimated annual reduction of 6% per year. Therefore by 2021, 2022, 2023, cumulative target reduction from 2015 baseline should be at least 36%, 42%, and 46% respectively. 2015 estimated TB mortality for Vanuatu as per the 2016 World TB Report was 6.4 |
| TB I-4 ^(MI) | RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB | 0% | 2019 | TB Register | 0% | 0% | 0% | Data source: Data for this indicator will be collected through the TB register and/or the Lab register Numerator: Number of 'new' TB cases with RR and/or MDR TB Denominator: Number of 'new' TB cases with DST/PERT results |
| | HIV positivity rate amongst seafarers | 0 0 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | HIV positivity rate amongst prisoners | 0 0 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| Outcome Indicators (National Baseline and Targets) | | | | | | | | |
| HIV O-12 | Percentage of people living with HIV and on ART who are virologically suppressed | No Baseline | 2019 | National HIV Register | 90% | 91% | 92% | Baseline to be established in 2021 Numerator: Number of people living with HIV and on ART who have suppressed viral load (<1000 copies per ml) Denominator: Number of people living with HIV who are currently receiving ART |
| HIV O-4a ^(MI) | Percentage of men reporting the use of a condom the last time they had anal sex with a non regular partner | 22 64 = 34% | 2019 | Prevention and Testing Register | 30% | 35% | 40% | Numerator: Number of MSM who reported condom use during last anal sex with a male partner Denominator: Number of MSM who reported having anal sex with a male partner in the last 12 months |
| HIV O-4.1b ^(MI) | Percentage of transgender people reporting using a condom in their last anal sex with a non-regular male partner | 49 190 = 26% | 2019 | Prevention and Testing Register | 76% | 77% | 79% | Numerator: Number of transgender people who reported using a condom in their last sexual intercourse or anal sex with a partner Denominator: Number of TG surveyed |
| HIV O-5 ^(MI) | Percentage of sex workers reporting the use of a condom with their most recent client | 10 264 = 4% | 2019 | Prevention and Testing Register | 48% | 50% | 54% | Numerator: Number of sex workers who reported that a condom was used with their last client Denominator: Number of sex workers who reported having transactional sex in the last 12 month |
| TB O-4 ^(MI) | Treatment success rate of RR-TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated | 1 1 = 100% | 2019 | TB Register / Second Line TB Register | 100% | 100% | 100% | Numerator: Number of bacteriologically-confirmed RR and/or MDR-TB cases enrolled on second-line anti-TB treatment during the year of assessment who were successfully treated (cured plus completed treatment) Denominator: Total number of bacteriologically-confirmed RR TB and/or MDR-TB cases enrolled on second-line anti-TB treatment during the year of assessment |
| TB O-5 ^(MI) | TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed) | 90 140 = 64% | 2019 | TB Register and World TB Report | 91% | 92% | 93% | Numerator: Number of new and relapse cases that were notified and treated Denominator: Estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed) |
| | Percentage of seafarers reporting the use of a condom during last sex | 0 0 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | Percentage of prisoners reporting the use of a condom during last sex | 0 0 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| Coverage Indicators (SR Baseline and Targets) | | | | | | | | |
| TCS-1(M) | Percentage of people living with HIV currently receiving antiretroviral therapy | 4 7 = 57% | 2019 | HIV Register | 85% | 88% | 90% | Numerator: Number of people receiving antiretroviral therapy at the end of the reporting period Denominator: Number of people living with HIV at the end of the reporting period |
| TCP-1(M) | Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases | 93 | 2019 | National TB Register | 95 | 97 | 99 | Numerator: Number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) notified to the national health authority during the reporting period |
| TCP-2(M) | Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases | 85 90 = 94% | 2019 | National TB Register | 94% | 94% | 94% | Numerator: Number of all forms of TB cases (i.e. bacteriologically confirmed plus clinically diagnosed) in a reporting period successfully treated (sum of WHO outcome categories "cured" plus "treatment completed") Denominator: Total number of all forms of TB cases (bacteriologically confirmed plus clinically diagnosed) registered for treatment in the same period |
| MDR TB-3(M) | Number of cases with RR-TB and/or MDR-TB that began second-line treatment | 2 | 2019 | TB Register / Second Line TB Register | 2 | 2 | 2 | Numerator: Number of RR-TB and/or MDR-TB cases (presumptive or confirmed) registered and started on a prescribed MDR-TB treatment regimen during the period of assessment |
| | Number of seafarers people reached with HIV prevention programs - defined package of services | 0 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | Number of seafarers people that have received an HIV test during the reporting period and know their results | 0 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | Number of prisoners people reached with HIV prevention programs - defined package of services | 0 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |
| | Number of prisoners people that have received an HIV test during the reporting period and know their results | 0 | 2019 | Prevention and Testing Register | NA | NA | NA | Targets are not available as this is a non GF indicator. Data however will be collected and reported as evidence of programmes coverage to other vulnerable groups. Data source is the prevention and testing register |

Key Note:
National Baseline and Targets - Refers to overall country baseline and targets. This includes combined data from government and civil society organisations due to the reasoning that outcome and Impact level results cannot be tagged to the sole contribution of one organization.

Annex 21: Vanuatu Family Health Association Performance Framework

| Indicator Code | Indicator Description | Baseline Data | Baseline Year | Data Source | Targets | | | Data Requirements |
|---|---|---------------|---------------|--|---------|------|------|--|
| | | | | | 2021 | 2022 | 2023 | |
| Impact Indicators (National Baseline and Targets) | | | | | | | | |
| HIV I-10 ^(M) | Percentage of female sex workers who are living with HIV | 0 264 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of SW who tested positive for HIV Denominator: Number of SW tested for HIV |
| Outcome Indicators (National Baseline and Targets) | | | | | | | | |
| HIV O-5 ^(M) | Percentage of sex workers reporting the use of a condom with their most recent client | 10 264 = 4% | 2019 | Prevention and Testing Register | 48% | 50% | 54% | Numerator: Number of sex workers who reported that a condom was used with their last client Denominator: Number of sex workers who reported having transactional sex in the last 12 month |
| Coverage Indicators (SR Baseline and Targets) | | | | | | | | |
| KP-1c ^(M) | Number of sex workers reached with HIV prevention programs - defined package of services | 264 | 2019 | Prevention and Testing Register | 290 | 319 | 351 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC/JEC which should include provider-initiated pre-test counselling; provision of consumables (condoms; lubricants) and referral to HIV /STI testing. Data to be collected from P&T Register |
| HTS-3c ^(M) | Number of sex workers that have received an HIV test during the reporting period and know their results | 264 | 2019 | Prevention and Testing Register | 276 | 303 | 334 | Data to be collected from P&T Register. target Setting: Based on the 2019 regional prevention to testing ratio of 95% |

Key Note:

National Baseline and Targets - Refers to overall country baseline and targets. This includes combined data from government and civil society organisations due to the reasoning that outcome and Impact level results cannot be tagged to the sole contribution of one organization.

Annex 22: Vanuatu Wan Smolbag Theatre Performace Framework

| Indicator Code | Indicator Description | Baseline Data | Baseline Year | Data Source | Targets | | | Data Requirements |
|---|---|----------------|---------------|--|---------|------|------|--|
| | | | | | 2021 | 2022 | 2023 | |
| Impact Indicators (National Baseline and Targets) | | | | | | | | |
| HIV I-9a ^(M) | Percentage of men who have sex with men who are living with HIV | 0 56 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of MSM who tested positive for HIV Denominator: Number of MSM tested for HIV |
| HIV I-9b ^(M) | Percentage of transgender people who are living with HIV | 0 103 = 0% | 2019 | HIV Register & Prevention and Testing Register | 0% | 0% | 0% | Data source: Program data from routine community based HIV testing ie P&T register and National HIV Register Numerator: Number of TG who tested positive for HIV Denominator: Number of TG tested for HIV |
| Outcome Indicators (National Baseline and Targets) | | | | | | | | |
| HIV O-4a ^(M) | Percentage of men reporting the use of a condom the last time they had anal sex with a non-regular partner | 22 64 = 34% | 2019 | Prevention and Testing Register | 30% | 35% | 40% | Numerator: Number of MSM who reported condom use during last anal sex with a male partner Denominator: Number of MSM who reported having anal sex with a male partner in the last 12 months |
| HIV O-4.1b ^(M) | Percentage of transgender people reporting using a condom in their last anal sex with a non-regular male partner | 49 190 = 26% | 2019 | Prevention and Testing Register | 76% | 77% | 79% | Numerator: Number of transgender people who reported using a condom in their last sexual intercourse or anal sex with a partner Denominator: Number of TG surveyed |
| Coverage Indicators (SR Baseline and Targets) | | | | | | | | |
| KP-1a ^(M) | Number of men who have sex with men reached with HIV prevention programs - defined package of services | 100 | 2019 | Prevention and Testing Register | 117 | 135 | 155 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC/JEC which should include provider-initiated pre-test counselling; provision of consumables (condoms; lubricants) and referral to HIV /STI testing. Data to be collected from P&T Register |
| KP-1b ^(M) | Number of transgender people reached with HIV prevention programs - defined package of services | 237 | 2019 | Prevention and Testing Register | 250 | 262 | 276 | Data is generated by counting people who receive a defined package of services that includes the minimum specified components- BCC/JEC which should include provider-initiated pre-test counselling; provision of consumables (condoms; lubricants) and referral to HIV /STI testing. Data to be collected from P&T Register |
| HTS-3a ^(M) | Number of men who have sex with men that have received an HIV test during the reporting period and know their results | 54 | 2019 | Prevention and Testing Register | 93 | 107 | 123 | Data to be collected from P&T Register. Target Setting: Based on the 2019 regional prevention to testing ratio of 79% |
| HTS-3b ^(M) | Number of transgender people that have received an HIV test during the reporting period and know their results | 102 | 2019 | Prevention and Testing Register | 232 | 244 | 256 | Data to be collected from P&T Register. Target Setting: Based on the 2019 regional prevention to testing ratio of 93% |

Key Note:

National Baseline and Targets - Refers to overall country baseline and targets. This includes combined data from government and civil society organisations due to the reasoning that outcome and Impact level results cannot be tagged to the sole contribution of one organization.